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CHAPTER 12

DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (L00-L99)

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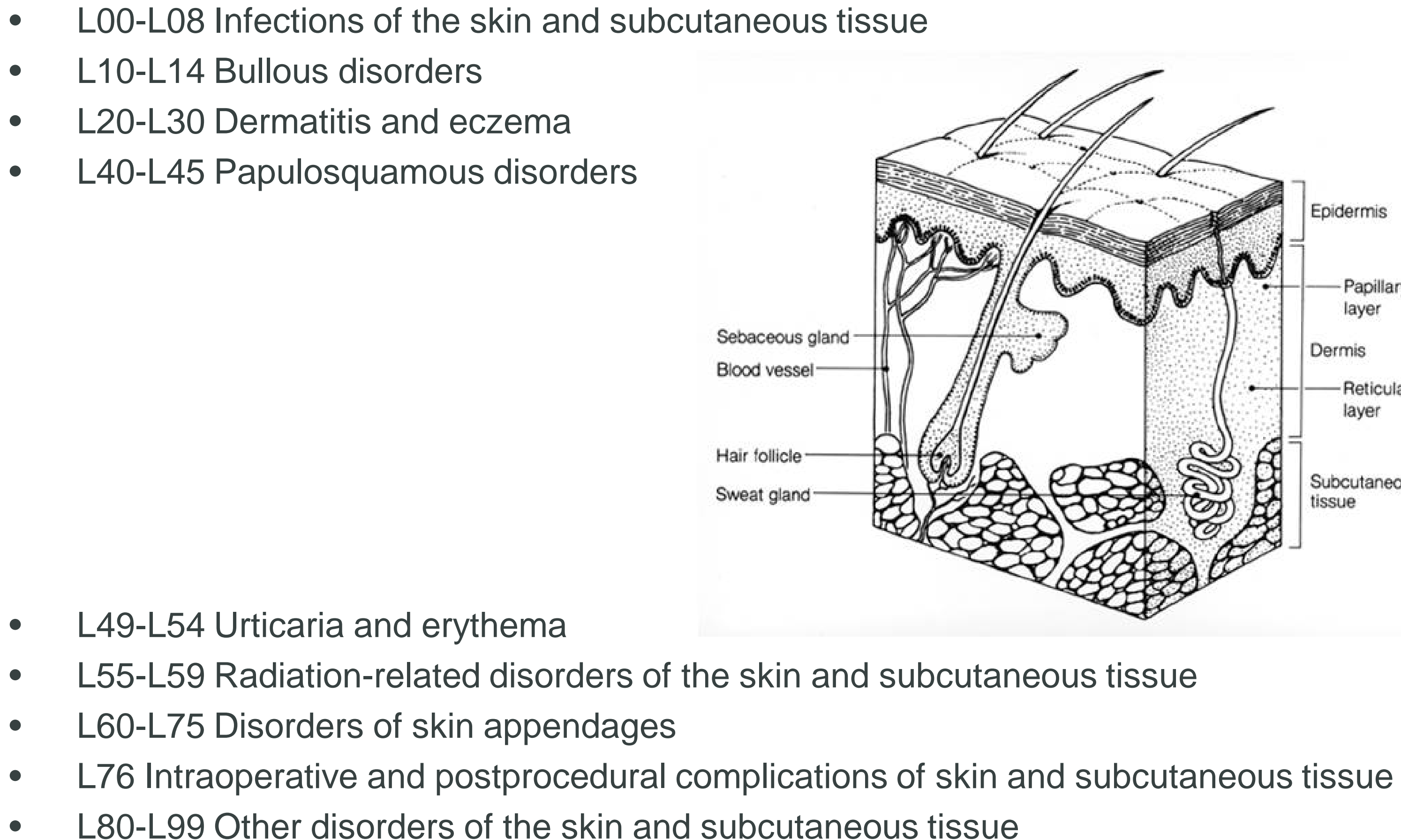
CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- L00-L08 Infections of the skin and subcutaneous tissue
- L10-L14 Bullous disorders
- L20-L30 Dermatitis and eczema
- L40-L45 Papulosquamous disorders



- L49-L54 Urticaria and erythema
- L55-L59 Radiation-related disorders of the skin and subcutaneous tissue
- L60-L75 Disorders of skin appendages
- L76 Intraoperative and postprocedural complications of skin and subcutaneous tissue
- L80-L99 Other disorders of the skin and subcutaneous tissue

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CHAPTER NOTES

- Chapter 12 has been restructured to bring together groups of diseases that are related to one another in some way, moving from three subsections in ICD-9-CM to nine subsections in ICD-10-CM and are referred to as blocks.
- Instructional notes have been expanded and have several uses in this chapter.
- They indicate an additional code should be used to identify the organism or infectious agent.
- Notes also indicate that the underlying disease or associated underlying condition should be coded first.
- A note under block L20-L30, Dermatitis and eczema, indicates that in this block, the terms “dermatitis” and “eczema” are used synonymously and interchangeably.
- An instructional note appears in the Tabular, under codes L27.0 and L27.1, stating to use additional code for adverse effect, if applicable to identify drug (T36-T50 with fifth or sixth character 5)

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PRESSURE ULCER STAGES

- Codes from category L89, Pressure ulcer, are combination codes that identify the site of the pressure ulcer as well as the stage of the ulcer.

- The ICD-10-CM classifies pressure ulcer stages based on severity, which is designated by stages one through four, unspecified stage and unstageable.

- Assign as many codes from category L89 as needed to identify all the pressure ulcers the patient has, if applicable.

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UNSTAGEABLE PRESSURE ULCERS

- Assignment of the code for unstageable pressure ulcer (L89.--0) should be based on the clinical documentation.

- These codes are used for pressure ulcers whose stages cannot be clinically determined (e.g., the ulcer is covered by eschar or has been treated with a skin or muscle graft) and pressure ulcers that are documented as deep tissue injury but not documented as due to trauma.

- These codes should not be confused with the codes for unspecified stage (L89.--9).
- When there is no documentation regarding the stage of the pressure ulcer, assign the appropriate code for unspecified stage (L89.--9).

DOCUMENTED PRESSURE ULCER STAGE

- Assignment for the pressure ulcer stage code should be guided by clinical documentation of the stage or documentation of the terms found in the Alphabetic Index.

- For clinical terms describing the stage that are not found in the Alphabetic Index, and there is no documentation of the stage, the provider should be queried.

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PATIENTS ADMITTED WITH PRESSURE ULCERS DOCUMENTED AS HEALED

- No code is assigned if the documentation states that the pressure ulcer is completely healed.

PATIENTS ADMITTED WITH PRESSURE ULCERS DOCUMENTED AS HEALING

- Pressure ulcers described as healing should be assigned the appropriate pressure ulcer stage code based on the documentation in the medical record.
- If the documentation does not provide information about the stage of the healing pressure ulcer, assign the appropriate code for unspecified stage.
- If the documentation is unclear as to whether the patient has a current (new) pressure ulcer or if the patient is being treated for a healing pressure ulcer, query the provider.

PATIENTS ADMITTED WITH PRESSURE ELCER EVOLVING INTO ANOTHER STAGE DURING THE ADMISSION

- If a patient is admitted with a pressure ulcer at one stage and it progresses to a higher stage, assign the code for the highest stage reported for that site.

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CODING EXAMPLES

1. The patient was seen for treatment of a fine rash that had developed on the patient's trunk and upper extremities over the last three to four days. The patient was diagnosed with hypertension seven days ago and started on Ramipril 10mg daily. The physician determined the rash to dermatitis due to Ramipril. The Ramipril was discontinued and the patient was prescribed a new antihypertensive medication, Captopril. In addition, the physician prescribed a topical cream for the localized dermatitis. What diagnosis codes are assigned?

   Answer: L27.1 Dermatitis, (eczematous) due to drugs and medicaments, (generalized) (internal use) localized skin eruption

   T46.4X5A Table of Drugs and Chemicals, Ramipril, Adverse Effect, initial encounter

   I10 Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)

   Rationale: The reason, after study, for this encounter is the dermatitis which is an adverse effect to the Ramipril. An instructional note in the Tabular under code L27.1 states "use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)." Following this instruction note, the T46.4X5A is sequenced as a secondary diagnosis code. The seventh character of T46.4X5A indicates this is the initial encounter (A) for this condition. Documentation states localized dermatitis, and there is a specific code for that. This documentation does not indicate long-term use of the drug since it was recently started.

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CODING EXAMPLES (cont.)

2. The patient was seen with extensive inflammation and irritation of the skin of both upper eyelids and under her eyebrows that was spreading to her temples and forehead. Upon questioning the patient, the physician learned she had recently used new eye cosmetics. The physician had examined the patient during a prior visit for cystic acne. During this visit, the physician also examined the patients cystic acne on her forehead and jawline. The patient was advised to continue using the medication previously prescribed. Diagnosis was irritant contact dermatitis due to cosmetics and cystic acne. The patient was also advised to immediately discontinue use of any make-up on the face and was given a topical mediation to resolve the inflammation. What diagnosis codes are assigned?

   Answer: L24.3 Dermatitis (eczematous), contact, irritant, due to, cosmetics

   H01.114 Dermatitis (eczematous), eyelid, contact – see Dermatitis, eyelid, allergic, left, upper

   H01.111 Dermatitis (eczematous), eyelid, contact – see Dermatitis, eyelid, allergic, right, upper

   T49.8X1ATable of Drugs and Chemicals, cosmetics, poisoning accidental (unintentional)

   L70.0 Acne, cystic

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CODING EXAMPLES (cont.)

Rationale to example two: The reason for this encounter was the contact dermatitis due to the adverse reaction with the use of new eye cosmetics. The seventh character of A indicates this is the initial encounter for the condition. There are several different Index terms for the dermatitis. This was documented as irritant contact dermatitis, but not allergic, so Index contact, irritant, due to cosmetics, L24.3. Under contact, allergic, due to cosmetics there is a different code L23.2, if documentation supported that code. Contact dermatitis (not documented as irritant) due to cosmetics is coded L25.0. Careful review of the record and Index is indicated. In addition, there is reference to a specific site (upper eyelids) having a separate classification. Under L24, there is an Excludes2 note for dermatitis of eyelid (H01.1-). This means that if both conditions are present, both codes may be assigned. The cystic acne is assigned as a secondary condition since it was also treated during the encounter.

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CODING EXAMPLES (cont.)

3. The patient has a gangrenous pressure ulcer of the right hip and a pressure ulcer of the sacrum documented by the physician. The nursing assessment indicates a stage two pressure ulcer of the sacrum with a stage three decubitus ulcer of the right hip. What diagnosis codes are assigned?

Answer: I96 Ulcer, gangrenous – see Gangrene. Gangrene, gangrenous (connective tissue) (dropsical) (dry) (moist) (skin) (ulcer) (see also necrosis). Necrosis, skin or subcutaneous tissue NEC

L89.213 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, pressure (pressure area) stage 3, (healing) (full thickness skin loss involving damage or necrosis of subcutaneous tissue), hip. Review Tabular for complete code assignment.

L89.152 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, pressure (pressure area) stage 2, (healing) (abrasion, blister, partial thickness skin loss involving epidermis and/or dermis), sacral region (tailbone). Review Tabular for complete code assignment.

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CODING EXAMPLES (cont.)

Rationale to example three: Decubitus ulcers are classified to pressure ulcers. The note at the beginning of category L89 indicates the sequencing. Any associated gangrene is listed first. Subcategory L89.2 classifies pressure ulcers of the hip. It is necessary to review the Tabular to select the correct stage and laterality to identify code L89.213 for stage 3 of the right hip. The pressure ulcer of the sacral region is documented as stage 2, and code L89.152 is assigned. The sacral region includes the tailbone and the coccyx. Coding Guideline I. B. 14 states that the stage of the pressure ulcer may be documented by another healthcare clinician and coded as long as the pressure ulcer is documented by the provider.

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CODING EXAMPLES (cont.)

4. This elderly patient was seen for treatment of cellulitis in the right lower extremity. The cultures grew streptococcus B, and this was documented by the physcian as the cause of the cellulitis. Patient also has stage one decubitus ulcer of the left buttock and stage two decubitus ulcer in the right gluteal region. What diagnosis codes are assigned?

   Answer: L03.115 Cellulitis, leg – see Cellulitis, lower limb. Lower limb

   B95.1 Infection, bacterial NOS, as cause of disease classified elsewhere, Streptococcus group B

   L89.312 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, decubitus – see Ulcer, pressure, by site. Pressure (pressure area) stage 2, (healing) (abrasion, blister, partial thickness skin loss involving epidermis and/or dermis), buttock

   L89.321 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, decubitus – see Ulcer, pressure, by site. Pressure (pressure area) stage 1, (healing) (pre-ulcer skin changes limited to persistent focal edema), buttock

   Rationale: Documentation supports that cellulitis is the first listed diagnosis. Review of the Tabular shows that ICD-10-CM classifies the laterality of cellulitis of the lower extremity, with L03.115 being the right lower extremity. A note appears in the Tabular under the section Infections of the Skin and Subcutaneous Tissue (L00-L08) instructing to use an additional code (B95-B97) to identify infectious agent. ICD-10-CM also classifies decubitus ulcers of the buttocks both by stage and laterality. Gluteus is not listed in the classification, but it refers to the buttock region.

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CODING EXAMPLES (cont.)

5. Assign the code (s) for the following diagnosis: Atherosclerosis of the right ankle (native artery), with non-healing ulcer, with breakdown of the skin. The breakdown of the skin was documented by the nurse.

   Answer: I70.233 Atherosclerosis, see also arteriosclerosis. Arteriosclerosis, arteriosclerotic (diffuse) (obliterans) (of) (senile) (with calcification), extremities (native arteries) leg, right, with ulceration (and intermittent claudication and rest pain), ankle

   L97.311 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, lower limb (atrophic) (chronic) (neurogenic) (perforating) (pyogenic) (trophic) (tropical) ankle, right, with skin breakdown only

   Rationale: In the Index under arteriosclerosis, the bypass graft codes of the extremities are listed first. It is important to scan until one comes to the Leg, and then locate left, right, and such. At subcategory I70.23, the following note appears: Use additional code to identify severity of ulcer (L97.- with fifth character 1). A note at category L97 further dictates sequencing of these codes: Code first any associated underlying condition. A code from L97 may be used as a principal or first listed code if no underlying condition is documented as the cause of the ulcer. If one of the underlying conditions listed below is documented with a lower extremity ulcer, a causal condition should be assumed—atherosclerosis of the lower extremities; chronic venous hypertension; diabetic ulcers, postphlebitic syndrome, varicose ulcer. The codes must be listed in this order.

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TRAINING SOURCES

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