



Welcome to the May issue of Maxim Coding Corner<sup>SM</sup>! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with coding-related topics that matter to you. This month, we are focusing on coding for pressure ulcers. Read on below to learn more.

#### In This Issue

- Coding for Pressure Ulcers

#### Quick Links

[Maxim Health Information Services](#)

[Career Opportunities for Coders](#)

[Submit Your HIM/Revenue Cycle Need](#)

#### About Maxim Health Information Services

Maxim Health Information Services (MHIS) provides superior quality [coding and auditing services](#) to healthcare organizations across the country. MHIS offers on-site coding support, remote coding services, auditing and review services, education and training, HIM outsourcing solutions, and services to the Department of Veterans Affairs' Medical Centers. MHIS provides qualified healthcare professionals to customers to meet their needs in an efficient and cost-effective manner. MHIS has some of the best [career opportunities](#) in the industry, with positions including

#### Coding for Pressure Ulcers

According to The Merck Manual, a pressure ulcer is an area of necrosis and ulceration where tissue is compressed between bony prominences and hard surfaces. Patients at highest risk for pressure ulcers are those who are immobile due to their inability to frequently change positions. Dehydration, diabetes, urinary and fecal incontinence, malnutrition, and cardiovascular disease are other risk factors ([www.merck.com](#)).

Numerous treatment modalities are used for pressure ulcers, including:

- Pressure reduction through repositioning, protective padding, and/or support surfaces
- Antibiotic treatment for subsequent infection (i.e., cellulitis, osteomyelitis, sepsis, etc.)
- Nutritional support with oral or parental protein, zinc, and vitamin C
- Cleaning and/or dressing application of the wound
- Autologous platelet graft
- Surgery
  - Debridement
  - Closure of large defects
  - Skin grafting
  - Myocutaneous flap (commonly used for bony prominences such as the sacrum)

#### Diagnostic Coding

When coding for pressure ulcers, a minimum of two codes are assigned. First, a code from subcategory 707.0 is assigned for the ulcer. Second, a code from subcategory 707.2 is assigned for the pressure ulcer stage. If the physician has documented the

on-site coding, remote coding, travel coding, auditing, and more.

presence of a pressure ulcer, the stage of the ulcer may be coded from non-physician documentation such as nursing or physical therapy notes.

If a patient has multiple pressure ulcers on different body sites then codes from subcategory 707.0 are assigned for each site. However, if a patient has bilateral pressure ulcers of the same body site, only one code from subcategory 707.0 is assigned.

If a patient has multiple pressure ulcers with different stages, then codes from subcategory 707.2 are assigned for each pressure ulcer stage. However, if a patient has multiple pressure ulcers with the same stage, only one code from subcategory 707.2 is assigned.

If the stage of a patient's pressure ulcer advances during the hospitalization, only the code for the most advanced stage is assigned. A code for the lesser stage at the time of admission is not assigned.

Pressure ulcers should not be confused with diabetic ulcers, non-healing ulcers not otherwise specified, or other chronic ulcers. In order to assign a code from subcategories 707.0 and 707.2, the physician must document terms such as pressure ulcer, decubitus ulcer, plaster ulcer, pressure sore, or bed sore.

### **POA Assignment**

There has been some confusion among coders regarding POA assignment for the ulcer stage when the stage progresses during the admission. When this occurs, a POA status indicator of Y should be assigned for both the pressure ulcer and the pressure ulcer stage. The reasoning for this is that the ulcer was present on admission so the corresponding stage should also be reported as such.

### **Procedural Coding**

#### *Autologous Platelet Rich Plasma*

Occasionally, a pressure ulcer is treated with application of an autologous platelet rich plasma graft. This type of graft acts as a seal as it enhances healing, reduces pain, and minimizes infection. The code assigned for treatment of a pressure ulcer with autologous platelet graft is 99.79, other therapeutic apheresis or injection.

#### *Debridement*

Often, pressure ulcers are treated with debridement. There are two forms of debridement: excisional and nonexcisional. Either method may be performed by a physician or other healthcare professional. Coding for debridement is appropriate regardless of the person performing the procedure.

Nonexcisional debridement involves snipping, brushing, washing, or scrubbing of the tissue and is reported with code 86.28. Conversely, excisional debridement requires the use of scissors to

Past issues of Maxim Coding Corner are available online! Visit [the Coding Corner page](#) on our Website to download Coding Corner issues you may have missed.

surgically cut or remove devitalized tissue. Excisional debridement is reported with code 86.22.

In order to assign a code for excisional debridement, the clinician must explicitly document it as such and should also document the instruments and methods utilized. Always query when the documentation does not clearly support excisional debridement.

If deeper layers are debrided (i.e., fascia, muscle, or bone) only the deepest layer debrided is coded and 86.22 is not assigned.

For more information on coding for pressure ulcers, see the following:

*ICD-9-CM Official Guidelines for Coding and Reporting: Sections I.B.12 and I.B.17.d*

*AHA Coding Clinic* 4th Quarter 2008 pg 194

*AHA Coding Clinic* 1st Quarter 2008 pg 3

*AHA Coding Clinic* 1st Quarter 2005 pg 16

*AHA Coding Clinic* 2nd Quarter 2000 pg 9

Reference:

The Merck Manual.

<http://www.merck.com/mmpe/sec10/ch126/ch126a.html>.

**To learn more about Maxim Health Information Services, visit us [online](#) or call 866-265-0589.**



This [CoolerEmail](#) was delivered to you by Maxim Health Information Services. You can [take your email address off Maxim Health Information Services' email list](#), or [update your preferences and/or send comments to Maxim Health Information Services](#). If you request to be taken off Maxim Health Information Services' email list, Maxim Health Information Services will honor your request pursuant to [CoolerEmail's](#) permission-based email terms and conditions. Postal address: 23811 Chagrin Boulevard, Suite 210, Beachwood, OH 44124

Powered by [CoolerEmail](#)