## CODING **CORNER** / PODIATRIC PRACTICE MANAGEMENT **2019**



## Significant ICD-10 Change Effective October 1, 2019

It's important to keep up with yearly changes.

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very year, there are changes to the ICD10-CM code set that go into effect on October 1. This year, there are 273 additions, 21 deletions, and 30 revisions. The change that will be most pertinent to the majority of podiatrists is the addition of a new 6th character option for L89- codes, the codes that have typically been used for pressure ulcers.

The new 6th character option will be "6". When using this new 6th character, it will change the descriptor of the code. The descriptor of any L89- code with a 6th character of "6" will not start with "Pressure ulcer of...." but instead will start with, "Pressure-induced deep tissue damage of...."

With this addition, the 6th character options for all L89- codes will now be:

- 0—Pressure Ulcer of......, Unstageable
- 1—Pressure Ulcer of......, Stage 1
- 2—Pressure Ulcer of......, Stage 2
- 3—Pressure Ulcer of......, Stage 3
- 4—Pressure Ulcer of......, Stage 4
- 6—Pressure-induced deep tissue damage of......
- 9—Pressure Ulcer of......, Unspecified stage

This now forces us to choose between "pressure ulcer" and "pressure-induced deep tissue damage" in both our coding and documentation when dealing with pathology caused by prolonged pressure to the skin. Traditionally, this type of pathology was referred to as a "pressure ulcer". However, in 2016, the National Pressure Ulcer Advisory Panel (NPUAP) changed their staging definitions for something caused by prolonged pressure to the skin. They eliminated the term "pressure ulcer" and replaced it with "pressure injury". This has been adopted by many practitioners and societies.

With this change, according to NPUAP, the term "pressure ulcer" should no longer be used and all changes to the skin of all stages that are caused by prolonged pressure should be referred to as "pressure injuries". Furthermore, NPUAP equates "deep tissue damage" to an "injury", and that led to the addition of this new 6th character for L89- codes. If following NPUAP guidance, the L89- 6th characters of 0,1,2,3,4, and 9 should never be used as they all describe a "pressure ulcer". According to NPUAP, all pathology caused by prolonged pressure to the skin of any stage should be coded using the new 6th

character of "6" as it refers to a "pressure injury".

The problem with all this is The Centers for Medicare and Medicaid Services (CMS) does not follow these NPUAP guidelines. CMS defines pathology caused by prolonged pressure to the skin based on its stage. Instead of using only "pressure injury" like NPUAP, CMS uses the terms "pressure ulcer", "pressure injury", and "pressure ulcer/injury", with the selection of the correct term based on the stage.

The change that will be most pertinent to the majority of podiatrists is the addition of a new 6th character option for L89- codes, the codes that have typically been used for pressure ulcers.

According to CMS, the definitions are:

Stage 1—Pressure injury

Stage 2—Pressure ulcer

Stage 3—Pressure ulcer

Stage 4—Pressure ulcer

Unstageable due to slough or eschar—Pressure ulcer Unstageable due to non-removable dressing or device—Pressure ulcer/injury

Now we have a choice to make. Do we follow NPUAP guidance or CMS guidance? CMS is the payer so the suggestion is to follow the CMS guidance. This means following their guidance not only in how we document, but also in how we code. Given the fact that CMS considers Stage 1 to be a "pressure injury", we will have opportunities to use the new L89- 6th character of "6". Documentation should always the support the coding that accompanies it. Therefore, when this new 6th character is used, the documentation should support the presence of a "pressure injury", otherwise stated as "pressure-induced deep tissue damage".

Starting October 1, 2019, the suggestion is to code

Continued on page 52

## **CODING CORNER**



ICD-10 Change (from page 51)

and document following CMS guidelines and the new ICD10 option for pathology caused by prolonged pressure to the skin. That would dictate using a 6th character of "6" for Stage 1 pathology caused by prolonged pressure to the skin. This is because CMS considers Stage 1 to be a "pressure injury" and the only L89- 6th character option that describes an "injury" is "6". The 6th character options for Stage 2, 3, and 4 will stay the same. The 6th character for a Stage 2 should be "2:, the 6th character for a Stage 3 should be "3", and the 6th character for a Stage 4 should be "4".

When pathology due to prolonged pressure to the skin is unstageable due to slough or eschar, the recommended L89- 6th character is "0" because CMS considers this to be an "ulcer". When pathology due to prolonged pressure to the skin is unstageable due to a nonremovable dress-

ing or device, CMS considers this a "pressure ulcer/injury". This leaves us with the option to use an L89- 6th character option that reflects either "ulcer" or "injury". Because we are considering something unstageable, and "ulcer" is still appropriate, the 6th character of "0" is appropriate, as this reflects an "unstageable ulcer".

What is excluded in the above examples is use of the L89- 6th character of "1". In following CMS guidelines, this 6th character should never be used. CMS considers Stage 1 to be a "pressure injury". Therefore, there should be no occasion to use the 6th character of "1", reflecting a Stage 1 "pressure ulcer" when following CMS guidelines.

The new ICD10-CM code set becomes effective October 1, 2019. For those who treat wounds and ulcers, intimate knowledge and a depth of understanding of the 6th character options for the L89- codes is essential for appropriate coding, compliance, and documentation. Following the above guidance

should allow for a smooth transition and introduction of this new option. **PM** 

## Resources

NPUAP Position Statement on Staging—2017 Clarifications January 24, 2017—https://cdn.ymaws.com/npuap.org/resource/resmgr/npuap-position-statement-on-.pdf.

CMS Quality Reporting Program Provider Training Section M: Skin Conditions (Pressure Ulcer/Injury) https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/September\_2018\_IRF\_LTCH\_Section\_M\_Webinar\_without\_answers.pdf.



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