

Medicare Risk Adjustment Coding Focus

Venous Ulcers



Overview

Venous ulcers occur when the veins in the leg do not work properly, causing blood to back up and build pressure. The increased pressure and excess fluid in the affected area causes the skin to break and form an open sore¹. Venous ulcers, also known as stasis ulcers, account for 80 percent of lower extremity ulcerations².

Signs and Symptoms

An early sign of venous insufficiency is thin, itchy skin, caused by the buildup of excess fluid and pooling blood. Swelling and cramping of the leg and dark red or purplish discoloration may also occur. This insufficiency may then lead to the formation of venous ulcers. Symptoms may include¹:

- A shallow, red based sore with unevenly shaped borders
- Yellow tissue covering the sore
- Leg pain
- Skin surrounding the sore may be tight, shiny and warm, or discolored

- Infected sores may have a bad odor and pus draining from the wound

Risk Factors

Anyone can develop venous ulcers, but there is an increased risk for those who are pregnant, have varicose veins, are obese or have a family history of venous insufficiency. People who smoke or who sit or stand for long periods and those with a personal history of deep vein thrombosis are also at risk. Prevention strategies include wearing compression stockings, maintaining a healthy weight, exercising regularly and quitting smoking³.

Treatment

There are various treatment options available for venous ulcers, including medication, conservative management and surgical interventions. As most venous ulcers occur in the lower leg area, leg elevation and compression therapy are often used to help improve blood flow and aid in healing. Medications can be used to fight infection and enhance blood flow. In some cases, surgery may be required to improve circulation in the legs to prevent reoccurrence.

Coding Guidance

Correct diagnosis coding for venous ulcers will depend upon the details provided in the medical record and any underlying cause should be clearly documented. For risk adjustment purposes, the 2018 CMS V23 model includes varicose veins with ulcer (HCC 107). Due to the high degree of

specificity available in ICD-10, specific information regarding the anatomical site, including laterality, should be noted, as well as the presence of inflammation.

In instances where the documentation only indicates venous (stasis) ulcer, or does not clearly document any underlying condition, code I87.2 for venous insufficiency⁴, which is not included in the risk adjustment model, should be utilized.

Venous (Stasis) Ulcer (no HCC)

I87.2 – Venous Insufficiency (chronic) (peripheral)

Varicose Veins of Lower Extremities with Ulcer (HCC 107)

I83.00* - unspecified lower extremity
I83.01* - right lower extremity
I83.02* - left lower extremity
I83.20* - unspecified lower extremity with both ulcer and inflammation
I83.21* - right lower extremity with both ulcer and inflammation
I83.22* - left lower extremity with both ulcer and inflammation

***Additional characters required**

Resources:

¹ MedlinePlus. (2016). Venous Ulcers. Retrieved from medlineplus.gov

² Collins, L., Seraj, S. (2010). Diagnosis and Treatment of Venous Ulcers. Retrieved from aafp.org

³ Bland, W. (2016). What is a venous Skin Ulcer? Retrieved from webmd.com

⁴ Schmidt, A., & Patterson, L. (2017). ICD-10 2018 Professional for Physicians. Optuminsight Inc.