

# Medicare Risk Adjustment Coding Focus

## Senile Purpura



### Overview

Purpura refers to a hemorrhage, or extravasation of blood, into the tissues or organs that appears as bruises and small red patches. Dependent upon size, it may be referred to as petechiae or ecchymosis. Purpura may be associated with thrombocytopenia, a reduction in circulating blood platelets, and can occur in a non-thrombocytopenic form according to EncoderPro such as senile purpura<sup>4</sup>.

Senile purpura, also known as actinic purpura, is an age-related condition that causes benign, easy bruising due to fragile skin and blood vessels. Approximately 10 percent of adults over the age of 50 suffer from senile purpura<sup>1</sup>. However, occurrence of this skin disorder increases with age and occurs equally among men and women.

### Risks & Causes

Aging skin is the primary cause of senile purpura as the skin becomes thin and easily damaged. Extended sun exposure can also contribute to the development of this condition as it can weaken

connective tissue over time. Weakness of the connective tissue forces blood vessels to become fragile causing a bruising appearance even after a minor bump or trauma, often appearing as if a serious injury has been sustained<sup>2</sup>.

### Signs and Symptoms

Symptoms of senile purpura are large, flat, and irregularly shaped red or purple bruises. The spots of discoloration have also been referred to as blood spots or skin hemorrhages. It commonly occurs on the arms, hands or top of the head as these are exposed parts of the skin. It can also appear on mucous membranes, including those in the mouth, and on internal organ<sup>1</sup>.

Other symptoms include:

- Thin skin
- Loose skin without elasticity
- Easily torn skin
- Occurrence of bruising without a related injury

Senile purpura bruising can last between 1 to 3 weeks before fading will occur. Unfortunately, the discoloration may not fade completely, leaving a permanent brown discolored appearance<sup>1</sup>.

### Treatment

Typically, treatment is not required as the condition is benign and the body has the ability to self-heal. Treatment, such as a topical retinoid, may be prescribed by a physician for patients who are troubled by the appearance and discoloration of

the lesions. Although senile purpura is not always preventable, using sunscreen for sun damage protection and wearing protective clothing and hats can help to prevent further damage to the skin<sup>2</sup>.

### Coding Guidance

Senile purpura can be found in Chapter 3 of the ICD-10-CM codebook listed under category D69, *Purpura and Other hemorrhagic conditions*. The ICD-10 code D69.2, Other Non-thrombocytopenic purpura, includes purpura not otherwise specified (NOS), purpura simplex, as well as senile purpura<sup>2</sup>.

### Purpura and Other Hemorrhagic Conditions (HCC 48)

- D69.0 – Allergic purpura
- D69.1 – Qualitative platelet defects
- D69.2 – Other non-thrombocytopenic purpura
- D69.3 – Immune thrombocytopenic purpura
- D69.41 – Evans syndrome
- D69.42 – Congenital and hereditary thrombocytopenic purpura
- D69.49 – Other thrombocytopenic purpura
- D69.6 – Thrombocytopenia, unspecified
- D69.8 – Other specified hemorrhagic conditions
- D69.9 – Hemorrhagic condition, unspecified

### Resources:

---

<sup>1</sup> Johnson, J. (n.d.). Senile purpura: Causes, symptoms, and diagnosis. Retrieved from medicalnewstoday.com

<sup>2</sup> Schmidt, A. & Patterson, L. (2018). ICD-10-CM Expert for Physicians. Optum Insight Inc.

<sup>4</sup>Purpura and other hemorrhagic conditions. (n.d.). Retrieved from encoderpro.com