

**CMS Support of Wound Care in Private  
Outpatient Therapy Clinics:  
Measuring  
the Effectiveness of Physical or Occupational Therapy  
Intervention as the Primary Means of Managing  
Wounds in Medicare Recipients**

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November 20, 2018

Physician-Focused Payment Model Technical Advisory Committee  
c/o Assistant Secretary of Planning and Evaluation, Room 415F  
U.S. Department of Health and Human Services  
200 Independence Ave. S.W.  
Washington, D.C. 20201  
[PTAC@hhs.gov](mailto:PTAC@hhs.gov)

RE: Letter of Support for *CMS Support of Wound Care in Private Outpatient Therapy Clinics: Measuring the Effectiveness of Physical or Occupational Therapy Intervention as the Primary Means of Managing Wounds in Medicare Recipients*.

On behalf of Upstream Rehabilitation, we are happy to express our support for the accompanying Alternative Payment Model.

In March of 2017, we had the opportunity to meet with Nevin Laib and a distinguished group of representatives of the Center for Medicare and Medicaid Innovation to present our idea to measure the effectiveness of physical or occupational therapy intervention as the primary means of managing wounds in Medicare recipients. They provided us with very helpful guidance and encouragement to fully develop the model and submit it to PTAC. Our first submission was in November of 2017; the current submission follows a first submission with answered questions and a subsequent conference call with a subcommittee.

We appreciate the opportunity to propose our model to demonstrate not only the effectiveness of chronic wound care management in private outpatient facilities, but how this model will increase access for rural populations, increase the communication between primary care physicians and wound care providers, drastically decrease the costs of healing wounds, and simultaneously increase patients' functional independence.

Thank you for your consideration of this proposal and we look forward to your feedback and further guidance.

Sincerely,

David Van Name, CEO  
Upstream Rehabilitation

Krisi Probert, OTD, OTR/L, CHT  
Senior Vice President of Clinical Development  
Upstream Rehabilitation

# **CMS Support of Wound Care in Private Outpatient Therapy Clinics: Measuring the Effectiveness of Physical or Occupational Therapy Intervention as the Primary Means of Managing Wounds in Medicare Recipients**

## **Abstract:**

This proposal will demonstrate how investment and support of outpatient therapy clinics to provide chronic wound care services to Medicare recipients will result in better communication between members of a patient’s healthcare team, lower cost to provide care, and greater functional outcomes for the patient that extend beyond simple healing of the wound.

Upstream Rehabilitation understands the powerful effect that physical and occupational therapists have in patients’ lives. They have the skills, training, and knowledge necessary to return patients to full and independent functioning, which includes having the ability to manage chronic wounds, keep in constant contact with physicians as their patient’s healing progresses, and aid the patient in regaining skills necessary for compensation during the active wound healing phase as well as restoration of skills once healing is complete.

Our goal in establishing and managing this program is to gather data for a two-year time period that will:

- 1) Measure the effectiveness of physical and occupational therapy in the healing of chronic wounds
- 2) Measure the overall increase in functional outcomes experienced by patients with chronic wounds who are being primarily managed by physical and occupational therapists
- 3) Measure the cost savings of utilizing physical and occupational therapists in outpatient, private settings versus traditional outpatient hospital-based wound care centers.

Data to measure these parameters is not currently available because the ability to effectively treat these patients in outpatient facilities is not financially feasible. This proposal seeks to incentivize physical and occupational therapists to treat these patients while measuring specific data points to gauge the cost effectiveness and comparison of functional outcomes to hospital-based outpatient wound care centers.

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## **Model Description:**

This proposal will demonstrate how investment and support of outpatient therapy clinics to provide chronic wound care services to Medicare recipients will result in better communication between members of a patient's healthcare team, lower cost to provide care, and greater functional outcomes for the patient that extend beyond simple healing of the wound. Our model would provide the necessary data for a cost effectiveness analysis for extending the basic provisions provided to therapists in outpatient hospital settings to those practicing in free-standing, private outpatient clinics. This program will serve as a pilot test of a long-term payment model.

## **Background and Model Overview:**

“The objective of any cost-effectiveness analysis is to illustrate how the health benefits can be maximized for a given amount of resources.” Health economists use varying measures to determine cost-effectiveness of an approach, including utility (and change in utility over time using the quality adjusted life year, or QALY), incremental cost effective ratios (ICER), and comparative effectiveness (<http://www.o-wm.com/content/cost-effectiveness-research-wound-care-definitions-approaches-and-limitations>). There exists a dearth of literature reviewing the comparison of services provided in hospital-based outpatient wound care treatment centers to those in private, free-standing outpatient centers staffed by physical and occupational therapists. The importance of including private, free-standing physical and occupational therapy clinics when considering cost-effectiveness of any wound care analysis is that those clinics are often located in rural areas and serve populations that do not have the means necessary to attend the recommended frequency and duration of wound care treatment in order to prevent the very factors that drive the cost of wound care much higher per patient (such as non-healing wounds). Patients whose wounds take longer to heal are the most expensive wounds to heal (<http://www.woundsresearch.com/article/wound-care-outcomes-and-associated-cost-among-patients-treated-us-outpatient-wound-centers-d>). Steps that can be taken to allow patients to receive the care they need in a timely manner, and in facilities located in rural areas that are accessible to this population, should create a convenience factor that will lead to expedited healing and decreased costs for healing a wound. This model intends to fill a gap in data by measuring the amount of dollars spent per patient, per referral source, and per diagnosis, as well as incentivize clinicians in private, outpatient clinics to treat this population by extending them some of the resources provided to hospital-based wound care centers.

A large driver for the cost of wound care is the number of co-morbidities per patient. Patients with chronic wounds also often suffer from diabetes, obesity, cardiovascular disease, and cardiovascular disease. Often, patients with multiple comorbidities are omitted from randomized controlled trials (RCTs), so the data is limited on the cost to heal those patients. We do know that patients with multiple comorbidities cost significantly more to heal wounds than those with zero or one comorbidity (<http://www.woundsresearch.com/article/wound-care-outcomes-and-associated-cost-among-patients-treated-us-outpatient-wound-centers-d>).

*Patients with chronic wounds suffer from a multitude of comorbid conditions that would have excluded them from nearly every RCT performed in the past 10 years. RCTs in wound care have also consistently failed to provide data on the most vulnerable populations such as those with dementia, the disabled, racial minorities, and the very elderly. Nevertheless, most of what we know about wound “outcomes” has been derived from these studies (eg, healing rates, time to heal). <http://www.woundsresearch.com/article/wound-care-outcomes-and-associated-cost-among-patients-treated-us-outpatient-wound-centers-d>*

An additional benefit of utilizing physical and occupational therapists is that their breadth of knowledge extends beyond just the healing of wounds, and they are focused on the functional outcomes of increased mobility and independence of patients who suffer from deficits due to their wound as well their multiple comorbidities. However, in order to provide consistency in care to these patients, and provide for an effective, equitable system to measure the cost effectiveness of providing wound care in free-standing private outpatient clinics as compared to hospital-based wound care clinics, there must be a comparable reimbursement system for those clinicians providing care to these patients. The biggest barriers (and inequities in reimbursement) that prevent an equitable comparison of care between hospital-based outpatient clinics and free-standing private outpatient clinics are the following:

- 1) The Threshold on Medicare outpatient services, which bears with it the administrative burden of tracking and administering the KX-modifier exception process.
- 2) The inability for free-standing outpatient clinics to be reimbursed for sophisticated dressing products (eg, alginates, hydrocolloids, hydrofibers, antimicrobial and collagen-containing dressings).
- 3) The lack of clarity surrounding the CMS's stance on physical and occupational therapist's ability to apply and be reimbursed for advanced therapeutics, when prescribed by a physician (like placental products and bioengineered skin) despite the educational and national associations' support of the use of these products.

We know that outcomes in wound care treatment need to consider not only clinical efficacy and health economics, but also health-related quality of life (HRQoL), or those outcomes the patient perceives as most important, such as pain, range-of-motion, strength, and independence (<http://www.owm.com/content/cost-effectiveness-research-wound-care-definitions-approaches-and-limitations>).

Upstream Rehabilitation understands the powerful effect that physical and occupational therapists have in patients' lives. They have the skills, training, and knowledge necessary to return patients to full and independent functioning, which includes having the ability to manage chronic wounds, keep in constant contact with physicians as their patient's healing progresses, and aid the patient in regaining skills necessary for compensation during the active wound healing phase as well as restoration of skills once healing is complete.

We propose a model open to 200 physical and occupational therapists operating in private, free-standing outpatient clinics nationwide to measure the cost and outcomes of physical or occupational therapy intervention as the primary means of managing wounds in Medicare recipients. For a period of two years, participating clinicians will:

- 1) Track functional outcomes of patients with open wounds utilizing the Bates-Jensen Wound Assessment Tool (BWAT), Patient Satisfaction, plus one of the following instruments:
  - QuickDASH (Disabilities of the Arm, Shoulder, and Hand Questionnaire)
  - LEFS (Lower Extremity Functional Scale)
  - Pain Scale
  - Oswestry Disability Index
- 2) Track the total cost of each patient treatment, including wound care supplies (filtered by referral source, clinician, and diagnosis)
- 3) Track the total time in treatment (duration of care)

In turn, we ask that we have special consideration for treating and tracking these patients, with the following conditions:

- 1) CMS will eliminate the Medicare threshold exceptions/review process for these specially identified patients (tracked by ICD10 code—see Appendix B for APTA's list of ICD10 codes for Wound Care Management).

- 2) CMS will allow for a billable charge per patient for wound care supplies. Based on internal studies tracking this cost, we recommend a one-time reimbursable charge per patient of \$250.
- 3) CMS will allow for the use and billing of advanced therapeutics, including skin substitutes and bioengineered dressings described in the codes C5271-C5278 and Q4100-Q4172 for the patients identified for this study.

Our goal in establishing and managing this model is to:

- 1) Demonstrate the effectiveness of physical and occupational therapy in the healing of chronic wounds.
- 2) Demonstrate the overall increase in functional outcomes experienced by patients with chronic wounds who are being primarily managed by physical and occupational therapists.
- 3) Demonstrate the cost savings of utilizing physical and occupational therapists in outpatient, private settings versus traditional outpatient hospital-based wound care centers by developing a database of the size and breadth suitable for further cost-effectiveness studies.

**How the Model Would Work from the Patient’s Perspective:**

- Patients will be identified for inclusion in this program by icd10 code provided by physician referral and by therapeutic diagnosis upon physical or occupational therapist evaluation. Note that patients referred by physicians to this program will not only have a medical diagnosis requiring wound care, but also an accompanying therapy diagnosis indicating a functional loss (e.g., pain, loss of strength, loss of motion).
- Once identified, patients will be informed of inclusion of their de-identified data by a program description, including risks and benefits of study inclusion, and be given the opportunity to opt-out of the data-collection program.
- Patients will be seen for a normal course of physical and/or occupational therapy, with goals specific to wound healing and functional outcomes.

**How the Model Would Work from the Perspective of Participating Eligible Professionals, the Patient’s Primary Care Provider, and Other Providers who would Participate in or be Affected by the Model:**

- Eligible clinicians would apply for inclusion in the program, attesting to their ability to meet all program criteria.
- CMS accepts or rejects the applicant for inclusion in the program, capping the program at 200 participants. Corporations can participate by a group application, attesting that each clinician listed meets the eligibility criteria and that the organization can provide the required data on each participating clinician.
- Patients will be referred by Primary Care Providers to participating physical or occupational therapists in free-standing, private outpatient clinics.
- Patients will be identified for inclusion in the program by the ICD10 provided by the referring provider or upon physical or occupational therapy evaluation.
- The patient’s course of treatment (case) will be identified in the Electronic Medical Record (EMR) as “wound care.”
- Each patient will be assessed using the BWAT at evaluation, each progress note (every 10<sup>th</sup> visit or 30 days), re-evaluation (when necessary), and discharge; patient satisfaction at discharge, and with one of the following outcome measures at the same intervals:
  - QuickDASH (Disabilities of the Arm, Shoulder, and Hand Questionnaire)
  - LEFS (Lower Extremity Functional Scale)

- Pain Scale
  - Oswestry Disability Index
- Patients will be treated for a normal course of physical and/or occupational therapy, with goals specific to wound healing and functional outcomes.
- Clinicians will track all supplies utilized during the course of treatment along with the facility cost of each supply within the EMR or other cost-tracking mechanism.
- Claims would be submitted to a separate address, utilizing a specific wound care modifier, and would be exempt from the Medicare threshold and KX modifier requirements.
- Claims will be eligible for a one-time \$250 supply credit per treatment episode, excluding CTPs (cellular/tissue based products) coded as directed by CMS at evaluation.
- Claims will be eligible for reimbursement for CTPs according to the Medicare fee schedule.
- Clinicians will provide quarterly data to CMS (or at the frequency directed by CMS) for a period of two years, including:
  - Functional outcomes of patients with open wounds utilizing the Bates-Jensen Wound Assessment
  - The total cost of each patient treatment, including wound care supplies (filtered by referral source, clinician, and diagnosis)
  - The total time in treatment (duration of care)
  - Patient satisfaction scores
- Claims must demonstrate that each patient participating in the program achieved a minimal clinically-important difference (MCID) in one of the reported outcomes, excluding patient satisfaction. Claims that do not achieve a MCID in one of the reported outcomes will be refunded to CMS for the entire claim amount. Any participating therapist who does not receive 80% patient satisfaction scores across all claims submitted will be placed on probation for one quarter; any subsequent quarter achieving under 80% patient satisfaction will be dismissed from the program. Under-achieving claims will be identified at quarterly report submission to CMS and will be self-identified by the participating provider. Appeal to the refund can only be granted if:
  - Patient achieves a demonstrable increase in functional independence, as evidenced by an increase in Functional Independence Measure (FIM), evidenced by documentation in the claim, or
  - Patient achieves a demonstrable, progressive improvement in at least two objective measurements (such as range-of motion, strength, or edema) as evidenced by documentation in the claim
- Additionally, any participating clinician whose average total Medicare reimbursed cost per episode across all patients treated is greater than \$3500 for all low-complexity, \$4500 for all moderate-complexity, and \$5500 for all high complexity, will be on probation for one quarter; following another subsequent quarter of average total Medicare reimbursed cost per visit greater than \$3500 will be removed from the program.
- Any participant who demonstrates an average reimbursement cost per visit across all patients treated of less than \$3500 per episode for all aggregate low complexity patients, \$4500 for all moderate-complexity, and \$5500 high complexity will be eligible for a 3% savings bonus at the end of the two year program.

**Scope:**

Impact of the proposed model on physicians or other eligible professionals & beneficiary participation:

This proposed model seeks to not only broaden the pool of available data to make future decisions for wound best practices in wound care, but opens up the opportunity to utilize physical and occupational therapy, fields that have had limited opportunities to participate in APMs in this capacity, as a primary and cost-effective method of care delivery. Physical and occupational therapists are highly trained clinicians that have the training, knowledge, and skills necessary to serve as an integral practitioner, leading and coordinating the care to allow patients to achieve not only full wound healing, but full return to functional independence that wounds often compromise.

We expect that approximately 1500 practitioners nationwide would want to be paid under this model following this pilot study. In our practice, we have seen a natural fit with rural practitioners participating in wound care due to those patients' decreased availability to receive specialized care, lack of resources as compared to more urban-based patients, and increased tendency for physical and occupational therapists to holistically treat patients and serve as therapists-for-life. Because of the unique and inequity of payment of wound care services as compared to therapists employed by outpatient hospital-based facilities, home health agencies, and skilled nursing facilities, this program would be reserved for outpatient, free-standing private-practice physical and occupational therapists.

Inherent to the practice of physical and occupational therapy are the tenants of movement and participation in daily occupations to promote healing and independence. Research shows that participation in movement and exercise promote wound healing in both human and animal models (Emery et. al. and Keylock et. al.). Supporting physical and occupational therapists' performance of wound care within their scope of practice not only achieves and accelerates wound healing, but allows patients to become fully independent in the activities that the wound itself has precluded.

Why physical and occupational therapists?

Physical and occupational therapists undergo basic training in wound care management as part of the curriculum dictated by their respective accrediting bodies. In addition, therapists receive on-site training to manage and heal wounds as part of their treatment plans that serve to treat patients in their entirety. Therapists can participate in wound care specialty certifications, and certification as a hand therapist (CHT) illustrates a physical or occupational therapist's proficiency in the treatment of chronic and acute wounds to allow patients to return to full functional independence. Outpatient wound care centers associated with hospitals widely employ physical and occupational therapists to actively treat wounds as well as to address the functional deficits that may accompany a wound-healing process.

*The Academy of Clinical Electrophysiology and Wound Management's (ACEWM) Wound Management Special Interest Group's (WMSIG) vision for the future is that physical therapists will be recognized as vital members of the multidisciplinary wound management team. The WMSIG acknowledges the absolute need for and benefit of coordinated care delivered by multiple healthcare providers in the examination, evaluation, and intervention of patients at risk for and/or with open wounds. Multidisciplinary care is important due to the relationship between all body systems and the fact that insult to one impacts the others. Open wounds result from internal (e.g. vascular insufficiency), external (e.g. burn injury), or a combination (e.g. diabetic foot ulcer) of factors and can be complicated by various comorbidities (nutrition, drugs, disease, genetics). For these reasons, it is the WMSIG's position that optimal patient care is accomplished through coordinated, collaborative practice that incorporates the very best that each discipline has to offer. Our position is best represented by a quote from Dr. Carrie Sussman, long-time ACEWM member and pioneer in wound management physical therapist practice: "Treat the whole patient, not just the hole in the patient."-- ACEWM White Paper – Role of PTs in Wound Management*



[http://65.110.76.134/wp\\_ACEWM2/wp-content/uploads/2017/01/The-Role-of-Physical-Therapists-in-Wound-Management.pdf](http://65.110.76.134/wp_ACEWM2/wp-content/uploads/2017/01/The-Role-of-Physical-Therapists-in-Wound-Management.pdf)

**See Appendix A for the ACEWM enumeration of the specific training and education physical therapists receive to appropriately manage wound healing, as well as the AOTA (American Occupation Therapy Association) enumeration of the specific training and education occupational therapists receive to appropriately manage wound healing.**

This model will be open to 200 participating physical or occupational therapists operating in free-standing, private outpatient clinics nationwide. Our national practice currently has 20 therapists serving in the southeast. Opening the program to 9 additional geographic regions with 20 therapists each would allow for an  $n$  of 200 to allow the results to be statistically significant. Assuming each clinician can treat an average of 3 patient treatments per day whose primary referral is for wound care (as these clinicians will most likely carry a caseload of both primarily wound-care patients as well as traditional cumulative and traumatic orthopedic and neurological injuries), a five-day work week, and an average visit count of 16.8 visits per patient (as noted in research cited above), each therapist would treat 46 unique patients per year (approximately 772 visits wound care visits per year); the full program would touch 9200 Medicare recipients per year for a total of 18,400 patients. Our company alone has 20 therapists in rural communities who have the knowledge, skills and interest in participating in this program. Allowing the concessions and tracking outlined in this proposal will encourage the participation of other physical and occupational therapists in free-standing, private outpatient clinics nationwide to participate as well.

This program would not supersede any established state practice acts limiting the participation of physical and occupational therapists in wound care practices, such as sharp debridement. However, both the APTA and AOTA (national representative bodies of physical and occupational therapists) support sharp debridement in the context of the achievement of physical and occupational therapy goals. The healing of a wound is not the end goal in the treatment of wounds in the context of physical and occupational therapy treatment; it is a means to achieve a functional goal.

#### Clinical Feasibility:

Each clinician participating in the model would apply for acceptance into the program. Consideration for acceptance would include:

- Is the clinician a registered physical or occupational therapist?
- Does the clinician have demonstrated advanced training in treatment of wounds, either by advanced treatment certification (such as Certified Hand Therapist [CHT] status), wound care certification, or by eligibility to sit for wound care certification?
- Does the clinician have the means to collect the required outcomes measures (BWAT, LEFS, QuickDASH, Pain, Oswestry, Patient Satisfaction)?
- Does the clinician have the means to track frequency, duration, and supplies utilized for all patients treated in the APM?
- Does the clinician have the means to bill claims electronically with CMS?

If these criteria are met, treatment of these patients would proceed as per usual standard operating procedure in free-standing, private outpatient clinics.

The amount of time that each therapist would spend delivering wound care should this model be implemented would vary by the demographics of the area in which the therapist is treating. In rural areas with decreased access to hospital-based wound care centers and with a high population of adults with

Type 2 diabetes, a clinician who specializes in wound care could spend up to 20 to 30 hours per week with these patients.

#### Clinical Risks:

Clinical risks remain as per usual treatment of these patients; these patients carry an inherent risk of infection rates, and in turn, clinicians who do not involve the primary care physician quickly enough should a status change occur.

#### Financial risks:

Under this APM, claims must demonstrate that each patient participating in the program achieved a minimal clinically-important difference (MCID) in one of the reported outcomes, excluding patient satisfaction. Patient satisfaction scores must exceed 80% across all claims submitted. Claims that do not achieve a MCID in one of the reported outcomes will be refunded to CMS for the entire claim amount. Under-achieving claims will be identified at quarterly report submission to CMS and will be self-identified by the participating provider. Appeal to the refund can only be granted if:

- Patient achieves a demonstrable increase in functional independence, as evidenced by an increase in Functional Independence Measure (FIM), evidenced by documentation in the claim, or
- Patient achieves a demonstrable, progressive improvement in at least two objective measurements (such as range-of motion, strength, or edema) as evidenced by documentation in the claim

Additionally, any participating clinician whose average total Medicare reimbursed cost per treatment episode across all patients treated is greater than \$3500 for all low complexity evaluations, \$4500 for all moderate complexity evaluations, and \$5500 for all high complexity evaluations will be on probation for one quarter; following another subsequent quarter of average total Medicare reimbursed cost per visit greater than \$3500 will be removed from the program. Any participating therapist who does not receive 80% patient satisfaction scores across all claims submitted will be placed on probation for one quarter; any subsequent quarter achieving under 80% patient satisfaction will be dismissed from the program.

Any participant who demonstrates an average reimbursement cost per visit across all patients treated of less than \$3500 per episode for all aggregate low complexity patients, \$4500 for all moderate-complexity, and \$5500 high complexity will be eligible for a 3% savings bonus at the end of the two-year program.

Additional risks include a higher-than-normal-level use of dressings, beyond the allotted \$250.

#### Expanding the APM to scale:

After the initial two-year trial and data gathering period of the model, and assuming further cost-effectiveness studies comparing outcomes of this model to traditional payment models in hospital-based outpatient wound care, this program could be scaled to encompass a larger segment of the population while still controlling the number of participants in the program by employing a DMEPOS-type certification process of the participating clinicians with a yearly cap on the number of participating clinicians.

#### **Quality and Cost:**

Physical and occupational therapy provided in the free-standing, private, outpatient clinics are already governed by Medicare standards that require providers to demonstrate medical necessity and progress towards established goals (Pub. 100-04, Medicare Claims Processing Manual, chapter 5). In addition, this

model will require the tracking of clinical quality through statistically validated measures of health outcomes by:

- Each patient's wound will be assessed using the BWAT at evaluation, each progress note (every 10<sup>th</sup> visit or 30 days), re-evaluation (when necessary), and discharge; additionally, each patient is also assessed with one of the following functional outcome measures at the same intervals:
  - QuickDASH (Disabilities of the Arm, Shoulder, and Hand Questionnaire)
  - LEFS (Lower Extremity Functional Scale)
  - Pain Scale
  - Oswestry Disability Index
  - Clinicians will provide this data quarterly to CMS (or at the frequency directed by CMS) for a period of two years.
- In addition to one of the above measures, patient satisfaction is a required reported measure.

Health care cost management will be tracked and controlled by:

- Clinicians will provide quarterly data to CMS (or at the frequency directed by CMS) for a period of two years, including:
  - The total cost of each patient treatment, including wound care supplies (filtered by referral source, clinician, and diagnosis)
  - The total time in treatment (duration of care)
- Claims must demonstrate that each patient participating in the program achieved a minimal clinically-important difference (MCID) in one of the reported outcomes, excluding patient satisfaction. Patient satisfaction scores across all submitted claims for each year must be above 80% satisfied on a 5-point Likert Scale of Very Unsatisfied, Unsatisfied, Neither Satisfied nor Unsatisfied, Satisfied, Very Satisfied. MCIDs are determined statistically by validated, published studies of each measure. Claims that do not achieve a MCID in one of the reported outcomes will be refunded to CMS for the entire claim amount. Under-achieving claims will be identified at quarterly report submission to CMS and will be self-identified by the participating provider. Appeal to the refund can only be granted if:
  - Patient achieves a demonstrable increase in functional independence, as evidenced by an increase in Functional Independence Measure (FIM), evidenced by documentation in the claim, or
  - Patient achieves a demonstrable, progressive improvement in at least two objective measurements (such as range-of motion, strength, or edema) as evidenced by documentation in the claim

The above exemptions to the MCID standard are included because we acknowledge that patients can improve functional independence (mobility, ROM, strength, Functional Independence Measures [FIM], increased independence in task performance [often through education in adaptations or environmental modifications]) while a wound is not healed to achieve an MCID. Additionally, patients can achieve a litany of functional increases that allow them to live their lives independently that may not be picked up by outcomes measures. An example of this would be a patient who is able to brush their teeth independently or perform toilet hygiene independently would have a significant improvement in their functional independence, but because these individual items are not asked on the DASH instrument, they might not achieve MCID on that measure.

Typical outcomes tracking systems in outpatient physical and occupational therapy practices include FOTO and WebOutcomes systems. These systems allow for tracking of frequency and duration of treatments per diagnosis, clinician, facility, region, territory, and company-wide; outcomes per diagnosis, clinician, facility, region, territory, and company-wide; and patient satisfaction and pain ratings diagnosis, clinician, facility, region, territory, and company-wide; it also compares those values to national databases of information (all customers providing data into their system).

A study performed in 2010 analyzing the dataset of traditional hospital-based outpatient wound-care patients demonstrated that patients were seen for an average of 16.8 visits “with an average cost to heal per wound of \$3927. Jeopardized flaps and grafts were the most expensive wound type with a mean cost to heal per wound of \$9358. Diabetic foot ulcers were the most expensive type of chronic ulcer and were twice as expensive as other types with an average cost per patient of \$5391. The average cost per wound for pressure ulcers was \$3349.” (<http://www.woundsresearch.com/article/wound-care-outcomes-and-associated-cost-among-patients-treated-us-outpatient-wound-centers-d>). The mean hospital cost to treat a deep tissue injury or unstageable ulcer is \$43,180, while the average cost for a hospital to manage a pressure ulcer is \$14,426 (<https://blog.mediligence.com/2013/06/10/wound-management-an-18-5-billion-worldwide-market-in-2021/>).

Using a typical net rate formula of \$100 per visit for outpatient physical therapy, the same treatment duration of 16.8 visits referenced above would comparatively cost just \$1680 (versus the average \$3927 in hospital-based outpatient treatment centers). Adding the \$250 per patient one-time allowance of \$250 brings the total average cost to \$1930. This savings, extrapolated over the two-year proposed span of the program, would result in a savings of an average \$1997 per patient, or a total savings of over **\$36 million** for the wound-healing portion of treatment. This is not accounting for inflation and increase in costs since the study referenced above was performed.

Physical and occupational therapists lack clear guidance for reimbursement from CMS for bioengineered dressings. Physical and occupational therapists have the demonstrated skill set to employ the use of bioengineered dressings and low-cost skin substitutes to complement and enhance the healing of chronic wounds. These products are described and reimbursed for other health care providers under the codes C5271-C5278 and Q4100-Q4172. Rather than have these dressings administered by other health care providers and break the continuity of care, as well as require patients to travel to different centers for application (exposing these patients to an increased chance of infection due to exposure to another facility), it is most reasonable to allow physical and occupational therapists to apply and monitor these dressings and be reimbursed according to the published fee schedule.

Metrics and performance assessment:

- Clinicians will track all supplies utilized during the course of treatment along with the facility cost of each supply within the EMR
- Claims would be submitted to a separate address, as directed by CMS, and would be exempt from the Medicare cap and KX modifier requirements.
- Claims will be eligible for a one-time \$250 supply credit, coded as directed by CMS at evaluation.
- Claims will be eligible for reimbursement for CTPs (cellular and/or tissue-based products) according to the Medicare fee schedule.
- Clinicians will provide quarterly data to CMS (or at the frequency directed by CMS) for a period of two years, including:
  - Functional outcomes of patients with open wounds utilizing the Bates-Jensen Wound Assessment

- The total cost of each patient treatment, including wound care supplies (filtered by referral source, clinician, and diagnosis)
- The total time in treatment (duration of care)
- Claims must demonstrate that each patient participating in the program achieved a minimal clinically-important difference (MCID) in one of the reported outcomes, excluding patient satisfaction. Claims that do not achieve a MCID in one of the reported outcomes will be refunded to CMS for the entire claim amount. Under-achieving claims will be identified at quarterly report submission to CMS and will be self-identified by the participating provider. Appeal to the refund can only be granted if:
  - Patient achieves a demonstrable increase in functional independence, as evidenced by an increase in Functional Independence Measure (FIM), evidenced by documentation in the claim, or
  - Patient achieves a demonstrable, progressive improvement in at least two objective measurements (such as range-of motion, strength, or edema) as evidenced by documentation in the claim

Innovative metrics for inclusion:

Each patient's wound will be assessed using the BWAT at evaluation, each progress note (every 10<sup>th</sup> visit or 30 days), re-evaluation (when necessary), and discharge; additionally, each patient is also assessed with one of the following outcome measures at the same intervals:

- QuickDASH (Disabilities of the Arm, Shoulder, and Hand Questionnaire)
- LEFS (Lower Extremity Functional Scale)
- Pain Scale
- Oswestry Disability Index
- Patient Satisfaction

Incorporation of data to support total cost of care:

As noted above, in addition to functional outcomes gathered within our outcomes-measurement tool, our EHR will track and gather the total duration of care, total units billed, and total supplies issued to create a total cost of care.

Electronic reporting for all participating clinicians:

Claims eligible for the program would be identified by ICD 10. Appendix B contains the American Physical Therapy Association's list of ICD10 codes for Wound Care Management. Claims with the approved ICD10 would be sent to an alternate address that CMS creates for APM claims. Claims would be exempt from the KX-modifier requirement and the cap on outpatient therapy services.

Participating clinicians will upload quarterly spreadsheets in specified formats of the requested data, both individually and in aggregate. Each participating clinician, or group if several participates are employed by a single company, should upload data for all patients whose episode of care ended by the last day of the reporting quarter. Information should be submitted one month from the end of the quarter. Participants will be asked to self-identify claims that do not achieve a minimal clinically-important difference (MCID) in one of the reported outcomes, excluding patient satisfaction. Claims that do not achieve a MCID in one of the reported outcomes will be refunded to CMS for the entire claim amount. Appeal to the refund can only be granted if:

- Patient achieves a demonstrable increase in functional independence, as evidenced by an increase in Functional Independence Measure (FIM), evidenced by documentation in the claim, or
- Patient achieves a demonstrable, progressive improvement in at least two objective measurements (such as range-of motion, strength, or edema) as evidenced by documentation in the claim

Any claim that self-reports under achieving MCID but wishes to appeal a refund must submit the documentation to support the criteria noted above at the time of submission of the quarterly data.

Additionally, any participating clinician whose average total Medicare reimbursed cost per treatment episode across all patients treated is greater than \$3500 (for low complexity evals; \$4500 for moderate complexity and \$5500 for high complexity) will be on probation for one quarter; following another subsequent quarter of average total Medicare reimbursed cost per visit greater than \$3500 (or higher based on complexity) will be removed from the program. Treatment episode will be defined as the management of a newly presented wound, or a wound that has been interrupted due to a significant re-injury, re-hospitalization, or the introduction of a secondary factor that precludes wound healing. Treatment episode begins with an initial physical or occupational therapy evaluation and ends with a discharge from physical or occupational therapy treatment. The Medicare reimbursement upper-limit value was derived by taking the average net of Medicare payments (\$100/visit) and multiplying by the outer bell curve of the average number of visits required to heal wounds (35) as seen within our internal practice models.

Sample reporting spreadsheet:

Clinician	Claim#	DOS	ICD10	T#V	T\$\$	TMR	BWAT I/D	FOT I/D	MCID achieved?

(Continued)

If MCID not achieved, state appeal reason here and attach supporting documentation									
Total Avg MC reimbursement for this clinician									

**Legend:**

Clinician

Claim #

DOS: Dates of Service

ICD10: List all applicable wound care codes

T#V: Total # of visits, from start of care to DC

T\$\$: Total cost of supplies

TMR: Total Medicare reimbursement

BWAT I/D: BWAT (Bates/Jensen) initial/DC scores

FOT I/D: Functional Outcome Initial/Functional Outcome DC

MCID achieved?

If MCID not achieved, state refund appeal reason & attach supporting documentation

Total average Medicare reimbursement for this clinician

Further statistical analysis:

Upon completion of the study, de-identified data would be available for cost-effectiveness statistical analysis to warrant expansion and continuation of the APM. Data derived from this study, including average cost per visit; ICD10 diagnoses most often seen in free-standing, private outpatient clinics; average total cost for wound care patients seen in free-standing, private outpatient clinics; wound healing outcomes; and functional outcomes could all be compared to the same measures in hospital-based outpatient clinics. Should the significant savings prove out as this APM predicts, recommendations for further incentives to route wound care patients to the free-standing, private outpatient physical and occupational therapy clinics is warranted.

Specifically, we believe this payment model would generate significant savings and/or improvements in outcomes for rurally-based patients (those for whom access to hospital-based wound care centers is challenging), those with significant co-morbidities (another or history of chronic wounds, Type 2 Diabetes, renal failure, compromised immune systems) and those with concurrent functional limitations who would benefit from physical or occupational therapy following healing of the wound (compromised mobility, coordination, and/or independence).

**Payment Methodology:**

The first issue with the current payment methodology is that physical and occupational therapist cannot clearly be reimbursed for utilizing advanced therapeutics to achieve maximal wound healing results when necessary. If they are not allowed to be reimbursed for these dressings, and they have to send them to another practitioner to be applied, the patient’s treatment is interrupted, the patient is possibly exposed to yet another environment that can compromise the wound, and the dressing gets billed to Medicare anyway in addition to the application or visit charge by another practitioner (whose E/I rates are higher).

Currently, physical and occupational therapists can bill Medicare patients utilizing the following CPT codes:

<b>CPT Code/ Brief Description</b>
29445 Lower extremity application of casts
29581 Multilayer compression wraps below knee
29582 Multilayer compression wraps below knee/thigh
29583 Multilayer compression wrap hand
29584 Multilayer compression wrap hand/forearm
97014 Unattended electrical stimulation
97597 Active wound management, first 20 sq cm
97598 Active wound management, each additional 20 sq cm
97602 Non-selective debridement
97605 Negative pressure wound therapy (NPWT) < 50 sq cm
97606 NPWT > 50 sq cm
97607 NPWT utilizing disposable DME < 50 sq cm
97608 NPWT utilizing disposable DME > 50 sq cm
97610 Low frequency non-contact ultrasound
G0239 Electromagnetic therapy; pressure, diabetic, venous and arterial ulcers
G0281 Unattended electrical stimulation; pressure, diabetic, venous and arterial ulcers
G0282 Unattended electrical stimulation; other wounds not listed above
<i>ACEWM White Paper – Role of PTs in Wound Management</i>

It is not clearly defined by Medicare, and differs among LCDs, as to whether physical and occupational therapists can be reimbursed for bio-engineered dressings. As noted in criterion 1, “Why Physical And occupational therapists?” physical and occupational therapists have the demonstrated skill set to employ the use of bio-engineered dressings and low-cost skin substitutes to complement and enhance the healing of chronic wounds. These products are described and reimbursed for other health care providers under the codes C5271-C5278 and Q4100-Q4172.

The second issue with payment methodology is the current Medicare Threshold on outpatient services, set at \$3000 net reimbursed in 2019, at which point a targeted manual medical review can be implemented. When the patient is approaching the threshold (\$2010), clinicians must apply a modifier to the claim to demonstrate that physical and occupational therapy continues to be medically necessary. If a patient has been treated for other therapeutic interventions, this cap could be exhausted prior to them ever having begun wound care treatment. Because patients with chronic wounds, as stated before, present often with comorbidities, they frequently have undergone bouts of outpatient therapy for other conditions prior to beginning their wound care treatment. The tracking of these parameters, ensuring the application of the KX modifier, and subjecting the claim to additional review creates an additional administrative burden and cost to both the provider and to Medicare. This model proposes automatic exemption from the threshold and review process for all patients with ICD10 diagnoses listed in Appendix B, which the American Physical Therapy Association has identified as diagnoses seen by therapists for wound management. **We proposed that those patients qualifying under this pilot study be identified utilizing a -WL modifier for tracking purposes.**

We acknowledge that certain patients will require extended care beyond the \$3500 net reimbursed amount triggered for probation under this model. Utilizing the tiered evaluation system introduced in 2017 for physical and occupational therapy, we proposed a further system for categorizing those patients with comorbidities and complicating factors that would extend the level of care needed to adequately address their wound care issues. These would be indicated as follows:

**-WL:** indicates a chronic wound whose evaluation complexity is determined to be Low complexity; target for probation is \$3500 maximum Medicare reimbursement.

**-WM:** indicates a chronic wound whose evaluation complexity is determined to be Moderate complexity; target for probation is \$4500 maximum Medicare reimbursement.

**-WH:** indicates a chronic wound whose evaluation complexity is determined to be High complexity; target for probation is \$5500 maximum Medicare reimbursement.

Third, supplies needed to perform wound care, including basic moisture management dressings, are not covered by Medicare in the free-standing, private outpatient setting and are viewed as part of the treatment itself. Costs for these supplies grows quickly, and further increases the cost of treating these patients. We propose a \$250 reimbursement for the cost of supplies to adequately meet the needs of patients both in-clinic and for at-home continued care of their wounds. This one-time per-episode of care credit was determined by evaluating the average cost of supplies per patients over a trailing twelve month period. Here are some examples of wound care patients who need wound care products for which physical and occupational therapists cannot bill:

**1. Venous insufficiency: Primary dressings would be collagen, calcium or iodisorb; secondary dressing would be foam product. Then 2, 3 or 4-layer compression wrap. The compression wraps are sold either as a package or individual pieces (cast padding/unna boot/coban).**



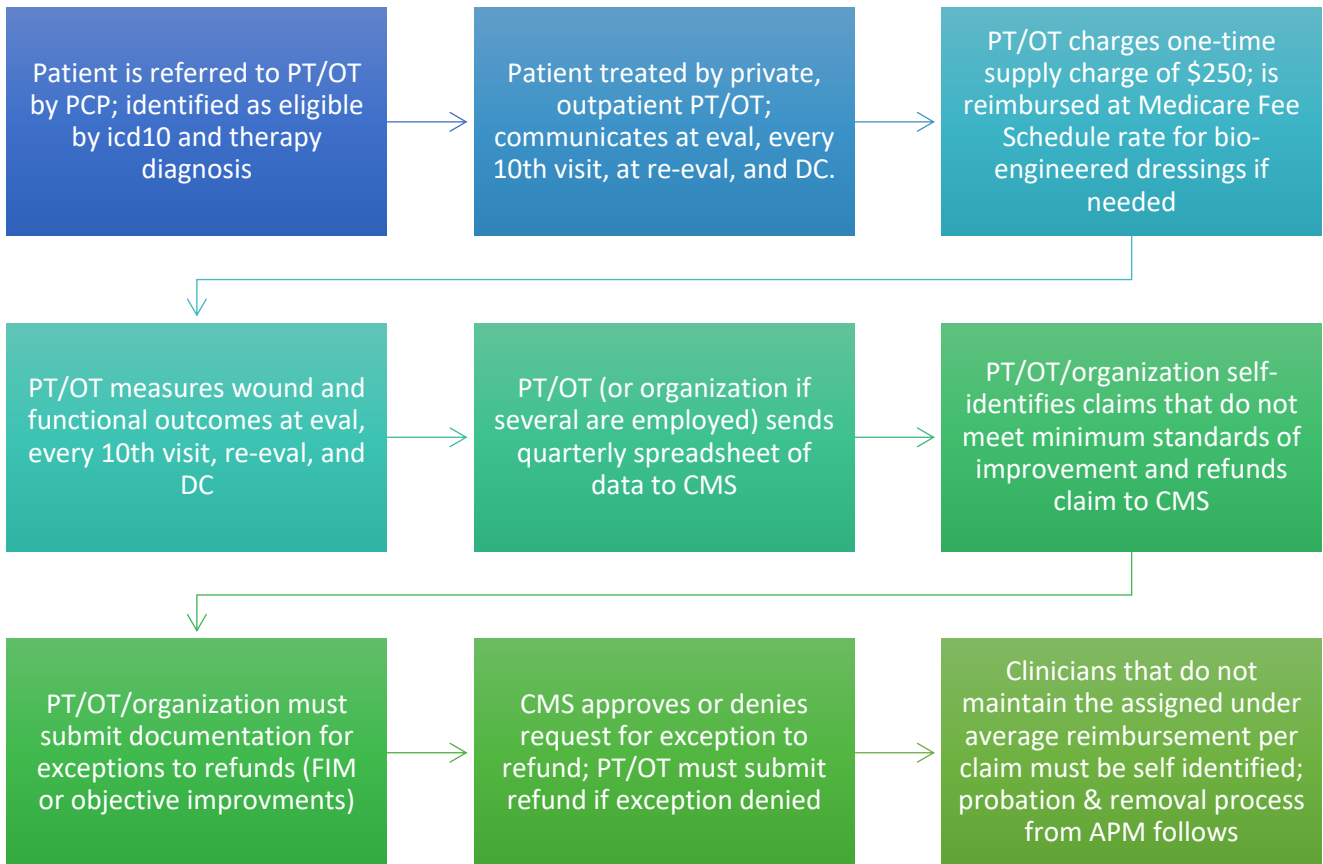
**2. Diabetic patient: Primary and secondary dressings would be the same as above. The gold standard recommendation is a total contact cast, but most patients refuse. Options then include a walking boot or adhesive felt with a post op type shoe.**

According to the authors of *Physical Therapy in Wound Care: A Cost Effectiveness Analysis*:

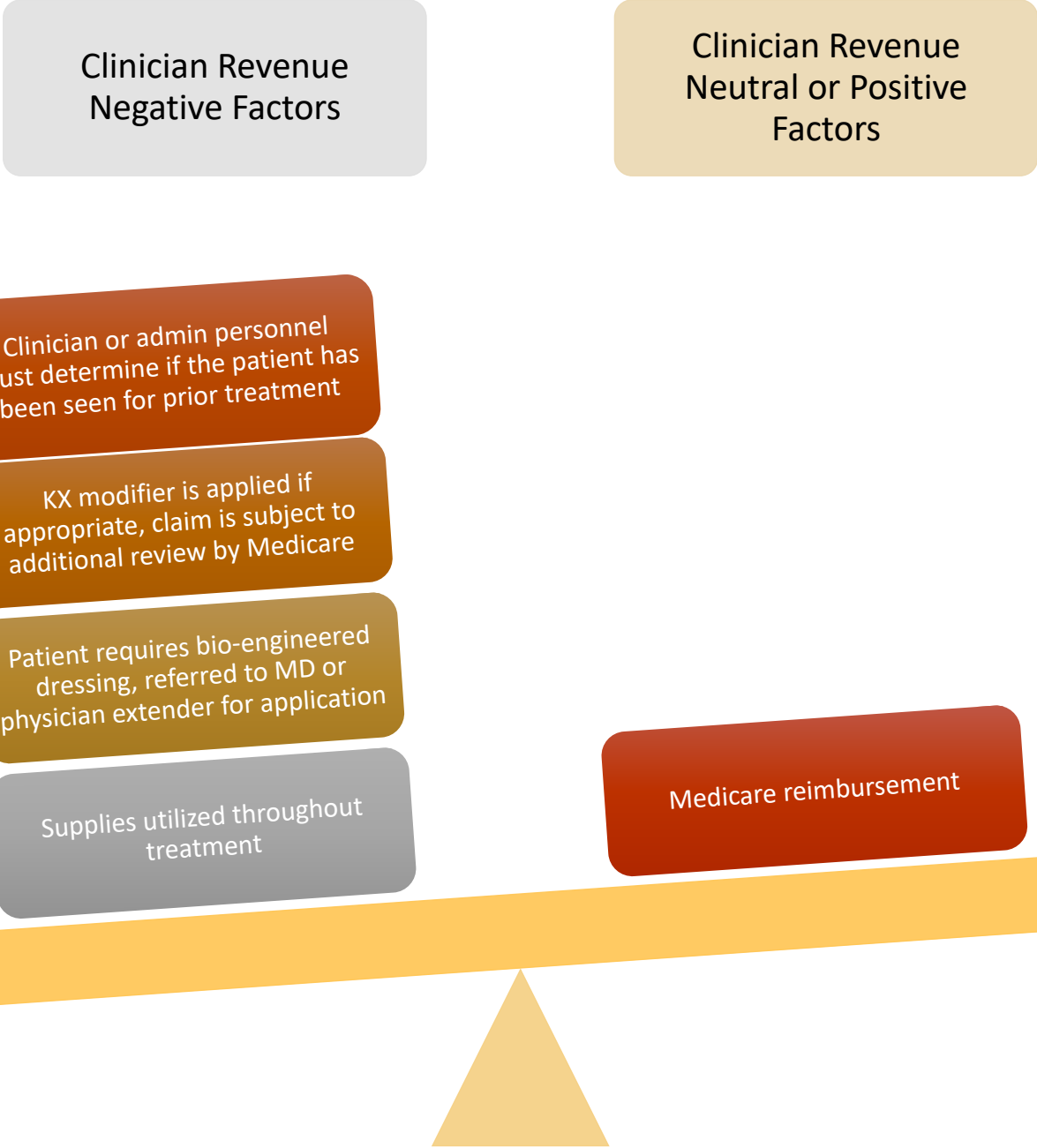
*PT may be a cost effective referral option for physicians given the inspiring healing rates. Nonetheless, we have to recognize that the breakeven cost in the present clinic is higher than the reimbursement rate. With the current insurance company reimbursement rate for PT, the present clinic [in the study] will not be able to support itself and continue operating. Similar to care provided to a patient in outpatient orthopedic PT settings, PT wound care is subject to the same limitations such as visits per year, copays, and time limitations as per reimbursement policies. Some may argue that physical therapists may increase the number of patients per hour or decrease the patient visit frequency to balance the cost; we believe that these measures may be unjustifiable for quality of care concerns and even if plausible, more patient referrals are needed from physicians as direct access is not common in wound care, nor should it be, given the critical need for medical evaluation, and diagnostics.*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5008497/>

**Visual Model of APM Process:**

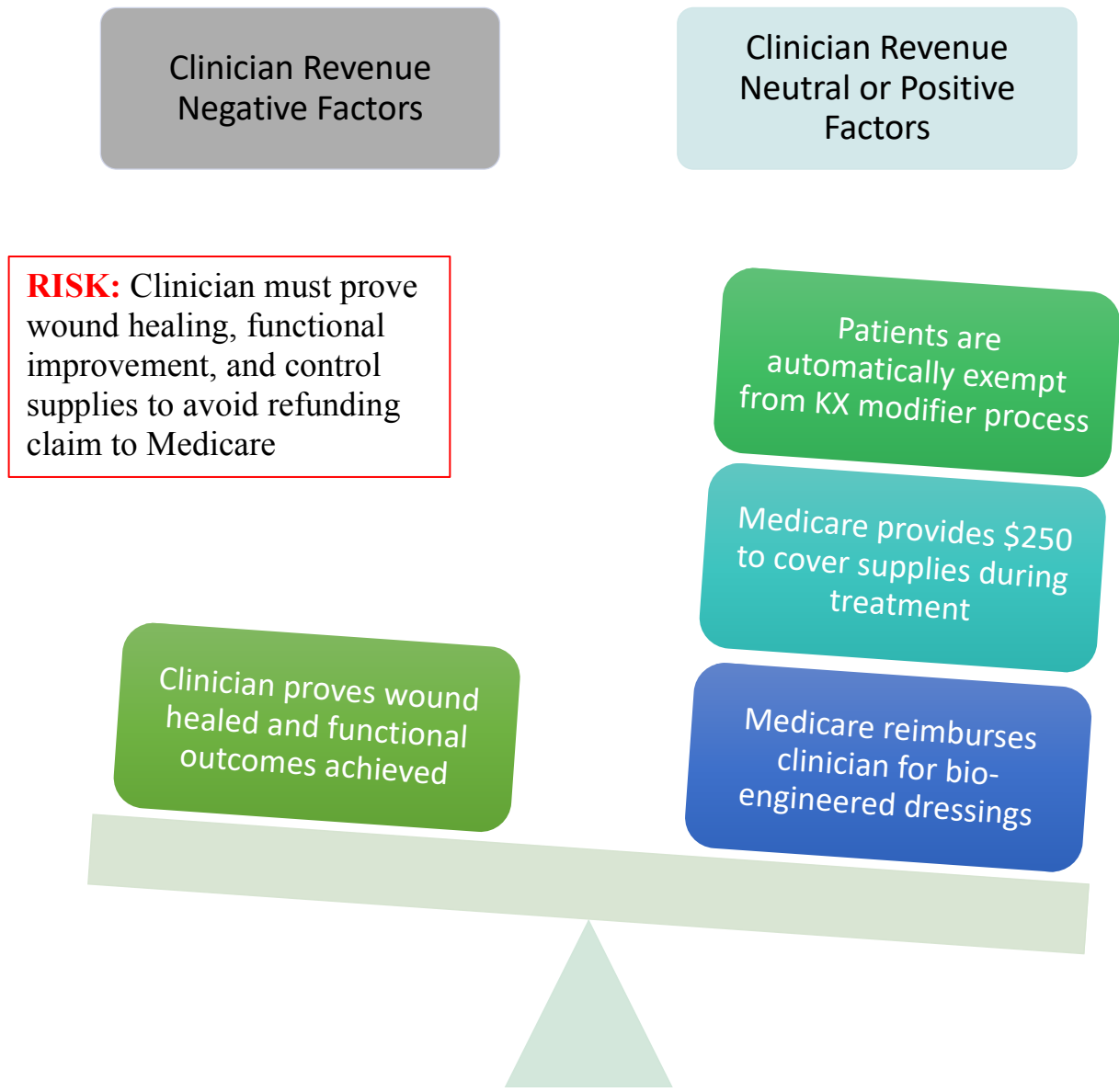


**Visual Model of Current Methodology (from the viewpoint of the clinician in the free-standing, private outpatient clinic):**



**Net result: patients are seen only in hospital-based outpatient centers where reimbursement is optimal; more money is spent by patient and Medicare**

**Proposed Methodology of APM (from the viewpoint of the clinician in the free-standing, private outpatient clinic):**



**Net result: Patient wound and/or functional outcomes are ensured, patient saves money and continuity of care is maintained through keeping care within one facility, Medicare saves money through cost containment**

### **Value over Volume:**

Under the current CMS payment methodology, despite the multiple inherent value incentives to treat outpatient wounds, including but not limited to (many of these factors are explicitly documented and referenced in other sections of this document):

- Enhanced continuity of care with the Primary Care Physician, and
- Providing a service to rural-based clientele who live at a distance from hospital-based wound care centers, de-incentivizing their compliance with care,

clinicians are not choosing to treat these patients due to the financial losses that occur.

Therefore, this plan will create a financial incentive by allowing clinicians in free-standing, private outpatient clinics to operate at the same margin as they do their non-wound care clientele.

### **Flexibility:**

Under the proposed payment model, clinicians have the flexibility to incorporate any modalities covered by Medicare into their treatment protocols, as long as they achieve clinical outcomes in wound healing and/or function.

Practitioners will have the added reporting requirement of utilizing the outcomes tools specified as well as the tracking and quarterly preparation of the reporting spreadsheet to CMS.

Infrastructure will be minimal as long as clinicians participate in a program that records outcomes and tracks visit information. Information for reporting will need to be gleaned from patient treatment records quarterly in order to accurately report visit information and outcomes data to CMS.

### **Ability to be Evaluated:**

As mentioned previously throughout this proposal, this model can be validated for quality improvement through achievement of MCID (minimum clinically important differences) achieved for wound care outcomes (BWAT—Bates-Jensen Wound Assessment tool) and for the following outcomes:

- QuickDASH (Disabilities of the Arm, Shoulder, and Hand Questionnaire)
- LEFS (Lower Extremity Functional Scale)
- Pain Scale
- Oswestry Disability Index
- Patient Satisfaction

In addition, with this data set, CMS can analyze the actual total cost of treatment for treating patients with chronic wounds in the private outpatient setting. Data can further be analyzed by total treatment cost per diagnosis, the average duration of treatment per diagnosis, and cost per geographic area.

Because this proposal also includes functional outcomes and patient satisfaction, further qualitative data analysis can compare patient satisfaction to outcomes (both wound outcomes and functional outcomes) as well compare patient satisfaction to duration of care.

### **Integration and Care Coordination:**

CMS does not pay for physical or occupational services without a physician referral and signing of the Plan of Care, even in states with Direct Access laws in place; therefore, the introduction of the

communication process between physical and occupational therapists and physicians is already inherent in this relationship. Physicians who refer patients with wounds often do not have the time, training, or resources to manage these patients in-office. If they refer patients to outpatient wound care centers, their case is transferred to another physician who will oversee their care during the healing process. By utilizing ancillary providers such as physical and occupational therapists, physicians will continue to maintain oversight of the care of their patients and will be communicated with each Medicare patient, according to CMS guidelines, at least:

- At initial evaluation
- Every 10<sup>th</sup> visit or 30 days, whichever is sooner
- At re-evaluation (if necessary)
- Any time there is a significant change in process, goals, or patient status
- At discharge

Allowing this continuum of care to remain uninterrupted by foregoing the interjection of another physician-level provider allows the primary care physician, who is familiar with the patient's history and functional status, to continue to serve as the primary coordinator of the patient's care and ensure that the totality of the patient's needs, including full functional return to independence, are completely addressed. We know that a sense of continuity of the patient's care leads to improved perceptions of and realized outcomes:

*For patients and their families, the experience of continuity is the perception that providers know what has happened before, that different providers agree on a management plan, and that a provider who knows them will care for them in the future. For providers, the experience of continuity relates to their perception that they have sufficient knowledge and information about a patient to best apply their professional competence and the confidence that their care inputs will be recognized and pursued by other providers. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC274066/>)*

According to the practice acts of most states, physical and occupational therapists can treat patients for chronic wounds with referrals from physician extenders as well; therefore, those providers could also be involved with initiating this relationship.

### **Patient Choice:**

This proposed model increases patient choice and accessibility to wound care centers. Many private outpatient clinics are located in rural areas to allow those clients to have access to physical and occupational therapy services without having to transport to larger metropolitan areas. Adding wound care services to these clinics allows clients who are otherwise disenfranchised due to economic circumstances to have access to quality care in their communities.

Patients continue to maintain the choice of where they wish to receive their wound care services; this APM opens up a more choices for patients to receive care.

### **Patient Safety:**

Our proposed APM serves to eliminate the disruption in patient care caused by several factors:

- a. The patient cannot afford to drive into a metropolitan area where a wound care center is located, so they opt not to go or go much more infrequently than recommended. This

increases the length of time required to heal the wound and can lead to secondary infections and further functional deficits from remaining in a sedentary state.

- b. The primary care physician who initiated the wound care treatment remains in touch with the provider of care (the physical or occupational therapist). When care is transferred to another physician to manage, there is always the possibility of uncoordinated and non-communicative decision making.
- c. Allowing the physical or occupational therapist to apply and charge for the bio-engineered dressing prevents the disruption of care caused by sending the patient to another physician or facility to apply the dressing, which increases the risk of cross-contamination.

In addition to allowing for the reimbursement at the normal Medicare Fee schedule for the bioengineered dressings, the purpose of providing the \$250 allowance for basic supplies (such as moisture-control dressings that are standard in wound care) is to ensure that clinicians are not providing substandard care in order to cut costs. Currently, all supplies are considered inherent to the cost of treatment, and clinicians may be tempted to use a less-expensive dressing in order to decrease the financial loss of treating wound care patients.

### **Health Information Technology:**

Because of the limited scope of patients and clinicians proposed under this model, there would not be any need for advanced use of HIT at the onset of this program. Clinicians need to have access to a system by which they record outcomes and determine if minimal clinically important differences (MCID) are achieved. Likewise, participating clinicians will need to have functionality in an EHR that tracks patients by diagnosis and records the total treatment sessions completed as well as the supplies utilized during that treatment session. This information can then be easily recorded on a basic worksheet as described above for submission to CMS.

At the end of the proposed two-year cycle, data gathered will be able to better inform clinicians as to:

- Optimal number of treatment sessions for maximal functional outcomes, per diagnosis
- Expected spend per diagnosis
- Functional outcomes and duration of treatment variations in patients with whom bio-engineered dressings were utilized vs. those not utilized

### **Supplemental information:**

This proposal would require an alternate claims submission address/process for receiving patients involved in this APM; additionally, resources to create a standard spreadsheet or portal into which data could be entered by the participants would aid in data collection, consolidation, and analysis.

Here are two hypothetical examples of patients who would benefit from the proposed payment model:

- 1) **62 year-old male lives in a rural area 25 miles from the nearest hospital facility with limited access to public transportation and relies on friends/family for transport to/from medical appointments. He suffers from a wound on the plantar surface covering 1/3 of his foot; he has Type 2 Diabetes concurrently. He walks with crutches and is unable to reach the plantar surface of his foot due to limited range of motion in his hip.**
  - **Where and how he would receive care today: Due to the distance from the hospital-based wound care, he would either be admitted to the hospital for wound care or be seen at a hospital-based outpatient care center (if available in his area). Because of his dependence on others for transport, he might be seen 1 time per week to manage his**

wound. This limited intervention will significantly increase the time required for the wound to heal. Intervention will be focused on healing of the wound. His primary care physician may or may not be involved in the care plan.

- **If the proposed model were in place: He would receive intervention at a rural outpatient physical therapy clinic, which are often much more accessible for community members. He would have access to care 3 to 5 times per week, and would be simultaneously improving his hip ROM to allow him to achieve his goal of independent foot hygiene and application of footwear. His wound would be healed in much less time, and his primary care physician would receive notifications of his progress every 10 visits.**
  - **How the change in care would improve wound healing: Accessibility to attend visits regularly is a huge factor in improving care and wound healing rates for these patients. Often, specialized dressings that are applied need to be monitored daily or several times per week. Additionally, this patient would receive intervention to improve his overall functional status in addition to healing the wound.**
  - **How billable services and spending would differ between the two approaches to care: According to the studies cited in the original proposal, if he were admitted to the hospital, the cost to manage the wound would be above \$14k, not including the increased risk for exposure to secondary infection; a hospital outpatient episode would cost more than \$5k (and his functional limitations would not be addressed simultaneously, possibly necessitating the need for “regular” PT/OT following healing of the wound to manage his functional issues); this proposal would aim for management within 35 treatment sessions plus a \$250 allowance for supplies. If the patient is in need of skin-substitutes, the physical or occupational therapist would be able to make that judgment and apply the dressing (whereas under the current plan, the patient would require an additional visit and intervention by another provider, often not even the referring physician, but a plastic surgeon or wound care specialist familiar with the application of these dressings).**
    - **Savings for this one patient vs. hospital stay: approximately \$10,000**
    - **Savings for this one patient vs. hospital outpatient visit: ~\$1000**
- 2) **83 year-old female who suffered a burn of her right hand referred to outpatient Occupational Therapy to address wound healing, functional loss of her right hand, and pain control.**
- **Where and how she would receive care today: Patient would be seen in an outpatient clinic, most likely with a Certified Hand Therapist. No supplies would be paid for by Medicare, so the therapist will utilize the most cost-efficient, though not necessarily the most effective, dressings to manage the wound. Lack of access to adequate supplies could lengthen the time required for the wound to heal and could be ineffective in managing her pain. Following 20 visits, the therapist would be subject to a focused internal review; she would be required to explicitly state on each note going forward why the continued care is medically necessary. Should the patient require a skin-substitute, she would be referred back to her primary care physician to request he apply the dressing, who may or may not be comfortable with the application and might involve a further referral to a plastic surgeon. Once the patient heals and scarring begins, adhesions over the dorsum of her hand are often a complication of treatment. Because supplies of this nature are not covered by Medicare, the patient would complete an ABN and the cost of the scar management gel (pad or cream) would be out-of-pocket for the patient. Because**



**the patient may not be able to afford the scar management pad/cream, full ROM may not be achieved and function limited.**

- **If the proposed model were in place: The patient would be seen in the same venue, but because the allowance is available for wound management, the patient would be seen for less total visits due to faster wound healing and more effective scar management.**
- **How the change in care would improve wound healing: The allowance of \$250 allows for the choice of the most appropriate dressing/scar management item to allow the wound to heal faster and ROM, strength, coordination, and other functional goals approached and achieved quicker (with less total visits).**
- **How billable services and spending would differ between the two approaches to care: Faster healing and more effective scar management means less overall visits, at a savings rate of \$100 per visit, plus the cost to the patient of transportation to the clinic each time and any out-of-pocket costs she would incur to purchase the scar management pad/gel.**

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**Appendix A: Enumeration of qualifications of specific training and education physical and occupational therapists receive to appropriately manage wound healing:**

<p><b>Normal Tissue Healing</b></p> <ul style="list-style-type: none"> <li>• Anatomy &amp; function of the skin, physiology &amp; phases of tissue healing</li> <li>• Types of wound closure, general positive/negative factors affecting tissue healing</li> <li>• <b>Post-graduate:</b> In-depth knowledge of cell function. Recognition of wide range of complicating factors and methods to mitigate modifiable factors</li> </ul>
<p><b>Examination</b></p> <ul style="list-style-type: none"> <li>• General health status, medical/social/family history</li> <li>• Family/work/community responsibilities</li> <li>• Education, ability for self-care</li> <li>• Primary complaint/symptoms, current intervention/plan, functional status, &amp; medications</li> <li>• <b>Post-graduate:</b> In-depth knowledge of how multiple factors may affect complicated patients; knowledge of imaging, nutrition, risk &amp; functional assessment, bioburden, laboratory, &amp; imaging</li> </ul>
<p><b>Systems Review</b></p> <ul style="list-style-type: none"> <li>• Gross screening of body systems: Musculoskeletal, neuromuscular, cardiopulmonary, immune, &amp; integumentary</li> <li>• <b>Post-graduate:</b> In-depth knowledge of additional body systems including endocrine, lymphatic, &amp; urinary/excretory &amp; their role in overall health/ability for healing</li> </ul>
<p><b>Tests and Measures</b></p> <ul style="list-style-type: none"> <li>• Wound characteristics including tissue identification &amp; quality, periwound characteristics, wound measurements (including Rule of Nines &amp; Lund and Browder) &amp; characteristics of wound drainage</li> <li>• Signs of infection (local vs systemic), types of infection, awareness of tests to determine infection (serology, radiographic, biopsy, etc.), &amp; infection prevention measures</li> <li>• Noninvasive vascular screening including palpation of pulses/skin temperature, skin/nail characteristics, &amp; ankle brachial testing</li> <li>• Pain, sensory integrity, pressure risk, anthropometric measurements (i.e. edema/girth), mobility, &amp; function</li> <li>• <b>Post-graduate:</b> Full integration of test &amp; measure results &amp; indications for complicated patients. In-depth knowledge of tissue oxygenation &amp; determination of wound severity</li> </ul>
<p><b>Wound Etiology and Differential Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Differentiation &amp; assessment of various local/systemic etiologies/injury that increases the risk of or has resulted in integumentary compromise</li> <li>• Entry-level etiologies include: Pressure, vascular compromise, neuropathic, traumatic, burns, surgical, &amp; basic dermatological issues.</li> <li>• <b>Post-graduate:</b> In-depth knowledge of additional etiologies including Systemic Lupus Erythematosus, sickle cell, arthritic &amp; vasculitic, infection, complex pressure ulcers, pyoderma gangrenosum, calciphylaxis, malignancy, etc.</li> </ul>
<p><b>Psychosocial</b></p> <ul style="list-style-type: none"> <li>• Effect of integumentary compromise on community/family/ social/work life, emotional status, &amp; ability for participation in self-care</li> </ul>

### **Intervention**

- Pressure redistribution, offloading, positioning
  - Prescription/management of assistive devices, splints, & orthotics
  - Wound cleansing/irrigation
  - Knowledge regarding non-surgical, debridement (mechanical, autolytic, enzymatic, sharp, chemical, & biosurgical)
  - Qualities of advanced dressings & use of common topical agents
  - Suture/staple removal
  - Basic scar management
- Utilization of active biophysical agents including compression, electrical stimulation, pulsed lavage, ultrasound, & negative pressure
- **Post-graduate:** Knowledge and skill in performing sharp/non-surgical debridement, ultrasonic debridement, & various methods of wound cleansing, irrigation, & tissue stimulation. Advanced skill with various compression methods/technologies & offloading. Management of bioengineered tissue & advanced topical therapeutic agents. Monitoring pharmacologic indications & side effects

In relation to wound care, the American Occupational Therapy Association outlines the role of occupational therapy in the treatment of Upper Extremity rehabilitation, noting that occupational therapists have the skills, background knowledge, and qualifications to treat:

- 
- Crush injuries or trauma
  - Tendon injuries and conditions (e.g., lacerations, tendonitis, ruptures)
  - Nerve injuries and conditions (e.g., neuropathies, palsies, nerve repair)
  - Pain (e.g., complex regional pain syndrome, fibromyalgia)
  - Replantation and revascularization
  - Wounds and scars
  - Thermal and electrical injuries

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Occupational therapy interventions are designed to meet individual client needs and may include the following as part of a comprehensive plan of care:

- 
2. Therapeutic activities
  3. Therapeutic exercise
  4. Orthosis design, fabrication, fitting, and training
  5. Joint protection and/or energy modification in home, work, school, or leisure activities
  6. Sensory re-education
  7. Scar management
  8. Pain management
  9. Work conditioning or work hardening
  10. Training in activities of daily living and adaptive or assistive devices
  11. Education for post-surgical or post-injury safety, including sensory loss

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From a practical perspective, occupational therapy practitioners working in the area of upper-extremity rehabilitation achieve competency in adjunct areas of intervention, which may include:

- 
- Design and fabrication of selected orthoses for post-surgical, post-injury, or long-term use
  - Ergonomic principles

- Diagnostic and post-surgical protocols
- Wound care
- Application of physical agent modalities
- Manual therapy
- Biofeedback techniques
- Compression therapy

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<http://www.aota.org/About-Occupational-Therapy/Professionals/RDP/The%20Role%20of%20Occupational%20Therapy%20for%20Rehabilitation%20of%20the%20Upper%20Extremity.aspx>

Comparing the wound care education of physical and occupational therapists to physicians, according to Patel and Granick, “American medical students receive very little education on the science and care of wounds during their medical studies. The mean hours of education in physiology of tissue injury at fifty American medical schools are 0.5 hours and 0.2 hours, respectively, in the first year and second years and none in the third and fourth years. The mean hours of directed education in the physiology of wound healing are 2.1 hours and 1.9 hours in the first and second years” (Patel & Granick 2009).

A 2009 study by NIH determined that the use of physical and occupational therapists to treat chronic ulcers of patients with spinal cord injury in VA settings was frequent enough to qualify as Usual Care by both disciplines. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2792462/>

Using physical and occupational therapists in the outpatient setting as the primary coordinator of the care of patients with chronic wounds allows for a patient-centered approach that ultimately decreases the overall cost of care for the patient. As noted in *Wound Care Advisor*:

*When dealing with the challenge of healing chronic wounds, one can't be a short-term thinker, especially in regard to the cost of different treatment interventions. Pinching pennies in the short term (using “cheaper” treatments to save money) generally leads to increased healing times, which ultimately lead to higher overall costs—not to mention a lower quality of life for the patient who has to endure an open wound for a longer time.*

*Many chronic wounds have an increased healing time because the basics of wound healing haven't been addressed, including effectively treating the cause of the wound; managing the bioburden; managing exudate; promoting appropriate moist wound therapy, efficient removal of the necrotic burden, and appropriate nutritional interventions; and ensuring good tissue perfusion.*

*The ineffective and inefficient addressing of the basics of wound healing can be attributed to a lack of education and knowledge of current wound care approaches among clinicians. A proactive rehab team can address many of these basic factors and essentially increase the speed at which wounds will heal, thereby lowering the overall costs of wound care, because the longer the healing time, the higher the cost to the facility.*

*How exactly can a rehab team decrease healing times and lower the costs of wound care? Effectively managing necrotic tissue is an integral part of moving the wound from an inflammatory to a proliferative healing phase. Physical and occupational therapists are able to debride necrotic tissue through conservative sharp debridement, application of biological debridement, and the use of modalities at a fraction of the time required by enzymatic or autolytic debridement methods...*

*...Physical and occupational therapy can provide modalities, such as high-voltage galvanic electrical stimulation or diathermy, that can increase circulation, decrease pain and healing times, and increase the comfort and quality of life of the patient. In addition,*

*electrical stimulation and diathermy have bactericidal properties that can help manage the bioburden in a wound.*

*Removing the cause of wounds is essential to their healing. For example, physical and occupational therapists can perform ankle-brachial index/Lanarkshire oximetry index, then safely choose and apply compression bandaging systems in conjunction with massage techniques that can remove edema associated with venous insufficiency and lymphedema.*

*Physical and occupational therapists can also assess for positioning limitations and educate patients and staff in effective positioning methods that can prevent continued pressure to the wounds and further tissue breakdown. Physical therapists can assess the feet of patients with diabetes for deformities and high-pressure points. Performing a gait analysis can contribute to the proper use of effective offloading footwear and devices to allow neuropathic ulcers to heal and prevent future ulcerations.*

*(<https://woundcareadvisor.com/role-of-rehab-in-wound-care/>)*

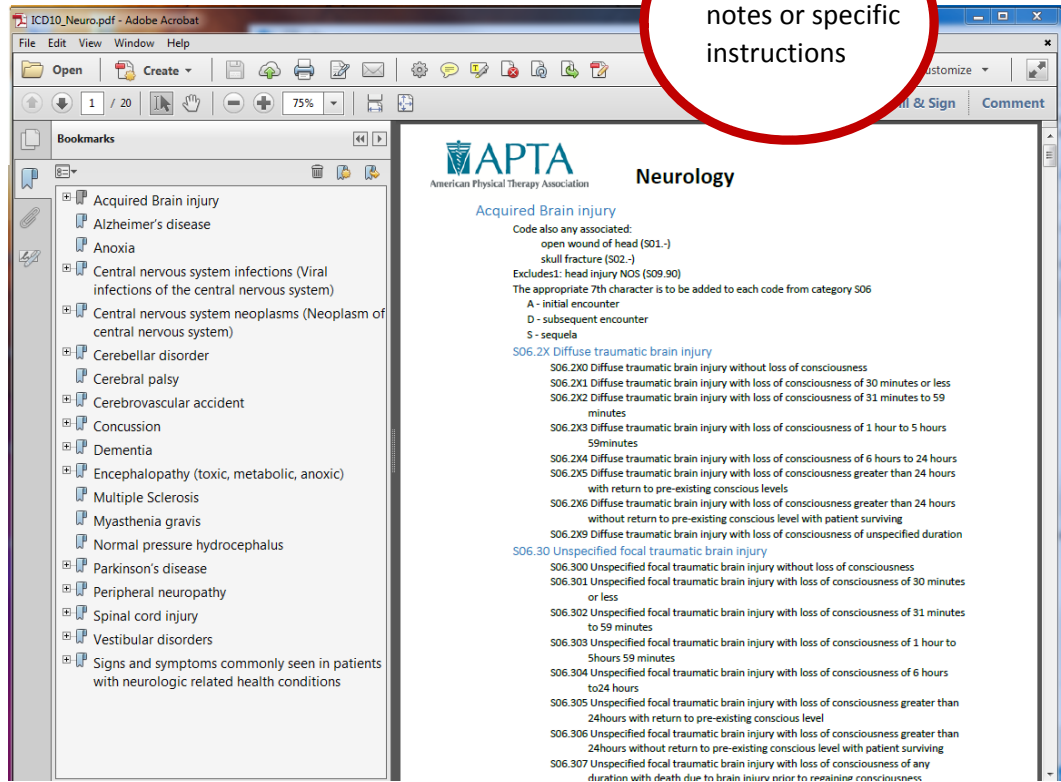
**Appendix B: APTA's list of ICD10 codes for Wound Management**  
(begins following page)

## Instructions:

To best navigate the list, first download this PDF file to your computer. Then navigate the document using the bookmarks feature in the left column. The bookmarks expand and collapse. Finally, ensure that you look at the top of each category and work down to review notes or specific instructions.

**Bookmarks:**  
with expandable  
and collapsible  
topics

**Bookmarks:**  
notes or specific  
instructions



## Abnormality (Disorder) of lymphatic system

### I89 Other noninfective disorders of lymphatic vessels and lymph nodes

Excludes1: chylocele, tunica vaginalis (nonfilarial) NOS (N50.8)

enlarged lymph nodes NOS (R59.-)

filarial chylocele (B74.-)

hereditary lymphedema (Q82.0)

#### I89.0 Lymphedema, not elsewhere classified

Elephantiasis (nonfilarial) NOS

Lymphangiectasis

Obliteration, lymphatic vessel

Praecox lymphedema

Secondary lymphedema

Excludes1: postmastectomy lymphedema (I97.2)

#### I89.8 Other specified noninfective disorders of lymphatic vessels and lymph nodes

Chylocele (nonfilarial)

Chylous ascites

Chylous cyst

Lipomelanotic reticulosis

Lymph node or vessel fistula

Lymph node or vessel infarction

Lymph node or vessel rupture

#### I89.9 Noninfective disorder of lymphatic vessels and lymph nodes, unspecified

Disease of lymphatic vessels NOS

### I97.2 Postmastectomy lymphedema syndrome

Elephantiasis due to mastectomy

Obliteration of lymphatic vessels

## Abnormality (Disorder) of peripheral nervous system

Neuropathic wounds Code (Code first the reason for the encounter and include health conditions that is the cause of the wound.)

#### E10.62 Type 1 diabetes mellitus with skin complications

E10.620 Type 1 diabetes mellitus with diabetic dermatitis

Type 1 diabetes mellitus with diabetic necrobiosis lipoidica

E10.621 Type 1 diabetes mellitus with foot ulcer

Use additional code to identify site of ulcer (L97.4-, L97.5-)

E10.622 Type 1 diabetes mellitus with other skin ulcer

Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)

#### E11.62 Type 2 diabetes mellitus with skin complications

E11.620 Type 2 diabetes mellitus with diabetic dermatitis

Type 2 diabetes mellitus with diabetic necrobiosis lipoidica



# Wound Care Management

E11.621 Type 2 diabetes mellitus with foot ulcer

Use additional code to identify site of ulcer (L97.4-, L97.5-)

E11.622 Type 2 diabetes mellitus with other skin ulcer

Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)

E11.628 Type 2 diabetes mellitus with other skin complications

E13.62 Other specified diabetes mellitus with skin complications

E13.620 Other specified diabetes mellitus with diabetic dermatitis

Other specified diabetes mellitus with diabetic necrobiosis lipoidica

E13.621 Other specified diabetes mellitus with foot ulcer

Use additional code to identify site of ulcer (L97.4-, L97.5-)

E13.622 Other specified diabetes mellitus with other skin ulcer

Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)

E13.628 Other specified diabetes mellitus with other skin complications

L97.1 Non-pressure chronic ulcer of thigh

L97.11 Non-pressure chronic ulcer of right thigh

L97.111 Non-pressure chronic ulcer of right thigh limited to breakdown of skin

L97.112 Non-pressure chronic ulcer of right thigh with fat layer exposed

L97.113 Non-pressure chronic ulcer of right thigh with necrosis of muscle

L97.114 Non-pressure chronic ulcer of right thigh with necrosis of bone

L97.119 Non-pressure chronic ulcer of right thigh with unspecified severity

L97.12 Non-pressure chronic ulcer of left thigh

L97.121 Non-pressure chronic ulcer of left thigh limited to breakdown of skin

L97.122 Non-pressure chronic ulcer of left thigh with fat layer exposed

L97.123 Non-pressure chronic ulcer of left thigh with necrosis of muscle

L97.124 Non-pressure chronic ulcer of left thigh with necrosis of bone

L97.129 Non-pressure chronic ulcer of left thigh with unspecified severity

L97.2 Non-pressure chronic ulcer of calf

L97.21 Non-pressure chronic ulcer of right calf

L97.211 Non-pressure chronic ulcer of right calf limited to breakdown of skin

L97.212 Non-pressure chronic ulcer of right calf with fat layer exposed

L97.213 Non-pressure chronic ulcer of right calf with necrosis of muscle

L97.214 Non-pressure chronic ulcer of right calf with necrosis of bone

L97.219 Non-pressure chronic ulcer of right calf with unspecified severity

# Wound Care Management

## L97.22 Non-pressure chronic ulcer of left calf

L97.221 Non-pressure chronic ulcer of left calf limited to breakdown of skin

L97.222 Non-pressure chronic ulcer of left calf with fat layer exposed

L97.223 Non-pressure chronic ulcer of left calf with necrosis of muscle

L97.224 Non-pressure chronic ulcer of left calf with necrosis of bone

L97.229 Non-pressure chronic ulcer of left calf with unspecified severity

## L97.3 Non-pressure chronic ulcer of ankle

### L97.31 Non-pressure chronic ulcer of right ankle

L97.311 Non-pressure chronic ulcer of right ankle limited to breakdown of skin

L97.312 Non-pressure chronic ulcer of right ankle with fat layer exposed

L97.313 Non-pressure chronic ulcer of right ankle with necrosis of muscle

L97.314 Non-pressure chronic ulcer of right ankle with necrosis of bone

L97.319 Non-pressure chronic ulcer of right ankle with unspecified severity

### L97.32 Non-pressure chronic ulcer of left ankle

L97.321 Non-pressure chronic ulcer of left ankle limited to breakdown of skin

L97.322 Non-pressure chronic ulcer of left ankle with fat layer exposed

L97.323 Non-pressure chronic ulcer of left ankle with necrosis of muscle

L97.324 Non-pressure chronic ulcer of left ankle with necrosis of bone

L97.329 Non-pressure chronic ulcer of left ankle with unspecified severity

## L97.4 Non-pressure chronic ulcer of heel and midfoot

Non-pressure chronic ulcer of plantar surface of midfoot

### L97.41 Non-pressure chronic ulcer of right heel and midfoot

L97.411 Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin

L97.412 Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed

L97.413 Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle

L97.414 Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone

L97.419 Non-pressure chronic ulcer of right heel and midfoot with unspecified severity

### L97.42 Non-pressure chronic ulcer of left heel and midfoot

L97.421 Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin

L97.422 Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

# Wound Care Management

L97.423 Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle

L97.424 Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone

L97.429 Non-pressure chronic ulcer of left heel and midfoot with unspecified severity

## L97.5 Non-pressure chronic ulcer of other part of foot

Non-pressure chronic ulcer of toe

### L97.51 Non-pressure chronic ulcer of other part of right foot

L97.511 Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin

L97.512 Non-pressure chronic ulcer of other part of right foot with fat layer exposed

L97.513 Non-pressure chronic ulcer of other part of right foot with necrosis of muscle

L97.514 Non-pressure chronic ulcer of other part of right foot with necrosis of bone

L97.519 Non-pressure chronic ulcer of other part of right foot with unspecified severity

### L97.52 Non-pressure chronic ulcer of other part of left foot

L97.521 Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin

L97.522 Non-pressure chronic ulcer of other part of left foot with fat layer exposed

L97.523 Non-pressure chronic ulcer of other part of left foot with necrosis of muscle

L97.524 Non-pressure chronic ulcer of other part of left foot with necrosis of bone

L97.529 Non-pressure chronic ulcer of other part of left foot with unspecified severity

## L97.8 Non-pressure chronic ulcer of other part of lower leg

### L97.81 Non-pressure chronic ulcer of other part of right lower leg

L97.811 Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin

L97.812 Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed

L97.813 Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle

L97.814 Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone

L97.819 Non-pressure chronic ulcer of other part of right lower leg with unspecified severity

## L97.82 Non-pressure chronic ulcer of other part of left lower leg

L97.821 Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin

L97.822 Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed

L97.823 Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle

L97.824 Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone

L97.829 Non-pressure chronic ulcer of other part of left lower leg with unspecified severity

## L97.9 Non-pressure chronic ulcer of unspecified part of lower leg

### L97.91 Non-pressure chronic ulcer of unspecified part of right lower leg

L97.911 Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin

L97.912 Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed

L97.913 Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle

L97.914 Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone

L97.919 Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity

### L97.92 Non-pressure chronic ulcer of unspecified part of left lower leg

L97.921 Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin

L97.922 Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed

L97.923 Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle

L97.924 Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone

L97.929 Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity

## Charcot fracture

E11.610 Type 2 diabetes mellitus with diabetic neuropathic arthropathy  
Type 2 diabetes mellitus with Charcôt's joints

## Abnormality of arterial system

### I70.2 Atherosclerosis of native arteries of the extremities

Mönckeberg's (medial) sclerosis

Use additional code, if applicable, to identify chronic total occlusion of artery of extremity (I70.92)

Excludes2: atherosclerosis of bypass graft of extremities (I70.30-I70.79)

- I70.20 Unspecified atherosclerosis of native arteries of extremities
  - I70.201 Unspecified atherosclerosis of native arteries of extremities, right leg
  - I70.202 Unspecified atherosclerosis of native arteries of extremities, left leg
  - I70.203 Unspecified atherosclerosis of native arteries of extremities, bilateral legs
  - I70.208 Unspecified atherosclerosis of native arteries of extremities, other extremity
  - I70.209 Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
- I70.21 Atherosclerosis of native arteries of extremities with intermittent claudication
  - I70.211 Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
  - I70.212 Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
  - I70.213 Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
  - I70.218 Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
  - I70.219 Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
- I70.22 Atherosclerosis of native arteries of extremities with rest pain
  - Includes: any condition classifiable to I70.21-
  - I70.221 Atherosclerosis of native arteries of extremities with rest pain, right leg
  - I70.222 Atherosclerosis of native arteries of extremities with rest pain, left leg
  - I70.223 Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
  - I70.228 Atherosclerosis of native arteries of extremities with rest pain, other extremity
- I70.23 Atherosclerosis of native arteries of right leg with ulceration
  - Includes: any condition classifiable to I70.211 and I70.221
  - Use additional code to identify severity of ulcer (L97.-)
  - I70.231 Atherosclerosis of native arteries of right leg with ulceration of thigh
  - I70.232 Atherosclerosis of native arteries of right leg with ulceration of calf
  - I70.233 Atherosclerosis of native arteries of right leg with ulceration of ankle
  - I70.234 Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
    - Atherosclerosis of native arteries of right leg with ulceration of plantar surface of midfoot
  - I70.235 Atherosclerosis of native arteries of right leg with ulceration of other part of foot
    - Atherosclerosis of native arteries of right leg extremities with ulceration of toe

# Wound Care Management

I70.238 Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg

I70.239 Atherosclerosis of native arteries of right leg with ulceration of unspecified site

I70.24 Atherosclerosis of native arteries of left leg with ulceration  
Includes: any condition classifiable to I70.212 and I70.222  
Use additional code to identify severity of ulcer (L97.-)

I70.241 Atherosclerosis of native arteries of left leg with ulceration of thigh

I70.242 Atherosclerosis of native arteries of left leg with ulceration of calf

I70.243 Atherosclerosis of native arteries of left leg with ulceration of ankle

I70.244 Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot

Atherosclerosis of native arteries of left leg with ulceration of plantar surface of midfoot

I70.245 Atherosclerosis of native arteries of left leg with ulceration of other part of foot

Atherosclerosis of native arteries of left leg extremities with ulceration of toe

I70.248 Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg

I70.249 Atherosclerosis of native arteries of left leg with ulceration of unspecified site

I70.25 Atherosclerosis of native arteries of other extremities with ulceration  
Includes: any condition classifiable to I70.218 and I70.228  
Use additional code to identify the severity of the ulcer (L98.49-)

I70.26 Atherosclerosis of native arteries of extremities with gangrene  
Includes: any condition classifiable to I70.21-, I70.22-, I70.23-, I70.24-, and I70.25-

Use additional code to identify the severity of any ulcer (L97.-, L98.49-), if applicable

I70.261 Atherosclerosis of native arteries of extremities with gangrene, right leg

I70.262 Atherosclerosis of native arteries of extremities with gangrene, left leg

I70.263 Atherosclerosis of native arteries of extremities with gangrene, bilateral legs

I70.268 Atherosclerosis of native arteries of extremities with gangrene, other extremity

I70.29 Other atherosclerosis of native arteries of extremities

I70.291 Other atherosclerosis of native arteries of extremities, right leg

I70.292 Other atherosclerosis of native arteries of extremities, left leg

I70.293 Other atherosclerosis of native arteries of extremities, bilateral legs

I70.298 Other atherosclerosis of native arteries of extremities, other extremity

I70.299 Other atherosclerosis of native arteries of extremities, unspecified extremity

## L97 Non-pressure chronic ulcer of lower limb, not elsewhere classified

Includes: chronic ulcer of skin of lower limb NOS

- non-healing ulcer of skin
- non-infected sinus of skin
- trophic ulcer NOS
- tropical ulcer NOS
- ulcer of skin of lower limb NOS

Code first any associated underlying condition, such as:

- any associated gangrene (I96)
- atherosclerosis of the lower extremities (I70.23-, I70.24-, I70.33-, I70.34-, I70.43-, I70.44-, I70.53-, I70.54-, I70.63-, I70.64-, I70.73-, I70.74-)
- chronic venous hypertension (I87.31-, I87.33-)
- diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)
- postphlebotic syndrome (I87.01-, I87.03-)
- postthrombotic syndrome (I87.01-, I87.03-)
- varicose ulcer (I83.0-, I83.2-)

Excludes2: pressure ulcer (pressure area) (L89.-)

- skin infections (L00-L08)
- specific infections classified to A00-B99

### L97.1 Non-pressure chronic ulcer of thigh

#### L97.11 Non-pressure chronic ulcer of right thigh

- L97.111 Non-pressure chronic ulcer of right thigh limited to breakdown of skin
- L97.112 Non-pressure chronic ulcer of right thigh with fat layer exposed
- L97.113 Non-pressure chronic ulcer of right thigh with necrosis of muscle
- L97.114 Non-pressure chronic ulcer of right thigh with necrosis of bone
- L97.119 Non-pressure chronic ulcer of right thigh with unspecified severity

#### L97.12 Non-pressure chronic ulcer of left thigh

- L97.121 Non-pressure chronic ulcer of left thigh limited to breakdown of skin
- L97.122 Non-pressure chronic ulcer of left thigh with fat layer exposed
- L97.123 Non-pressure chronic ulcer of left thigh with necrosis of muscle
- L97.124 Non-pressure chronic ulcer of left thigh with necrosis of bone
- L97.129 Non-pressure chronic ulcer of left thigh with unspecified severity

### L97.2 Non-pressure chronic ulcer of calf

#### L97.21 Non-pressure chronic ulcer of right calf

- L97.211 Non-pressure chronic ulcer of right calf limited to breakdown of skin
- L97.212 Non-pressure chronic ulcer of right calf with fat layer exposed



# Wound Care Management

L97.213 Non-pressure chronic ulcer of right calf with necrosis of muscle

L97.214 Non-pressure chronic ulcer of right calf with necrosis of bone

L97.219 Non-pressure chronic ulcer of right calf with unspecified severity

## L97.22 Non-pressure chronic ulcer of left calf

L97.221 Non-pressure chronic ulcer of left calf limited to breakdown of skin

L97.222 Non-pressure chronic ulcer of left calf with fat layer exposed

L97.223 Non-pressure chronic ulcer of left calf with necrosis of muscle

L97.224 Non-pressure chronic ulcer of left calf with necrosis of bone

L97.229 Non-pressure chronic ulcer of left calf with unspecified severity

## L97.3 Non-pressure chronic ulcer of ankle

### L97.31 Non-pressure chronic ulcer of right ankle

L97.311 Non-pressure chronic ulcer of right ankle limited to breakdown of skin

L97.312 Non-pressure chronic ulcer of right ankle with fat layer exposed

L97.313 Non-pressure chronic ulcer of right ankle with necrosis of muscle

L97.314 Non-pressure chronic ulcer of right ankle with necrosis of bone

L97.319 Non-pressure chronic ulcer of right ankle with unspecified severity

### L97.32 Non-pressure chronic ulcer of left ankle

L97.321 Non-pressure chronic ulcer of left ankle limited to breakdown of skin

L97.322 Non-pressure chronic ulcer of left ankle with fat layer exposed

L97.323 Non-pressure chronic ulcer of left ankle with necrosis of muscle

L97.324 Non-pressure chronic ulcer of left ankle with necrosis of bone

L97.329 Non-pressure chronic ulcer of left ankle with unspecified severity

## L97.4 Non-pressure chronic ulcer of heel and midfoot

Non-pressure chronic ulcer of plantar surface of midfoot

### L97.41 Non-pressure chronic ulcer of right heel and midfoot

L97.411 Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin

L97.412 Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed

L97.413 Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle

L97.414 Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone

L97.419 Non-pressure chronic ulcer of right heel and midfoot with unspecified severity



# Wound Care Management

## L97.42 Non-pressure chronic ulcer of left heel and midfoot

- L97.421 Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin
- L97.422 Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed
- L97.423 Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle
- L97.424 Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone
- L97.429 Non-pressure chronic ulcer of left heel and midfoot with unspecified severity

## L97.5 Non-pressure chronic ulcer of other part of foot

Non-pressure chronic ulcer of toe

### L97.51 Non-pressure chronic ulcer of other part of right foot

- L97.511 Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin
- L97.512 Non-pressure chronic ulcer of other part of right foot with fat layer exposed
- L97.513 Non-pressure chronic ulcer of other part of right foot with necrosis of muscle
- L97.514 Non-pressure chronic ulcer of other part of right foot with necrosis of bone
- L97.519 Non-pressure chronic ulcer of other part of right foot with unspecified severity

### L97.52 Non-pressure chronic ulcer of other part of left foot

- L97.521 Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin
- L97.522 Non-pressure chronic ulcer of other part of left foot with fat layer exposed
- L97.523 Non-pressure chronic ulcer of other part of left foot with necrosis of muscle
- L97.524 Non-pressure chronic ulcer of other part of left foot with necrosis of bone
- L97.529 Non-pressure chronic ulcer of other part of left foot with unspecified severity

## L97.8 Non-pressure chronic ulcer of other part of lower leg

### L97.81 Non-pressure chronic ulcer of other part of right lower leg

- L97.811 Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin
- L97.812 Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed
- L97.813 Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle

# Wound Care Management

L97.814 Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone

L97.819 Non-pressure chronic ulcer of other part of right lower leg with unspecified severity

[L97.82 Non-pressure chronic ulcer of other part of left lower leg](#)

L97.821 Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin

L97.822 Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed

L97.823 Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle

L97.824 Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone

L97.829 Non-pressure chronic ulcer of other part of left lower leg with unspecified severity

[L97.9 Non-pressure chronic ulcer of unspecified part of lower leg](#)

[L97.91 Non-pressure chronic ulcer of unspecified part of right lower leg](#)

L97.911 Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin

L97.912 Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed

L97.913 Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle

L97.914 Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone

L97.919 Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity

[L97.92 Non-pressure chronic ulcer of unspecified part of left lower leg](#)

L97.921 Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin

L97.922 Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed

L97.923 Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle

L97.924 Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone

L97.929 Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity

## Abnormality of surgical wound

[T81.3 Disruption of wound, not elsewhere classified](#)

Disruption of any suture materials or other closure methods

Excludes1: breakdown (mechanical) of permanent sutures (T85.612)

# Wound Care Management

- displacement of permanent sutures (T85.622)
- disruption of cesarean delivery wound (O90.0)
- disruption of perineal obstetric wound (O90.1)
- mechanical complication of permanent sutures NEC (T85.692)

## T81.30 Disruption of wound, unspecified

Disruption of wound NOS

## T81.31 Disruption of external operation (surgical) wound, not elsewhere classified

Dehiscence of operation wound NOS

Disruption of operation wound NOS

Disruption or dehiscence of closure of cornea

Disruption or dehiscence of closure of mucosa

Disruption or dehiscence of closure of skin and subcutaneous tissue

Full-thickness skin disruption or dehiscence

Superficial disruption or dehiscence of operation wound

Excludes1: dehiscence of amputation stump (T87.81)

## T81.32 Disruption of internal operation (surgical) wound, not elsewhere classified

Deep disruption or dehiscence of operation wound NOS

Disruption or dehiscence of closure of internal organ or other internal tissue

Disruption or dehiscence of closure of muscle or muscle flap

Disruption or dehiscence of closure of ribs or rib cage

Disruption or dehiscence of closure of skull or craniotomy

Disruption or dehiscence of closure of sternum or sternotomy

Disruption or dehiscence of closure of tendon or ligament

Disruption or dehiscence of closure of superficial or muscular fascia

## T81.4 Infection following a procedure

Intra-abdominal abscess following a procedure

Postprocedural infection, not elsewhere classified

Sepsis following a procedure

Stitch abscess following a procedure

Subphrenic abscess following a procedure

Wound abscess following a procedure

Use additional code to identify infection

Use additional code (R65.2-) to identify severe sepsis, if applicable

Excludes1: obstetric surgical wound infection (O86.0)

postprocedural fever NOS (R50.82)

postprocedural retroperitoneal abscess (K68.11)

Excludes2: bleb associated endophthalmitis (H59.4-)

infection due to infusion, transfusion and therapeutic injection (T80.2-)

infection due to prosthetic devices, implants and grafts (T82.6-T82.7, T83.5-T83.6, T84.5-T84.7, T85.7)

## Abnormality of traumatic wound

### S01 Open wound of head

Code also any associated:

- injury of cranial nerve (S04.-)
- injury of muscle and tendon of head (S09.1-)
- intracranial injury (S06.-)
- wound infection

Excludes1: open skull fracture (S02.- with 7th character B)

Excludes2: injury of eye and orbit (S05.-)

traumatic amputation of part of head (S08.-)

The appropriate 7th character is to be added to each code from category S01

- A - initial encounter
- D - subsequent encounter
- S - sequela

### S01.0 Open wound of scalp

Excludes1: avulsion of scalp (S08.0)

S01.00 Unspecified open wound of scalp

S01.01 Laceration without foreign body of scalp

S01.02 Laceration with foreign body of scalp

S01.03 Puncture wound without foreign body of scalp

S01.04 Puncture wound with foreign body of scalp

S01.05 Open bite of scalp

Bite of scalp NOS

Excludes1: superficial bite of scalp (S00.06, S00.07-)

### S21 Open wound of thorax

Code also any associated injury, such as:

- injury of heart (S26.-)
- injury of intrathoracic organs (S27.-)
- rib fracture (S22.3-, S22.4-)
- spinal cord injury (S24.0-, S24.1-)
- traumatic hemopneumothorax (S27.3)
- traumatic hemothorax (S27.1)
- traumatic pneumothorax (S27.0)
- wound infection

Excludes1: traumatic amputation (partial) of thorax (S28.1)

The appropriate 7th character is to be added to each code from category S21

- A - initial encounter
- D - subsequent encounter
- S - sequela

- S21.2 Open wound of back wall of thorax without penetration into thoracic cavity
  - S21.20 Unspecified open wound of back wall of thorax without penetration into thoracic cavity
    - S21.201 Unspecified open wound of right back wall of thorax without penetration into thoracic cavity
    - S21.202 Unspecified open wound of left back wall of thorax without penetration into thoracic cavity
  - S21.21 Laceration without foreign body of back wall of thorax without penetration into thoracic cavity
    - S21.211 Laceration without foreign body of right back wall of thorax without penetration into thoracic cavity
    - S21.212 Laceration without foreign body of left back wall of thorax without penetration into thoracic cavity
  - S21.22 Laceration with foreign body of back wall of thorax without penetration into thoracic cavity
    - S21.221 Laceration with foreign body of right back wall of thorax without penetration into thoracic cavity
    - S21.222 Laceration with foreign body of left back wall of thorax without penetration into thoracic cavity
- S21.4 Open wound of back wall of thorax with penetration into thoracic cavity
  - S21.40 Unspecified open wound of back wall of thorax with penetration into thoracic cavity
    - S21.401 Unspecified open wound of right back wall of thorax with penetration into thoracic cavity
    - S21.402 Unspecified open wound of left back wall of thorax with penetration into thoracic cavity
  - S21.41 Laceration without foreign body of back wall of thorax with penetration into thoracic cavity
    - S21.411 Laceration without foreign body of right back wall of thorax with penetration into thoracic cavity
    - S21.412 Laceration without foreign body of left back wall of thorax with penetration into thoracic cavity
    - S21.419 Laceration without foreign body of unspecified back wall of thorax with penetration into thoracic cavity
  - S21.42 Laceration with foreign body of back wall of thorax with penetration into thoracic cavity
    - S21.421 Laceration with foreign body of right back wall of thorax with penetration into thoracic cavity
    - S21.422 Laceration with foreign body of left back wall of thorax with penetration into thoracic cavity
    - S21.429 Laceration with foreign body of unspecified back wall of thorax with penetration into thoracic cavity

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S21.43 Puncture wound without foreign body of back wall of thorax with penetration into thoracic cavity

S21.431 Puncture wound without foreign body of right back wall of thorax with penetration into thoracic cavity

S21.432 Puncture wound without foreign body of left back wall of thorax with penetration into thoracic cavity

S21.439 Puncture wound without foreign body of unspecified back wall of thorax with penetration into thoracic cavity

S21.44 Puncture wound with foreign body of back wall of thorax with penetration into thoracic cavity

S21.441 Puncture wound with foreign body of right back wall of thorax with penetration into thoracic cavity

S21.442 Puncture wound with foreign body of left back wall of thorax with penetration into thoracic cavity

S21.449 Puncture wound with foreign body of unspecified back wall of thorax with penetration into thoracic cavity

## S31 Open wound of abdomen, lower back, pelvis and external genitals

Code also any associated:

spinal cord injury (S24.0, S24.1-, S34.0-, S34.1-)  
wound infection

Excludes1: traumatic amputation of part of abdomen, lower back and pelvis (S38.2-, S38.3)

Excludes2: open wound of hip (S71.00-S71.02)  
open fracture of pelvis (S32.1--S32.9 with 7th character B)

The appropriate 7th character is to be added to each code from category S31

A - initial encounter

D - subsequent encounter

S - sequela

### S31.0 Open wound of lower back and pelvis

S31.00 Unspecified open wound of lower back and pelvis

S31.000 Unspecified open wound of lower back and pelvis without penetration into retroperitoneum

Unspecified open wound of lower back and pelvis NOS

S31.001 Unspecified open wound of lower back and pelvis with penetration into retroperitoneum

S31.01 Laceration without foreign body of lower back and pelvis

S31.010 Laceration without foreign body of lower back and pelvis without penetration into retroperitoneum

Laceration without foreign body of lower back and pelvis NOS

S31.011 Laceration without foreign body of lower back and pelvis with penetration into retroperitoneum

# Wound Care Management

## S31.02 Laceration with foreign body of lower back and pelvis

S31.020 Laceration with foreign body of lower back and pelvis without penetration into retroperitoneum

Laceration with foreign body of lower back and pelvis NOS

S31.021 Laceration with foreign body of lower back and pelvis with penetration into retroperitoneum

## S31.03 Puncture wound without foreign body of lower back and pelvis

S31.030 Puncture wound without foreign body of lower back and pelvis without penetration into retroperitoneum

Puncture wound without foreign body of lower back and pelvis NOS

S31.031 Puncture wound without foreign body of lower back and pelvis with penetration into retroperitoneum

## S31.04 Puncture wound with foreign body of lower back and pelvis

S31.040 Puncture wound with foreign body of lower back and pelvis without penetration into retroperitoneum

Puncture wound with foreign body of lower back and pelvis NOS

S31.041 Puncture wound with foreign body of lower back and pelvis with penetration into retroperitoneum

## S31.1 Open wound of abdominal wall without penetration into peritoneal cavity

Open wound of abdominal wall NOS

Excludes2: open wound of abdominal wall with penetration into peritoneal cavity (S31.6-)

## S31.10 Unspecified open wound of abdominal wall without penetration into peritoneal cavity

S31.100 Unspecified open wound of abdominal wall, right upper quadrant without penetration into peritoneal cavity

S31.101 Unspecified open wound of abdominal wall, left upper quadrant without penetration into peritoneal cavity

S31.102 Unspecified open wound of abdominal wall, epigastric region without penetration into peritoneal cavity

S31.103 Unspecified open wound of abdominal wall, right lower quadrant without penetration into peritoneal cavity

S31.104 Unspecified open wound of abdominal wall, left lower quadrant without penetration into peritoneal cavity

S31.105 Unspecified open wound of abdominal wall, periumbilic region without penetration into peritoneal cavity

S31.109 Unspecified open wound of abdominal wall, unspecified quadrant without penetration into peritoneal cavity

Unspecified open wound of abdominal wall NOS

## S31.11 Laceration without foreign body of abdominal wall without penetration into peritoneal cavity

S31.110 Laceration without foreign body of abdominal wall, right upper quadrant without penetration into peritoneal cavity



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S31.111 Laceration without foreign body of abdominal wall, left upper quadrant without penetration into peritoneal cavity

S31.112 Laceration without foreign body of abdominal wall, epigastric region without penetration into peritoneal cavity

S31.113 Laceration without foreign body of abdominal wall, right lower quadrant without penetration into peritoneal cavity

S31.114 Laceration without foreign body of abdominal wall, left lower quadrant without penetration into peritoneal cavity

S31.115 Laceration without foreign body of abdominal wall, periumbilic region without penetration into peritoneal cavity

S31.119 Laceration without foreign body of abdominal wall, unspecified quadrant without penetration into peritoneal cavity

## S31.12 Laceration with foreign body of abdominal wall without penetration into peritoneal cavity

S31.120 Laceration of abdominal wall with foreign body, right upper quadrant without penetration into peritoneal cavity

S31.121 Laceration of abdominal wall with foreign body, left upper quadrant without penetration into peritoneal cavity

S31.122 Laceration of abdominal wall with foreign body, epigastric region without penetration into peritoneal cavity

S31.123 Laceration of abdominal wall with foreign body, right lower quadrant without penetration into peritoneal cavity

S31.124 Laceration of abdominal wall with foreign body, left lower quadrant without penetration into peritoneal cavity

S31.125 Laceration of abdominal wall with foreign body, periumbilic region without penetration into peritoneal cavity

S31.129 Laceration of abdominal wall with foreign body, unspecified quadrant without penetration into peritoneal cavity

## S31.13 Puncture wound of abdominal wall without foreign body without penetration into peritoneal cavity

S31.130 Puncture wound of abdominal wall without foreign body, right upper quadrant without penetration into peritoneal cavity

S31.131 Puncture wound of abdominal wall without foreign body, left upper quadrant without penetration into peritoneal cavity

S31.132 Puncture wound of abdominal wall without foreign body, epigastric region without penetration into peritoneal cavity

S31.133 Puncture wound of abdominal wall without foreign body, right lower quadrant without penetration into peritoneal cavity

S31.134 Puncture wound of abdominal wall without foreign body, left lower quadrant without penetration into peritoneal cavity

S31.135 Puncture wound of abdominal wall without foreign body, periumbilic region without penetration into peritoneal cavity



# Wound Care Management

S31.139 Puncture wound of abdominal wall without foreign body, unspecified quadrant without penetration into peritoneal cavity

S31.14 Puncture wound of abdominal wall with foreign body without penetration into peritoneal cavity

S31.140 Puncture wound of abdominal wall with foreign body, right upper quadrant without penetration into peritoneal cavity

S31.141 Puncture wound of abdominal wall with foreign body, left upper quadrant without penetration into peritoneal cavity

S31.142 Puncture wound of abdominal wall with foreign body, epigastric region without penetration into peritoneal cavity

S31.143 Puncture wound of abdominal wall with foreign body, right lower quadrant without penetration into peritoneal cavity

S31.144 Puncture wound of abdominal wall with foreign body, left lower quadrant without penetration into peritoneal cavity

S31.145 Puncture wound of abdominal wall with foreign body, periumbilic region without penetration into peritoneal cavity

S31.149 Puncture wound of abdominal wall with foreign body, unspecified quadrant without penetration into peritoneal cavity

S31.15 Open bite of abdominal wall without penetration into peritoneal cavity

Bite of abdominal wall NOS

Excludes1: superficial bite of abdominal wall (S30.871)

S31.150 Open bite of abdominal wall, right upper quadrant without penetration into peritoneal cavity

S31.151 Open bite of abdominal wall, left upper quadrant without penetration into peritoneal cavity

S31.152 Open bite of abdominal wall, epigastric region without penetration into peritoneal cavity

S31.153 Open bite of abdominal wall, right lower quadrant without penetration into peritoneal cavity

S31.154 Open bite of abdominal wall, left lower quadrant without penetration into peritoneal cavity

S31.155 Open bite of abdominal wall, periumbilic region without penetration into peritoneal cavity

S31.159 Open bite of abdominal wall, unspecified quadrant without penetration into peritoneal cavity

S41 Open wound of shoulder and upper arm

Code also any associated wound infection

Excludes1: traumatic amputation of shoulder and upper arm (S48.-)

Excludes2: open fracture of shoulder and upper arm (S42.- with 7th character B or C)

The appropriate 7th character is to be added to each code from category S41

A - initial encounter

D - subsequent encounter

S - sequela

## S41.0 Open wound of shoulder

### S41.00 Unspecified open wound of shoulder

S41.001 Unspecified open wound of right shoulder

S41.002 Unspecified open wound of left shoulder

### S41.01 Laceration without foreign body of shoulder

S41.011 Laceration without foreign body of right shoulder

S41.012 Laceration without foreign body of left shoulder

### S41.02 Laceration with foreign body of shoulder

S41.021 Laceration with foreign body of right shoulder

S41.022 Laceration with foreign body of left shoulder

### S41.03 Puncture wound without foreign body of shoulder

S41.031 Puncture wound without foreign body of right shoulder

S41.032 Puncture wound without foreign body of left shoulder

### S41.04 Puncture wound with foreign body of shoulder

S41.041 Puncture wound with foreign body of right shoulder

S41.042 Puncture wound with foreign body of left shoulder

### S41.05 Open bite of shoulder

Bite of shoulder NOS

Excludes1: superficial bite of shoulder (S40.27)

S41.051 Open bite of right shoulder

S41.052 Open bite of left shoulder

## S41.1 Open wound of upper arm

### S41.10 Unspecified open wound of upper arm

S41.101 Unspecified open wound of right upper arm

S41.102 Unspecified open wound of left upper arm

### S41.11 Laceration without foreign body of upper arm

S41.111 Laceration without foreign body of right upper arm

S41.112 Laceration without foreign body of left upper arm

### S41.12 Laceration with foreign body of upper arm

S41.121 Laceration with foreign body of right upper arm

S41.122 Laceration with foreign body of left upper arm

### S41.13 Puncture wound without foreign body of upper arm

S41.131 Puncture wound without foreign body of right upper arm

S41.132 Puncture wound without foreign body of left upper arm

### S41.14 Puncture wound with foreign body of upper arm

S41.141 Puncture wound with foreign body of right upper arm

S41.142 Puncture wound with foreign body of left upper arm

## S51 Open wound of elbow and forearm

Code also any associated wound infection

Excludes1: open fracture of elbow and forearm (S52.- with open fracture 7th character)  
traumatic amputation of elbow and forearm (S58.-)

Excludes2: open wound of wrist and hand (S61.-)

The appropriate 7th character is to be added to each code from category S51

A - initial encounter

D - subsequent encounter

S - sequela

## S51.0 Open wound of elbow

### S51.00 Unspecified open wound of elbow

S51.001 Unspecified open wound of right elbow

S51.002 Unspecified open wound of left elbow

Open wound of elbow NOS

### S51.01 Laceration without foreign body of elbow

S51.011 Laceration without foreign body of right elbow

S51.012 Laceration without foreign body of left elbow

### S51.02 Laceration with foreign body of elbow

S51.021 Laceration with foreign body of right elbow

S51.022 Laceration with foreign body of left elbow

### S51.03 Puncture wound without foreign body of elbow

S51.031 Puncture wound without foreign body of right elbow

S51.032 Puncture wound without foreign body of left elbow

### S51.04 Puncture wound with foreign body of elbow

S51.041 Puncture wound with foreign body of right elbow

S51.042 Puncture wound with foreign body of left elbow

### S51.05 Open bite of elbow

Bite of elbow NOS

Excludes1: superficial bite of elbow (S50.36, S50.37)

S51.051 Open bite, right elbow

S51.052 Open bite, left elbow

## S51.8 Open wound of forearm

Excludes2: open wound of elbow (S51.0-)

### S51.80 Unspecified open wound of forearm

S51.801 Unspecified open wound of right forearm

S51.802 Unspecified open wound of left forearm

Open wound of forearm NOS

### S51.81 Laceration without foreign body of forearm

S51.811 Laceration without foreign body of right forearm

S51.812 Laceration without foreign body of left forearm

### S51.82 Laceration with foreign body of forearm

S51.821 Laceration with foreign body of right forearm

S51.822 Laceration with foreign body of left forearm

### S51.83 Puncture wound without foreign body of forearm

S51.831 Puncture wound without foreign body of right forearm

S51.832 Puncture wound without foreign body of left forearm

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## S51.84 Puncture wound with foreign body of forearm

S51.841 Puncture wound with foreign body of right forearm

S51.842 Puncture wound with foreign body of left forearm

## S51.85 Open bite of forearm

Bite of forearm NOS

Excludes1: superficial bite of forearm (S50.86, S50.87)

S51.851 Open bite of right forearm

S51.852 Open bite of left forearm

## S71 Open wound of hip and thigh

Code also any associated wound infection

Excludes1: open fracture of hip and thigh (S72.-)

traumatic amputation of hip and thigh (S78.-)

Excludes2: bite of venomous animal (T63.-)

open wound of ankle, foot and toes (S91.-)

open wound of knee and lower leg (S81.-)

The appropriate 7th character is to be added to each code from category S71

A - initial encounter

D - subsequent encounter

S - sequela

## S71.0 Open wound of hip

### S71.00 Unspecified open wound of hip

S71.001 Unspecified open wound, right hip

S71.002 Unspecified open wound, left hip

### S71.01 Laceration without foreign body of hip

S71.011 Laceration without foreign body, right hip

S71.012 Laceration without foreign body, left hip

### S71.02 Laceration with foreign body of hip

S71.021 Laceration with foreign body, right hip

S71.022 Laceration with foreign body, left hip

### S71.03 Puncture wound without foreign body of hip

S71.031 Puncture wound without foreign body, right hip

S71.032 Puncture wound without foreign body, left hip

### S71.04 Puncture wound with foreign body of hip

S71.041 Puncture wound with foreign body, right hip

S71.042 Puncture wound with foreign body, left hip

### S71.05 Open bite of hip

Bite of hip NOS

Excludes1: superficial bite of hip (S70.26, S70.27)

S71.051 Open bite, right hip

S71.052 Open bite, left hip

## S71.1 Open wound of thigh

### S71.10 Unspecified open wound of thigh

S71.101 Unspecified open wound, right thigh

S71.102 Unspecified open wound, left thigh

### S71.11 Laceration without foreign body of thigh

S71.111 Laceration without foreign body, right thigh

S71.112 Laceration without foreign body, left thigh

### S71.12 Laceration with foreign body of thigh

S71.121 Laceration with foreign body, right thigh

S71.122 Laceration with foreign body, left thigh

### S71.13 Puncture wound without foreign body of thigh

S71.131 Puncture wound without foreign body, right thigh

S71.132 Puncture wound without foreign body, left thigh

### S71.14 Puncture wound with foreign body of thigh

S71.141 Puncture wound with foreign body, right thigh

S71.142 Puncture wound with foreign body, left thigh

### S71.15 Open bite of thigh

Bite of thigh NOS

Excludes1: superficial bite of thigh (S70.37-)

S71.151 Open bite, right thigh

S71.152 Open bite, left thigh

## S81 Open wound of knee and lower leg

Code also any associated wound infection

Excludes1: open fracture of knee and lower leg (S82.-)

traumatic amputation of lower leg (S88.-)

Excludes2: open wound of ankle and foot (S91.-)

The appropriate 7th character is to be added to each code from category S81

A - initial encounter

D - subsequent encounter

S - sequela

### S81.0 Open wound of knee

#### S81.00 Unspecified open wound of knee

S81.001 Unspecified open wound, right knee

S81.002 Unspecified open wound, left knee

#### S81.01 Laceration without foreign body of knee

S81.011 Laceration without foreign body, right knee

S81.012 Laceration without foreign body, left knee

#### S81.02 Laceration with foreign body of knee

S81.021 Laceration with foreign body, right knee

S81.022 Laceration with foreign body, left knee

#### S81.03 Puncture wound without foreign body of knee

S81.031 Puncture wound without foreign body, right knee

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S81.032 Puncture wound without foreign body, left knee

S81.04 Puncture wound with foreign body of knee

S81.041 Puncture wound with foreign body, right knee

S81.042 Puncture wound with foreign body, left knee

S81.05 Open bite of knee

Bite of knee NOS

Excludes1: superficial bite of knee (S80.27-)

S81.051 Open bite, right knee

S81.052 Open bite, left knee

S81.8 Open wound of lower leg

S81.80 Unspecified open wound of lower leg

S81.801 Unspecified open wound, right lower leg

S81.802 Unspecified open wound, left lower leg

S81.81 Laceration without foreign body of lower leg

S81.811 Laceration without foreign body, right lower leg

S81.812 Laceration without foreign body, left lower leg

S81.82 Laceration with foreign body of lower leg

S81.821 Laceration with foreign body, right lower leg

S81.822 Laceration with foreign body, left lower leg

S81.83 Puncture wound without foreign body of lower leg

S81.831 Puncture wound without foreign body, right lower leg

S81.832 Puncture wound without foreign body, left lower leg

S81.84 Puncture wound with foreign body of lower leg

S81.841 Puncture wound with foreign body, right lower leg

S81.842 Puncture wound with foreign body, left lower leg

S81.85 Open bite of lower leg

Bite of lower leg NOS

Excludes1: superficial bite of lower leg (S80.86-, S80.87-)

S81.851 Open bite, right lower leg

S81.852 Open bite, left lower leg

T81.33 Disruption of traumatic injury wound repair

Disruption or dehiscence of closure of traumatic laceration (external) (internal)

## Abnormality of venous system

I83.2 Varicose veins of lower extremities with both ulcer and inflammation

Use additional code to identify severity of ulcer (L97.-)

I83.20 Varicose veins of unspecified lower extremity with both ulcer and inflammation

I83.201 Varicose veins of unspecified lower extremity with both ulcer of thigh and inflammation

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183.202 Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation

183.203 Varicose veins of unspecified lower extremity with both ulcer of ankle and inflammation

183.204 Varicose veins of unspecified lower extremity with both ulcer of heel and midfoot and inflammation

Varicose veins of unspecified lower extremity with both ulcer of plantar surface of midfoot and inflammation

183.205 Varicose veins of unspecified lower extremity with both ulcer other part of foot and inflammation

Varicose veins of unspecified lower extremity with both ulcer of toe and inflammation

183.208 Varicose veins of unspecified lower extremity with both ulcer of other part of lower extremity and inflammation

183.209 Varicose veins of unspecified lower extremity with both ulcer of unspecified site and inflammation

183.21 Varicose veins of right lower extremity with both ulcer and inflammation

183.211 Varicose veins of right lower extremity with both ulcer of thigh and inflammation

183.212 Varicose veins of right lower extremity with both ulcer of calf and inflammation

183.213 Varicose veins of right lower extremity with both ulcer of ankle and inflammation

183.214 Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation

Varicose veins of right lower extremity with both ulcer of plantar surface of midfoot and inflammation

183.215 Varicose veins of right lower extremity with both ulcer other part of foot and inflammation

Varicose veins of right lower extremity with both ulcer of toe and inflammation

183.218 Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation

183.219 Varicose veins of right lower extremity with both ulcer of unspecified site and inflammation

183.22 Varicose veins of left lower extremity with both ulcer and inflammation

183.221 Varicose veins of left lower extremity with both ulcer of thigh and inflammation

183.222 Varicose veins of left lower extremity with both ulcer of calf and inflammation

183.223 Varicose veins of left lower extremity with both ulcer of ankle and inflammation

183.224 Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation



Varicose veins of left lower extremity with both ulcer of plantar surface of midfoot and inflammation

I83.225 Varicose veins of left lower extremity with both ulcer other part of foot and inflammation

Varicose veins of left lower extremity with both ulcer of toe and inflammation

I83.228 Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation

I83.229 Varicose veins of left lower extremity with both ulcer of unspecified site and inflammation

## I83.8 Varicose veins of lower extremities with other complications

I83.81 Varicose veins of lower extremities with pain

I83.811 Varicose veins of right lower extremities with pain

I83.812 Varicose veins of left lower extremities with pain

I83.813 Varicose veins of bilateral lower extremities with pain

I83.819 Varicose veins of unspecified lower extremities with pain

I83.89 Varicose veins of lower extremities with other complications

Varicose veins of lower extremities with edema

Varicose veins of lower extremities with swelling

I83.891 Varicose veins of right lower extremities with other complications

I83.892 Varicose veins of left lower extremities with other complications

I83.893 Varicose veins of bilateral lower extremities with other complications

I83.899 Varicose veins of unspecified lower extremities with other complications

## I87.3 Chronic venous hypertension (idiopathic)

Stasis edema

Excludes1: chronic venous hypertension due to deep vein thrombosis (I87.0-) varicose veins of lower extremities (I83.-)

I87.31 Chronic venous hypertension (idiopathic) with ulcer

Use additional code to specify site and severity of ulcer (L97.-)

I87.311 Chronic venous hypertension (idiopathic) with ulcer of right lower extremity

I87.312 Chronic venous hypertension (idiopathic) with ulcer of left lower extremity

I87.313 Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity

I87.32 Chronic venous hypertension (idiopathic) with inflammation

I87.321 Chronic venous hypertension (idiopathic) with inflammation of right lower extremity

I87.322 Chronic venous hypertension (idiopathic) with inflammation of left lower extremity

I87.323 Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity



## I87.33 Chronic venous hypertension (idiopathic) with ulcer and inflammation

Use additional code to specify site and severity of ulcer (L97.-)

I87.331 Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity

I87.332 Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity

I87.333 Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity

I87.9 Disorder of vein, unspecified

## L97 Non-pressure chronic ulcer of lower limb, not elsewhere classified

Includes: chronic ulcer of skin of lower limb NOS

non-healing ulcer of skin

non-infected sinus of skin

trophic ulcer NOS

tropical ulcer NOS

ulcer of skin of lower limb NOS

Code first any associated underlying condition, such as:

any associated gangrene (I96)

atherosclerosis of the lower extremities (I70.23-, I70.24-, I70.33-, I70.34-, I70.43-, I70.44-, I70.53-, I70.54-, I70.63-, I70.64-, I70.73-, I70.74-)

chronic venous hypertension (I87.31-, I87.33-)

diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)

postphlebitic syndrome (I87.01-, I87.03-)

postthrombotic syndrome (I87.01-, I87.03-)

varicose ulcer (I83.0-, I83.2-)

Excludes2: pressure ulcer (pressure area) (L89.-)

skin infections (L00-L08)

specific infections classified to A00-B99

## L97.1 Non-pressure chronic ulcer of thigh

### L97.10 Non-pressure chronic ulcer of unspecified thigh

L97.101 Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin

L97.102 Non-pressure chronic ulcer of unspecified thigh with fat layer exposed

L97.103 Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle

L97.104 Non-pressure chronic ulcer of unspecified thigh with necrosis of bone

L97.105 Non-pressure chronic ulcer of unspecified thigh with muscle involvement without evidence of necrosis

L97.106 Non-pressure chronic ulcer of unspecified thigh with bone involvement without evidence of necrosis

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L97.108 Non-pressure chronic ulcer of unspecified thigh with other specified severity

L97.109 Non-pressure chronic ulcer of unspecified thigh with unspecified severity

## L97.11 Non-pressure chronic ulcer of right thigh

L97.111 Non-pressure chronic ulcer of right thigh limited to breakdown of skin

L97.112 Non-pressure chronic ulcer of right thigh with fat layer exposed

L97.113 Non-pressure chronic ulcer of right thigh with necrosis of muscle

L97.114 Non-pressure chronic ulcer of right thigh with necrosis of bone

L97.115 Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis

L97.116 Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis

L97.118 Non-pressure chronic ulcer of right thigh with other specified severity

L97.119 Non-pressure chronic ulcer of right thigh with unspecified severity

## L97.12 Non-pressure chronic ulcer of left thigh

L97.121 Non-pressure chronic ulcer of left thigh limited to breakdown of skin

L97.122 Non-pressure chronic ulcer of left thigh with fat layer exposed

L97.123 Non-pressure chronic ulcer of left thigh with necrosis of muscle

L97.124 Non-pressure chronic ulcer of left thigh with necrosis of bone

L97.125 Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis

L97.126 Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis

L97.128 Non-pressure chronic ulcer of left thigh with other specified severity

L97.129 Non-pressure chronic ulcer of left thigh with unspecified severity

## L97.2 Non-pressure chronic ulcer of calf

### L97.20 Non-pressure chronic ulcer of unspecified calf

L97.201 Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin

L97.202 Non-pressure chronic ulcer of unspecified calf with fat layer exposed

L97.203 Non-pressure chronic ulcer of unspecified calf with necrosis of muscle

L97.204 Non-pressure chronic ulcer of unspecified calf with necrosis of bone

# Wound Care Management

L97.205 Non-pressure chronic ulcer of unspecified calf with muscle involvement without evidence of necrosis

L97.206 Non-pressure chronic ulcer of unspecified calf with bone involvement without evidence of necrosis

L97.208 Non-pressure chronic ulcer of unspecified calf with other specified severity

L97.209 Non-pressure chronic ulcer of unspecified calf with unspecified severity

## L97.21 Non-pressure chronic ulcer of right calf

L97.211 Non-pressure chronic ulcer of right calf limited to breakdown of skin

L97.212 Non-pressure chronic ulcer of right calf with fat layer exposed

L97.213 Non-pressure chronic ulcer of right calf with necrosis of muscle

L97.214 Non-pressure chronic ulcer of right calf with necrosis of bone

L97.215 Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis

L97.216 Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis

L97.218 Non-pressure chronic ulcer of right calf with other specified severity

L97.219 Non-pressure chronic ulcer of right calf with unspecified severity

## L97.22 Non-pressure chronic ulcer of left calf

L97.221 Non-pressure chronic ulcer of left calf limited to breakdown of skin

L97.222 Non-pressure chronic ulcer of left calf with fat layer exposed

L97.223 Non-pressure chronic ulcer of left calf with necrosis of muscle

L97.224 Non-pressure chronic ulcer of left calf with necrosis of bone

L97.225 Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis

L97.226 Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis

L97.228 Non-pressure chronic ulcer of left calf with other specified severity

L97.229 Non-pressure chronic ulcer of left calf with unspecified severity

## L97.3 Non-pressure chronic ulcer of ankle

### L97.30 Non-pressure chronic ulcer of unspecified ankle

L97.301 Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin

L97.302 Non-pressure chronic ulcer of unspecified ankle with fat layer exposed

L97.303 Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle

# Wound Care Management

L97.304 Non-pressure chronic ulcer of unspecified ankle with necrosis of bone

L97.305 Non-pressure chronic ulcer of unspecified ankle with muscle involvement without evidence of necrosis

L97.306 Non-pressure chronic ulcer of unspecified ankle with bone involvement without evidence of necrosis

L97.308 Non-pressure chronic ulcer of unspecified ankle with other specified severity

L97.309 Non-pressure chronic ulcer of unspecified ankle with unspecified severity

## L97.31 Non-pressure chronic ulcer of right ankle

L97.311 Non-pressure chronic ulcer of right ankle limited to breakdown of skin

L97.312 Non-pressure chronic ulcer of right ankle with fat layer exposed

L97.313 Non-pressure chronic ulcer of right ankle with necrosis of muscle

L97.314 Non-pressure chronic ulcer of right ankle with necrosis of bone

L97.315 Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis

L97.316 Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis

L97.318 Non-pressure chronic ulcer of right ankle with other specified severity

L97.319 Non-pressure chronic ulcer of right ankle with unspecified severity

## L97.32 Non-pressure chronic ulcer of left ankle

L97.321 Non-pressure chronic ulcer of left ankle limited to breakdown of skin

L97.322 Non-pressure chronic ulcer of left ankle with fat layer exposed

L97.323 Non-pressure chronic ulcer of left ankle with necrosis of muscle

L97.324 Non-pressure chronic ulcer of left ankle with necrosis of bone

L97.325 Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis

L97.326 Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis

L97.328 Non-pressure chronic ulcer of left ankle with other specified severity

L97.329 Non-pressure chronic ulcer of left ankle with unspecified severity

## L97.4 Non-pressure chronic ulcer of heel and midfoot

Non-pressure chronic ulcer of plantar surface of midfoot

## L97.40 Non-pressure chronic ulcer of unspecified heel and midfoot

L97.401 Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin

# Wound Care Management

L97.402 Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed

L97.403 Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle

L97.404 Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone

L97.405 Non-pressure chronic ulcer of unspecified heel and midfoot with muscle involvement without evidence of necrosis

L97.406 Non-pressure chronic ulcer of unspecified heel and midfoot with bone involvement without evidence of necrosis

L97.408 Non-pressure chronic ulcer of unspecified heel and midfoot with other specified severity

L97.409 Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity

## L97.41 Non-pressure chronic ulcer of right heel and midfoot

L97.411 Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin

L97.412 Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed

L97.413 Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle

L97.414 Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone

L97.415 Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis

L97.416 Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis

L97.418 Non-pressure chronic ulcer of right heel and midfoot with other specified severity

L97.419 Non-pressure chronic ulcer of right heel and midfoot with unspecified severity

## L97.42 Non-pressure chronic ulcer of left heel and midfoot

L97.421 Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin

L97.422 Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

L97.423 Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle

L97.424 Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone

L97.425 Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis

L97.426 Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis

# Wound Care Management

L97.428 Non-pressure chronic ulcer of left heel and midfoot with other specified severity

L97.429 Non-pressure chronic ulcer of left heel and midfoot with unspecified severity

L97.5 Non-pressure chronic ulcer of other part of foot

Non-pressure chronic ulcer of toe

L97.50 Non-pressure chronic ulcer of other part of unspecified foot

L97.501 Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin

L97.502 Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed

L97.503 Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle

L97.504 Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone

L97.505 Non-pressure chronic ulcer of other part of unspecified foot with muscle involvement without evidence of necrosis

L97.506 Non-pressure chronic ulcer of other part of unspecified foot with bone involvement without evidence of necrosis

L97.508 Non-pressure chronic ulcer of other part of unspecified foot with other specified severity

L97.509 Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity

L97.51 Non-pressure chronic ulcer of other part of right foot

L97.511 Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin

L97.512 Non-pressure chronic ulcer of other part of right foot with fat layer exposed

L97.513 Non-pressure chronic ulcer of other part of right foot with necrosis of muscle

L97.514 Non-pressure chronic ulcer of other part of right foot with necrosis of bone

L97.515 Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis

L97.516 Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis

L97.518 Non-pressure chronic ulcer of other part of right foot with other specified severity

L97.519 Non-pressure chronic ulcer of other part of right foot with unspecified severity

L97.52 Non-pressure chronic ulcer of other part of left foot

L97.521 Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin

# Wound Care Management

L97.522 Non-pressure chronic ulcer of other part of left foot with fat layer exposed

L97.523 Non-pressure chronic ulcer of other part of left foot with necrosis of muscle

L97.524 Non-pressure chronic ulcer of other part of left foot with necrosis of bone

L97.525 Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis

L97.526 Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis

L97.528 Non-pressure chronic ulcer of other part of left foot with other specified severity

L97.529 Non-pressure chronic ulcer of other part of left foot with unspecified severity

## L97.8 Non-pressure chronic ulcer of other part of lower leg

### L97.80 Non-pressure chronic ulcer of other part of unspecified lower leg

L97.801 Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin

L97.802 Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed

L97.803 Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle

L97.804 Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone

L97.805 Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis

L97.806 Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis

L97.808 Non-pressure chronic ulcer of other part of unspecified lower leg with other specified severity

L97.809 Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity

### L97.81 Non-pressure chronic ulcer of other part of right lower leg

L97.811 Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin

L97.812 Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed

L97.813 Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle

L97.814 Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone

L97.815 Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis



# Wound Care Management

L97.816 Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis

L97.818 Non-pressure chronic ulcer of other part of right lower leg with other specified severity

L97.819 Non-pressure chronic ulcer of other part of right lower leg with unspecified severity

## L97.82 Non-pressure chronic ulcer of other part of left lower leg

L97.821 Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin

L97.822 Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed

L97.823 Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle

L97.824 Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone

L97.825 Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis

L97.826 Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis

L97.828 Non-pressure chronic ulcer of other part of left lower leg with other specified severity

L97.829 Non-pressure chronic ulcer of other part of left lower leg with unspecified severity

## L97.9 Non-pressure chronic ulcer of unspecified part of lower leg

### L97.90 Non-pressure chronic ulcer of unspecified part of unspecified lower leg

L97.901 Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin

L97.902 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed

L97.903 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle

L97.904 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone

L97.905 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis

L97.906 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis

L97.908 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with other specified severity

L97.909 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity



# Wound Care Management

## L97.91 Non-pressure chronic ulcer of unspecified part of right lower leg

L97.911 Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin

L97.912 Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed

L97.913 Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle

L97.914 Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone

L97.915 Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis

L97.916 Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis

L97.918 Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity

L97.919 Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity

## L97.92 Non-pressure chronic ulcer of unspecified part of left lower leg

L97.921 Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin

L97.922 Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed

L97.923 Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle

L97.924 Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone

L97.925 Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis

L97.926 Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis

L97.928 Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity

L97.929 Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity

## Amputation

Z47.8 Encounter for other orthopedic aftercare

Z47.81 Encounter for orthopedic aftercare following surgical amputation

Use additional code to identify the limb amputated (Z89.-)

Z89 Acquired absence of limb

Includes: amputation status

postprocedural loss of limb

post-traumatic loss of limb

Excludes1: acquired deformities of limbs (M20-M21)  
congenital absence of limbs (Q71-Q73)

## Z89.0 Acquired absence of thumb and other finger(s)

### Z89.01 Acquired absence of thumb

Z89.011 Acquired absence of right thumb

Z89.012 Acquired absence of left thumb

### Z89.02 Acquired absence of other finger(s)

Excludes2: acquired absence of thumb (Z89.01-)

Z89.021 Acquired absence of right finger(s)

Z89.022 Acquired absence of left finger(s)

Z89.029 Acquired absence of unspecified finger(s)

## Z89.1 Acquired absence of hand and wrist

### Z89.11 Acquired absence of hand

Z89.111 Acquired absence of right hand

Z89.112 Acquired absence of left hand

### Z89.12 Acquired absence of wrist

Disarticulation at wrist

Z89.121 Acquired absence of right wrist

Z89.122 Acquired absence of left wrist

## Z89.2 Acquired absence of upper limb above wrist

### Z89.20 Acquired absence of upper limb, unspecified level

Z89.201 Acquired absence of right upper limb, unspecified level

Z89.202 Acquired absence of left upper limb, unspecified level

Acquired absence of arm NOS

### Z89.21 Acquired absence of upper limb below elbow

Z89.211 Acquired absence of right upper limb below elbow

Z89.212 Acquired absence of left upper limb below elbow

### Z89.22 Acquired absence of upper limb above elbow

Disarticulation at elbow

Z89.221 Acquired absence of right upper limb above elbow

Z89.222 Acquired absence of left upper limb above elbow

### Z89.23 Acquired absence of shoulder

Acquired absence of shoulder joint following explantation of shoulder joint prosthesis, with or without presence of antibiotic-impregnated cement spacer

Z89.231 Acquired absence of right shoulder

Z89.232 Acquired absence of left shoulder

## Z89.4 Acquired absence of toe(s), foot, and ankle

### Z89.41 Acquired absence of great toe

Z89.411 Acquired absence of right great toe

Z89.412 Acquired absence of left great toe

## Z89.42 Acquired absence of other toe(s)

Excludes2: acquired absence of great toe (Z89.41-)

Z89.421 Acquired absence of other right toe(s)

Z89.422 Acquired absence of other left toe(s)

Z89.429 Acquired absence of other toe(s), unspecified side

## Z89.43 Acquired absence of foot

Z89.431 Acquired absence of right foot

Z89.432 Acquired absence of left foot

## Z89.44 Acquired absence of ankle

Disarticulation of ankle

Z89.441 Acquired absence of right ankle

Z89.442 Acquired absence of left ankle

## Z89.5 Acquired absence of leg below knee

### Z89.51 Acquired absence of leg below knee

Z89.511 Acquired absence of right leg below knee

Z89.512 Acquired absence of left leg below knee

### Z89.52 Acquired absence of knee

Acquired absence of knee joint following explantation of knee joint prosthesis, with or without presence of antibiotic-impregnated cement spacer

Z89.521 Acquired absence of right knee

Z89.522 Acquired absence of left knee

## Z89.6 Acquired absence of leg above knee

### Z89.61 Acquired absence of leg above knee

Acquired absence of leg NOS

Disarticulation at knee

Z89.611 Acquired absence of right leg above knee

Z89.612 Acquired absence of left leg above knee

### Z89.62 Acquired absence of hip

Acquired absence of hip joint following explantation of hip joint prosthesis, with or without presence of antibiotic-impregnated cement spacer

Disarticulation at hip

Z89.621 Acquired absence of right hip joint

Z89.622 Acquired absence of left hip joint

## Burn

### T21 Burn and corrosion of trunk

Includes: burns and corrosion of hip region

Excludes2: burns and corrosion of axilla (T22.- with fifth character 4)

burns and corrosion of scapular region (T22.- with fifth character 6)

burns and corrosion of shoulder (T22.- with fifth character 5)

The appropriate 7th character is to be added to each code from category T21

A - initial encounter

D - subsequent encounter

S – sequela

## T21.1 Burn of first degree of trunk

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

T21.10 Burn of first degree of trunk, unspecified site

T21.11 Burn of first degree of chest wall

Burn of first degree of breast

T21.12 Burn of first degree of abdominal wall

Burn of first degree of flank

Burn of first degree of groin

T21.13 Burn of first degree of upper back

Burn of first degree of interscapular region

T21.14 Burn of first degree of lower back

T21.15 Burn of first degree of buttock

Burn of first degree of anus

T21.16 Burn of first degree of male genital region

Burn of first degree of penis

Burn of first degree of scrotum

Burn of first degree of testis

T21.17 Burn of first degree of female genital region

Burn of first degree of labium (majus) (minus)

Burn of first degree of perineum

Burn of first degree of vulva

Excludes2: burn of vagina (T28.3)

T21.19 Burn of first degree of other site of trunk

## T21.2 Burn of second degree of trunk

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

T21.20 Burn of second degree of trunk, unspecified site

T21.21 Burn of second degree of chest wall

Burn of second degree of breast

T21.22 Burn of second degree of abdominal wall

Burn of second degree of flank

Burn of second degree of groin

T21.23 Burn of second degree of upper back

Burn of second degree of interscapular region

T21.24 Burn of second degree of lower back

T21.25 Burn of second degree of buttock

Burn of second degree of anus

T21.26 Burn of second degree of male genital region

Burn of second degree of penis

Burn of second degree of scrotum

Burn of second degree of testis

T21.27 Burn of second degree of female genital region  
Burn of second degree of labium (majus) (minus)  
Burn of second degree of perineum  
Burn of second degree of vulva  
Excludes2: burn of vagina (T28.3)

T21.29 Burn of second degree of other site of trunk

## T21.3 Burn of third degree of trunk

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

T21.30 Burn of third degree of trunk, unspecified site

T21.31 Burn of third degree of chest wall

Burn of third degree of breast

T21.32 Burn of third degree of abdominal wall

Burn of third degree of flank

Burn of third degree of groin

T21.33 Burn of third degree of upper back

Burn of third degree of interscapular region

T21.34 Burn of third degree of lower back

T21.35 Burn of third degree of buttock

Burn of third degree of anus

T21.36 Burn of third degree of male genital region

Burn of third degree of penis

Burn of third degree of scrotum

Burn of third degree of testis

T21.37 Burn of third degree of female genital region

Burn of third degree of labium (majus) (minus)

Burn of third degree of perineum

Burn of third degree of vulva

Excludes2: burn of vagina (T28.3)

T21.39 Burn of third degree of other site of trunk

## T22 Burn and corrosion of shoulder and upper limb, except wrist and hand

Excludes2: burn and corrosion of interscapular region (T21.-)

burn and corrosion of wrist and hand (T23.-)

The appropriate 7th character is to be added to each code from category T22

A - initial encounter

D - subsequent encounter

S - sequela

T22.0 Burn of unspecified degree of shoulder and upper limb, except wrist and hand

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

T22.00 Burn of unspecified degree of shoulder and upper limb, except wrist and hand, unspecified site

# Wound Care Management

- T22.01 Burn of unspecified degree of forearm
  - T22.011 Burn of unspecified degree of right forearm
  - T22.012 Burn of unspecified degree of left forearm
- T22.02 Burn of unspecified degree of elbow
  - T22.021 Burn of unspecified degree of right elbow
  - T22.022 Burn of unspecified degree of left elbow
- T22.03 Burn of unspecified degree of upper arm
  - T22.031 Burn of unspecified degree of right upper arm
  - T22.032 Burn of unspecified degree of left upper arm
- T22.04 Burn of unspecified degree of axilla
  - T22.041 Burn of unspecified degree of right axilla
  - T22.042 Burn of unspecified degree of left axilla
- T22.05 Burn of unspecified degree of shoulder
  - T22.051 Burn of unspecified degree of right shoulder
  - T22.052 Burn of unspecified degree of left shoulder
- T22.06 Burn of unspecified degree of scapular region
  - T22.061 Burn of unspecified degree of right scapular region
  - T22.062 Burn of unspecified degree of left scapular region
  - T22.069 Burn of unspecified degree of unspecified scapular region
- T22.09 Burn of unspecified degree of multiple sites of shoulder and upper limb, except wrist and hand
  - T22.091 Burn of unspecified degree of multiple sites of right shoulder and upper limb, except wrist and hand
  - T22.092 Burn of unspecified degree of multiple sites of left shoulder and upper limb, except wrist and hand
  - T22.099 Burn of unspecified degree of multiple sites of unspecified shoulder and upper limb, except wrist and hand
- T22.1 Burn of first degree of shoulder and upper limb, except wrist and hand
  - Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)
- T22.10 Burn of first degree of shoulder and upper limb, except wrist and hand, unspecified site
- T22.11 Burn of first degree of forearm
  - T22.111 Burn of first degree of right forearm
  - T22.112 Burn of first degree of left forearm
- T22.12 Burn of first degree of elbow
  - T22.121 Burn of first degree of right elbow
  - T22.122 Burn of first degree of left elbow
- T22.13 Burn of first degree of upper arm
  - T22.131 Burn of first degree of right upper arm
  - T22.132 Burn of first degree of left upper arm
- T22.14 Burn of first degree of axilla
  - T22.141 Burn of first degree of right axilla

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- T22.142 Burn of first degree of left axilla
- T22.15 Burn of first degree of shoulder
  - T22.151 Burn of first degree of right shoulder
  - T22.152 Burn of first degree of left shoulder
- T22.16 Burn of first degree of scapular region
  - T22.161 Burn of first degree of right scapular region
  - T22.162 Burn of first degree of left scapular region
- T22.19 Burn of first degree of multiple sites of shoulder and upper limb, except wrist and hand
  - T22.191 Burn of first degree of multiple sites of right shoulder and upper limb, except wrist and hand
  - T22.192 Burn of first degree of multiple sites of left shoulder and upper limb, except wrist and hand
  - T22.199 Burn of first degree of multiple sites of unspecified shoulder and upper limb, except wrist and hand
- T22.2 Burn of second degree of shoulder and upper limb, except wrist and hand
  - Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)
- T22.20 Burn of second degree of shoulder and upper limb, except wrist and hand, unspecified site
- T22.21 Burn of second degree of forearm
  - T22.211 Burn of second degree of right forearm
  - T22.212 Burn of second degree of left forearm
- T22.22 Burn of second degree of elbow
  - T22.221 Burn of second degree of right elbow
  - T22.222 Burn of second degree of left elbow
- T22.23 Burn of second degree of upper arm
  - T22.231 Burn of second degree of right upper arm
  - T22.232 Burn of second degree of left upper arm
- T22.24 Burn of second degree of axilla
  - T22.241 Burn of second degree of right axilla
  - T22.242 Burn of second degree of left axilla
- T22.25 Burn of second degree of shoulder
  - T22.251 Burn of second degree of right shoulder
  - T22.252 Burn of second degree of left shoulder
  - T22.259 Burn of second degree of unspecified shoulder
- T22.26 Burn of second degree of scapular region
  - T22.261 Burn of second degree of right scapular region
  - T22.262 Burn of second degree of left scapular region
- T22.29 Burn of second degree of multiple sites of shoulder and upper limb, except wrist and hand
  - T22.291 Burn of second degree of multiple sites of right shoulder and upper limb, except wrist and hand



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T22.292 Burn of second degree of multiple sites of left shoulder and upper limb, except wrist and hand

T22.3 Burn of third degree of shoulder and upper limb, except wrist and hand  
Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

T22.30 Burn of third degree of shoulder and upper limb, except wrist and hand, unspecified site

T22.31 Burn of third degree of forearm

T22.311 Burn of third degree of right forearm

T22.312 Burn of third degree of left forearm

T22.32 Burn of third degree of elbow

T22.321 Burn of third degree of right elbow

T22.322 Burn of third degree of left elbow

T22.33 Burn of third degree of upper arm

T22.331 Burn of third degree of right upper arm

T22.332 Burn of third degree of left upper arm

T22.34 Burn of third degree of axilla

T22.341 Burn of third degree of right axilla

T22.342 Burn of third degree of left axilla

T22.35 Burn of third degree of shoulder

T22.351 Burn of third degree of right shoulder

T22.352 Burn of third degree of left shoulder

T22.36 Burn of third degree of scapular region

T22.361 Burn of third degree of right scapular region

T22.362 Burn of third degree of left scapular region

T22.39 Burn of third degree of multiple sites of shoulder and upper limb, except wrist and hand

T22.391 Burn of third degree of multiple sites of right shoulder and upper limb, except wrist and hand

T22.392 Burn of third degree of multiple sites of left shoulder and upper limb, except wrist and hand

T23 Burn and corrosion of wrist and hand

The appropriate 7th character is to be added to each code from category T23

A - initial encounter

D - subsequent encounter

S - sequela

T23.0 Burn of unspecified degree of wrist and hand

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

T23.00 Burn of unspecified degree of hand, unspecified site

T23.001 Burn of unspecified degree of right hand, unspecified site

T23.002 Burn of unspecified degree of left hand, unspecified site



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T23.009 Burn of unspecified degree of unspecified hand, unspecified site

T23.01 Burn of unspecified degree of thumb (nail)

T23.011 Burn of unspecified degree of right thumb (nail)

T23.012 Burn of unspecified degree of left thumb (nail)

T23.019 Burn of unspecified degree of unspecified thumb (nail)

T23.02 Burn of unspecified degree of single finger (nail) except thumb

T23.021 Burn of unspecified degree of single right finger (nail) except thumb

T23.022 Burn of unspecified degree of single left finger (nail) except thumb

T23.029 Burn of unspecified degree of unspecified single finger (nail) except thumb

T23.03 Burn of unspecified degree of multiple fingers (nail), not including thumb

T23.031 Burn of unspecified degree of multiple right fingers (nail), not including thumb

T23.032 Burn of unspecified degree of multiple left fingers (nail), not including thumb

T23.039 Burn of unspecified degree of unspecified multiple fingers (nail), not including thumb

T23.04 Burn of unspecified degree of multiple fingers (nail), including thumb

T23.041 Burn of unspecified degree of multiple right fingers (nail), including thumb

T23.042 Burn of unspecified degree of multiple left fingers (nail), including thumb

T23.049 Burn of unspecified degree of unspecified multiple fingers (nail), including thumb

T23.05 Burn of unspecified degree of palm

T23.051 Burn of unspecified degree of right palm

T23.052 Burn of unspecified degree of left palm

T23.059 Burn of unspecified degree of unspecified palm

T23.06 Burn of unspecified degree of back of hand

T23.061 Burn of unspecified degree of back of right hand

T23.062 Burn of unspecified degree of back of left hand

T23.069 Burn of unspecified degree of back of unspecified hand

T23.07 Burn of unspecified degree of wrist

T23.071 Burn of unspecified degree of right wrist

T23.072 Burn of unspecified degree of left wrist

T23.079 Burn of unspecified degree of unspecified wrist

T23.09 Burn of unspecified degree of multiple sites of wrist and hand

T23.091 Burn of unspecified degree of multiple sites of right wrist and hand

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T23.092 Burn of unspecified degree of multiple sites of left wrist and hand

T23.099 Burn of unspecified degree of multiple sites of unspecified wrist and hand

## T23.1 Burn of first degree of wrist and hand

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

### T23.10 Burn of first degree of hand, unspecified site

T23.101 Burn of first degree of right hand, unspecified site

T23.102 Burn of first degree of left hand, unspecified site

### T23.11 Burn of first degree of thumb (nail)

T23.111 Burn of first degree of right thumb (nail)

T23.112 Burn of first degree of left thumb (nail)

### T23.12 Burn of first degree of single finger (nail) except thumb

T23.121 Burn of first degree of single right finger (nail) except thumb

T23.122 Burn of first degree of single left finger (nail) except thumb

T23.129 Burn of first degree of unspecified single finger (nail) except thumb

### T23.13 Burn of first degree of multiple fingers (nail), not including thumb

T23.131 Burn of first degree of multiple right fingers (nail), not including thumb

T23.132 Burn of first degree of multiple left fingers (nail), not including thumb

T23.139 Burn of first degree of unspecified multiple fingers (nail), not including thumb

### T23.14 Burn of first degree of multiple fingers (nail), including thumb

T23.141 Burn of first degree of multiple right fingers (nail), including thumb

T23.142 Burn of first degree of multiple left fingers (nail), including thumb

T23.149 Burn of first degree of unspecified multiple fingers (nail), including thumb

### T23.15 Burn of first degree of palm

T23.151 Burn of first degree of right palm

T23.152 Burn of first degree of left palm

### T23.16 Burn of first degree of back of hand

T23.161 Burn of first degree of back of right hand

T23.162 Burn of first degree of back of left hand

### T23.17 Burn of first degree of wrist

T23.171 Burn of first degree of right wrist

T23.172 Burn of first degree of left wrist

T23.179 Burn of first degree of unspecified wrist

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## T23.19 Burn of first degree of multiple sites of wrist and hand

T23.191 Burn of first degree of multiple sites of right wrist and hand

T23.192 Burn of first degree of multiple sites of left wrist and hand

T23.199 Burn of first degree of multiple sites of unspecified wrist and hand

## T23.2 Burn of second degree of wrist and hand

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

## T23.20 Burn of second degree of hand, unspecified site

T23.201 Burn of second degree of right hand, unspecified site

T23.202 Burn of second degree of left hand, unspecified site

## T23.21 Burn of second degree of thumb (nail)

T23.211 Burn of second degree of right thumb (nail)

T23.212 Burn of second degree of left thumb (nail)

T23.219 Burn of second degree of unspecified thumb (nail)

## T23.22 Burn of second degree of single finger (nail) except thumb

T23.221 Burn of second degree of single right finger (nail) except thumb

T23.222 Burn of second degree of single left finger (nail) except thumb

T23.229 Burn of second degree of unspecified single finger (nail) except thumb

## T23.23 Burn of second degree of multiple fingers (nail), not including thumb

T23.231 Burn of second degree of multiple right fingers (nail), not including thumb

T23.232 Burn of second degree of multiple left fingers (nail), not including thumb

T23.239 Burn of second degree of unspecified multiple fingers (nail), not including thumb

## T23.24 Burn of second degree of multiple fingers (nail), including thumb

T23.241 Burn of second degree of multiple right fingers (nail), including thumb

T23.242 Burn of second degree of multiple left fingers (nail), including thumb

T23.249 Burn of second degree of unspecified multiple fingers (nail), including thumb

## T23.25 Burn of second degree of palm

T23.251 Burn of second degree of right palm

T23.252 Burn of second degree of left palm

T23.259 Burn of second degree of unspecified palm

## T23.26 Burn of second degree of back of hand

T23.261 Burn of second degree of back of right hand

T23.262 Burn of second degree of back of left hand

## T23.27 Burn of second degree of wrist

T23.271 Burn of second degree of right wrist

# Wound Care Management

- T23.272 Burn of second degree of left wrist
- T23.29 Burn of second degree of multiple sites of wrist and hand
  - T23.291 Burn of second degree of multiple sites of right wrist and hand
  - T23.292 Burn of second degree of multiple sites of left wrist and hand
- T23.3 Burn of third degree of wrist and hand
  - Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)
- T23.30 Burn of third degree of hand, unspecified site
  - T23.301 Burn of third degree of right hand, unspecified site
  - T23.302 Burn of third degree of left hand, unspecified site
- T23.31 Burn of third degree of thumb (nail)
  - T23.311 Burn of third degree of right thumb (nail)
  - T23.312 Burn of third degree of left thumb (nail)
  - T23.319 Burn of third degree of unspecified thumb (nail)
- T23.32 Burn of third degree of single finger (nail) except thumb
  - T23.321 Burn of third degree of single right finger (nail) except thumb
  - T23.322 Burn of third degree of single left finger (nail) except thumb
  - T23.329 Burn of third degree of unspecified single finger (nail) except thumb
- T23.33 Burn of third degree of multiple fingers (nail), not including thumb
  - T23.331 Burn of third degree of multiple right fingers (nail), not including thumb
  - T23.332 Burn of third degree of multiple left fingers (nail), not including thumb
  - T23.339 Burn of third degree of unspecified multiple fingers (nail), not including thumb
- T23.34 Burn of third degree of multiple fingers (nail), including thumb
  - T23.341 Burn of third degree of multiple right fingers (nail), including thumb
  - T23.342 Burn of third degree of multiple left fingers (nail), including thumb
  - T23.349 Burn of third degree of unspecified multiple fingers (nail), including thumb
- T23.35 Burn of third degree of palm
  - T23.351 Burn of third degree of right palm
  - T23.352 Burn of third degree of left palm
- T23.36 Burn of third degree of back of hand
  - T23.361 Burn of third degree of back of right hand
  - T23.362 Burn of third degree of back of left hand
- T23.37 Burn of third degree of wrist
  - T23.371 Burn of third degree of right wrist
  - T23.372 Burn of third degree of left wrist
  - T23.379 Burn of third degree of unspecified wrist

# Wound Care Management

T23.39 Burn of third degree of multiple sites of wrist and hand

T23.391 Burn of third degree of multiple sites of right wrist and hand

T23.392 Burn of third degree of multiple sites of left wrist and hand

T24 Burn and corrosion of lower limb, except ankle and foot

Excludes2: burn and corrosion of ankle and foot (T25.-)

burn and corrosion of hip region (T21.-)

The appropriate 7th character is to be added to each code from category T24

A - initial encounter

D - subsequent encounter

S - sequela

T24.0 Burn of unspecified degree of lower limb, except ankle and foot

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

T24.00 Burn of unspecified degree of unspecified site of lower limb, except ankle and foot

T24.001 Burn of unspecified degree of unspecified site of right lower limb, except ankle and foot

T24.002 Burn of unspecified degree of unspecified site of left lower limb, except ankle and foot

T24.01 Burn of unspecified degree of thigh

T24.011 Burn of unspecified degree of right thigh

T24.012 Burn of unspecified degree of left thigh

T24.02 Burn of unspecified degree of knee

T24.021 Burn of unspecified degree of right knee

T24.022 Burn of unspecified degree of left knee

T24.03 Burn of unspecified degree of lower leg

T24.031 Burn of unspecified degree of right lower leg

T24.032 Burn of unspecified degree of left lower leg

T24.09 Burn of unspecified degree of multiple sites of lower limb, except ankle and foot

T24.091 Burn of unspecified degree of multiple sites of right lower limb, except ankle and foot

T24.092 Burn of unspecified degree of multiple sites of left lower limb, except ankle and foot

T24.1 Burn of first degree of lower limb, except ankle and foot

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

T24.10 Burn of first degree of unspecified site of lower limb, except ankle and foot

T24.101 Burn of first degree of unspecified site of right lower limb, except ankle and foot

T24.102 Burn of first degree of unspecified site of left lower limb, except ankle and foot

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## T24.11 Burn of first degree of thigh

T24.111 Burn of first degree of right thigh

T24.112 Burn of first degree of left thigh

## T24.12 Burn of first degree of knee

T24.121 Burn of first degree of right knee

T24.122 Burn of first degree of left knee

## T24.13 Burn of first degree of lower leg

T24.131 Burn of first degree of right lower leg

T24.132 Burn of first degree of left lower leg

## T24.19 Burn of first degree of multiple sites of lower limb, except ankle and foot

T24.191 Burn of first degree of multiple sites of right lower limb, except ankle and foot

T24.192 Burn of first degree of multiple sites of left lower limb, except ankle and foot

## T24.2 Burn of second degree of lower limb, except ankle and foot

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

## T24.20 Burn of second degree of unspecified site of lower limb, except ankle and foot

T24.201 Burn of second degree of unspecified site of right lower limb, except ankle and foot

T24.202 Burn of second degree of unspecified site of left lower limb, except ankle and foot

## T24.21 Burn of second degree of thigh

T24.211 Burn of second degree of right thigh

T24.212 Burn of second degree of left thigh

## T24.22 Burn of second degree of knee

T24.221 Burn of second degree of right knee

T24.222 Burn of second degree of left knee

## T24.23 Burn of second degree of lower leg

T24.231 Burn of second degree of right lower leg

T24.232 Burn of second degree of left lower leg

## T24.29 Burn of second degree of multiple sites of lower limb, except ankle and foot

T24.291 Burn of second degree of multiple sites of right lower limb, except ankle and foot

T24.292 Burn of second degree of multiple sites of left lower limb, except ankle and foot

## T24.3 Burn of third degree of lower limb, except ankle and foot

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

# Wound Care Management

T24.30 Burn of third degree of unspecified site of lower limb, except ankle and foot

T24.301 Burn of third degree of unspecified site of right lower limb, except ankle and foot

T24.302 Burn of third degree of unspecified site of left lower limb, except ankle and foot

T24.31 Burn of third degree of thigh

T24.311 Burn of third degree of right thigh

T24.312 Burn of third degree of left thigh

T24.32 Burn of third degree of knee

T24.321 Burn of third degree of right knee

T24.322 Burn of third degree of left knee

T24.33 Burn of third degree of lower leg

T24.331 Burn of third degree of right lower leg

T24.332 Burn of third degree of left lower leg

T24.39 Burn of third degree of multiple sites of lower limb, except ankle and foot

T24.391 Burn of third degree of multiple sites of right lower limb, except ankle and foot

T24.392 Burn of third degree of multiple sites of left lower limb, except ankle and foot

## T25 Burn and corrosion of ankle and foot

The appropriate 7th character is to be added to each code from category T25

A - initial encounter

D - subsequent encounter

S - sequela

T25.0 Burn of unspecified degree of ankle and foot

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

T25.01 Burn of unspecified degree of ankle

T25.011 Burn of unspecified degree of right ankle

T25.012 Burn of unspecified degree of left ankle

T25.019 Burn of unspecified degree of unspecified ankle

T25.02 Burn of unspecified degree of foot

Excludes2: burn of unspecified degree of toe(s) (nail) (T25.03-)

T25.021 Burn of unspecified degree of right foot

T25.022 Burn of unspecified degree of left foot

T25.029 Burn of unspecified degree of unspecified foot

T25.03 Burn of unspecified degree of toe(s) (nail)

T25.031 Burn of unspecified degree of right toe(s) (nail)

T25.032 Burn of unspecified degree of left toe(s) (nail)

T25.039 Burn of unspecified degree of unspecified toe(s) (nail)



# Wound Care Management

## T25.09 Burn of unspecified degree of multiple sites of ankle and foot

T25.091 Burn of unspecified degree of multiple sites of right ankle and foot

T25.092 Burn of unspecified degree of multiple sites of left ankle and foot

T25.099 Burn of unspecified degree of multiple sites of unspecified ankle and foot

## T25.1 Burn of first degree of ankle and foot

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

### T25.11 Burn of first degree of ankle

T25.111 Burn of first degree of right ankle

T25.112 Burn of first degree of left ankle

### T25.12 Burn of first degree of foot

Excludes2: burn of first degree of toe(s) (nail) (T25.13-)

T25.121 Burn of first degree of right foot

T25.122 Burn of first degree of left foot

### T25.13 Burn of first degree of toe(s) (nail)

T25.131 Burn of first degree of right toe(s) (nail)

T25.132 Burn of first degree of left toe(s) (nail)

T25.139 Burn of first degree of unspecified toe(s) (nail)

### T25.19 Burn of first degree of multiple sites of ankle and foot

T25.191 Burn of first degree of multiple sites of right ankle and foot

T25.192 Burn of first degree of multiple sites of left ankle and foot

T25.199 Burn of first degree of multiple sites of unspecified ankle and foot

## T25.2 Burn of second degree of ankle and foot

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

### T25.21 Burn of second degree of ankle

T25.211 Burn of second degree of right ankle

T25.212 Burn of second degree of left ankle

### T25.22 Burn of second degree of foot

Excludes2: burn of second degree of toe(s) (nail) (T25.23-)

T25.221 Burn of second degree of right foot

T25.222 Burn of second degree of left foot

### T25.23 Burn of second degree of toe(s) (nail)

T25.231 Burn of second degree of right toe(s) (nail)

T25.232 Burn of second degree of left toe(s) (nail)

T25.239 Burn of second degree of unspecified toe(s) (nail)

### T25.29 Burn of second degree of multiple sites of ankle and foot

T25.291 Burn of second degree of multiple sites of right ankle and foot

T25.292 Burn of second degree of multiple sites of left ankle and foot



## T25.3 Burn of third degree of ankle and foot

Use additional external cause code to identify the source, place and intent of the burn (X00-X19, X75-X77, X96-X98, Y92)

### T25.31 Burn of third degree of ankle

T25.311 Burn of third degree of right ankle

T25.312 Burn of third degree of left ankle

### T25.32 Burn of third degree of foot

Excludes2: burn of third degree of toe(s) (nail) (T25.33-)

T25.321 Burn of third degree of right foot

T25.322 Burn of third degree of left foot

### T25.33 Burn of third degree of toe(s) (nail)

T25.331 Burn of third degree of right toe(s) (nail)

T25.332 Burn of third degree of left toe(s) (nail)

T25.339 Burn of third degree of unspecified toe(s) (nail)

### T25.39 Burn of third degree of multiple sites of ankle and foot

T25.391 Burn of third degree of multiple sites of right ankle and foot

T25.392 Burn of third degree of multiple sites of left ankle and foot

## T31 Burns classified according to extent of body surface involved

Note: This category is to be used as the primary code only when the site of the burn is unspecified. It should be used as a supplementary code with categories T20-T25 when the site is specified.

### T31.0 Burns involving less than 10% of body surface

#### T31.1 Burns involving 10-19% of body surface

T31.10 Burns involving 10-19% of body surface with 0% to 9% third degree burns

Burns involving 10-19% of body surface NOS

T31.11 Burns involving 10-19% of body surface with 10-19% third degree burns

#### T31.2 Burns involving 20-29% of body surface

T31.20 Burns involving 20-29% of body surface with 0% to 9% third degree burns

Burns involving 20-29% of body surface NOS

T31.21 Burns involving 20-29% of body surface with 10-19% third degree burns

T31.22 Burns involving 20-29% of body surface with 20-29% third degree burns

#### T31.3 Burns involving 30-39% of body surface

T31.30 Burns involving 30-39% of body surface with 0% to 9% third degree burns

Burns involving 30-39% of body surface NOS

T31.31 Burns involving 30-39% of body surface with 10-19% third degree burns

T31.32 Burns involving 30-39% of body surface with 20-29% third degree burns

T31.33 Burns involving 30-39% of body surface with 30-39% third degree burns

## T31.4 Burns involving 40-49% of body surface

T31.40 Burns involving 40-49% of body surface with 0% to 9% third degree burns

Burns involving 40-49% of body surface NOS

T31.41 Burns involving 40-49% of body surface with 10-19% third degree burns

T31.42 Burns involving 40-49% of body surface with 20-29% third degree burns

T31.43 Burns involving 40-49% of body surface with 30-39% third degree burns

T31.44 Burns involving 40-49% of body surface with 40-49% third degree burns

## T31.5 Burns involving 50-59% of body surface

T31.50 Burns involving 50-59% of body surface with 0% to 9% third degree burns

Burns involving 50-59% of body surface NOS

T31.51 Burns involving 50-59% of body surface with 10-19% third degree burns

T31.52 Burns involving 50-59% of body surface with 20-29% third degree burns

T31.53 Burns involving 50-59% of body surface with 30-39% third degree burns

T31.54 Burns involving 50-59% of body surface with 40-49% third degree burns

T31.55 Burns involving 50-59% of body surface with 50-59% third degree burns

## T31.6 Burns involving 60-69% of body surface

T31.60 Burns involving 60-69% of body surface with 0% to 9% third degree burns

Burns involving 60-69% of body surface NOS

T31.61 Burns involving 60-69% of body surface with 10-19% third degree burns

T31.62 Burns involving 60-69% of body surface with 20-29% third degree burns

T31.63 Burns involving 60-69% of body surface with 30-39% third degree burns

T31.64 Burns involving 60-69% of body surface with 40-49% third degree burns

T31.65 Burns involving 60-69% of body surface with 50-59% third degree burns

T31.66 Burns involving 60-69% of body surface with 60-69% third degree burns

## T31.7 Burns involving 70-79% of body surface

T31.70 Burns involving 70-79% of body surface with 0% to 9% third degree burns

Burns involving 70-79% of body surface NOS

T31.71 Burns involving 70-79% of body surface with 10-19% third degree burns

T31.72 Burns involving 70-79% of body surface with 20-29% third degree burns

T31.73 Burns involving 70-79% of body surface with 30-39% third degree burns

T31.74 Burns involving 70-79% of body surface with 40-49% third degree burns

T31.75 Burns involving 70-79% of body surface with 50-59% third degree burns

T31.76 Burns involving 70-79% of body surface with 60-69% third degree burns

T31.77 Burns involving 70-79% of body surface with 70-79% third degree burns

## T31.8 Burns involving 80-89% of body surface

T31.80 Burns involving 80-89% of body surface with 0% to 9% third degree burns

Burns involving 80-89% of body surface NOS

T31.81 Burns involving 80-89% of body surface with 10-19% third degree burns

T31.82 Burns involving 80-89% of body surface with 20-29% third degree burns

T31.83 Burns involving 80-89% of body surface with 30-39% third degree burns

T31.84 Burns involving 80-89% of body surface with 40-49% third degree burns

T31.85 Burns involving 80-89% of body surface with 50-59% third degree burns

T31.86 Burns involving 80-89% of body surface with 60-69% third degree burns

T31.87 Burns involving 80-89% of body surface with 70-79% third degree burns

T31.88 Burns involving 80-89% of body surface with 80-89% third degree burns

## T31.9 Burns involving 90% or more of body surface

T31.90 Burns involving 90% or more of body surface with 0% to 9% third degree burns

Burns involving 90% or more of body surface NOS

T31.91 Burns involving 90% or more of body surface with 10-19% third degree burns

T31.92 Burns involving 90% or more of body surface with 20-29% third degree burns

T31.93 Burns involving 90% or more of body surface with 30-39% third degree burns

T31.94 Burns involving 90% or more of body surface with 40-49% third degree burns

T31.95 Burns involving 90% or more of body surface with 50-59% third degree burns

T31.96 Burns involving 90% or more of body surface with 60-69% third degree burns

T31.97 Burns involving 90% or more of body surface with 70-79% third degree burns

T31.98 Burns involving 90% or more of body surface with 80-89% third degree burns

T31.99 Burns involving 90% or more of body surface with 90% or more third degree burns

## L90.5 Scar conditions and fibrosis of skin

Adherent scar (skin)

Cicatrix

Disfigurement of skin due to scar

Fibrosis of skin NOS

Scar NOS

Excludes2: hypertrophic scar (L91.0)  
keloid scar (L91.0)

## L91.0 Hypertrophic scar

Keloid

Keloid scar

Excludes2: acne keloid (L73.0)  
scar NOS (L90.5)

## Disorder of skin

### Fungal rashes

#### B35 Dermatophytosis

Includes: favus

infections due to species of Epidermophyton, Micro-sporum and Trichophyton  
tinea, any type except those in B36.-

#### B35.0 Tinea barbae and tinea capitis

Beard ringworm

Kerion

Scalp ringworm

Sycosis, mycotic

#### B35.1 Tinea unguium

Dermatophytic onychia

Dermatophytosis of nail

Onychomycosis

Ringworm of nails

#### B35.2 Tinea manuum

Dermatophytosis of hand

Hand ringworm

#### B35.3 Tinea pedis

Athlete's foot

Dermatophytosis of foot

Foot ringworm

#### B35.4 Tinea corporis

Ringworm of the body

#### B35.5 Tinea imbricata

Tokelau

#### B35.6 Tinea cruris

Dhobi itch

Groin ringworm

Jock itch

#### B35.8 Other dermatophytoses

Disseminated dermatophytosis

Granulomatous dermatophytosis

#### B35.9 Dermatophytosis, unspecified

Ringworm NOS

### Contact dermatitis

L25.9 Unspecified contact dermatitis, unspecified cause

Contact dermatitis (occupational) NOS

### Moisture associated dermatitis

Dermatitis and eczema (L20-L30)

Note: In this block the terms dermatitis and eczema are used synonymously and interchangeably.

## L22 Diaper dermatitis

- Diaper erythema
- Diaper rash
- Psoriasiform diaper rash

## L23 Allergic contact dermatitis

- Excludes1: allergy NOS (T78.40)
- contact dermatitis NOS (L25.9)
- dermatitis NOS (L30.9)

### Excludes2:

- dermatitis due to substances taken internally (L27.-)
- dermatitis of eyelid (H01.1-)
- diaper dermatitis (L22)
- eczema of external ear (H60.5-)
- irritant contact dermatitis (L24.-)
- perioral dermatitis (L71.0)
- radiation-related disorders of the skin and subcutaneous tissue (L55-L59)

L23.1 Allergic contact dermatitis due to adhesives

L23.9 Allergic contact dermatitis, unspecified cause

Allergic contact eczema NOS

## Psoriasis

### L40 Psoriasis

#### L40.0 Psoriasis vulgaris

- Nummular psoriasis
- Plaque psoriasis

#### L40.1 Generalized pustular psoriasis

- Impetigo herpetiformis
- Von Zumbusch's disease

#### L40.2 Acrodermatitis continua

#### L40.3 Pustulosis palmaris et plantaris

#### L40.4 Guttate psoriasis

#### L40.5 Arthropathic psoriasis

- L40.50 Arthropathic psoriasis, unspecified
- L40.51 Distal interphalangeal psoriatic arthropathy
- L40.52 Psoriatic arthritis mutilans
- L40.53 Psoriatic spondylitis
- L40.54 Psoriatic juvenile arthropathy
- L40.59 Other psoriatic arthropathy

#### L40.8 Other psoriasis

- Flexural psoriasis

L40.9 Psoriasis, unspecified

## Pressure Ulcer

### L89 Pressure ulcer

Includes: bed sore

decubitus ulcer

plaster ulcer

pressure area

pressure sore

Code first any associated gangrene (I96)

Excludes2: decubitus (trophic) ulcer of cervix (uteri) (N86)

diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)

non-pressure chronic ulcer of skin (L97.-)

skin infections (L00-L08)

varicose ulcer (I83.0, I83.2)

### L89.15 Pressure ulcer of sacral region

Pressure ulcer of coccyx

Pressure ulcer of tailbone

L89.150 Pressure ulcer of sacral region, unstageable

L89.151 Pressure ulcer of sacral region, stage 1

Healing pressure ulcer of sacral region, stage 1

Pressure pre-ulcer skin changes limited to persistent focal edema, sacral region

L89.152 Pressure ulcer of sacral region, stage 2

Healing pressure ulcer of sacral region, stage 2

Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis, sacral region

L89.153 Pressure ulcer of sacral region, stage 3

Healing pressure ulcer of sacral region, stage 3

Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, sacral region

L89.154 Pressure ulcer of sacral region, stage 4

Healing pressure ulcer of sacral region, stage 4

Pressure ulcer with necrosis of soft tissues through to underlying muscle, tendon, or bone, sacral region

L89.159 Pressure ulcer of sacral region, unspecified stage

Healing pressure ulcer of sacral region NOS

Healing pressure ulcer of sacral region, unspecified stage

### L89.2 Pressure ulcer of hip

#### L89.21 Pressure ulcer of right hip

L89.210 Pressure ulcer of right hip, unstageable

L89.211 Pressure ulcer of right hip, stage 1

Healing pressure ulcer of right hip back, stage 1

# Wound Care Management

Pressure pre-ulcer skin changes limited to persistent focal edema, right hip

L89.212 Pressure ulcer of right hip, stage 2

Healing pressure ulcer of right hip, stage 2

Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis, right hip

L89.213 Pressure ulcer of right hip, stage 3

Healing pressure ulcer of right hip, stage 3

Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, right hip

L89.214 Pressure ulcer of right hip, stage 4

Healing pressure ulcer of right hip, stage 4

Pressure ulcer with necrosis of soft tissues through to underlying muscle, tendon, or bone, right hip

L89.219 Pressure ulcer of right hip, unspecified stage

Healing pressure ulcer of right hip NOS

Healing pressure ulcer of right hip, unspecified stage

## L89.22 Pressure ulcer of left hip

L89.220 Pressure ulcer of left hip, unstageable

L89.221 Pressure ulcer of left hip, stage 1

Healing pressure ulcer of left hip back, stage 1

Pressure pre-ulcer skin changes limited to persistent focal edema, left hip

L89.222 Pressure ulcer of left hip, stage 2

Healing pressure ulcer of left hip, stage 2

Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis, left hip

L89.223 Pressure ulcer of left hip, stage 3

Healing pressure ulcer of left hip, stage 3

Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, left hip

L89.224 Pressure ulcer of left hip, stage 4

Healing pressure ulcer of left hip, stage 4

Pressure ulcer with necrosis of soft tissues through to underlying muscle, tendon, or bone, left hip

L89.229 Pressure ulcer of left hip, unspecified stage

Healing pressure ulcer of left hip NOS

Healing pressure ulcer of left hip, unspecified stage

## L89.3 Pressure ulcer of buttock

### L89.31 Pressure ulcer of right buttock

L89.310 Pressure ulcer of right buttock, unstageable

L89.311 Pressure ulcer of right buttock, stage 1

Healing pressure ulcer of right buttock, stage 1

# Wound Care Management

Pressure pre-ulcer skin changes limited to persistent focal edema, right buttock

L89.312 Pressure ulcer of right buttock, stage 2

Healing pressure ulcer of right buttock, stage 2

Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis, right buttock

L89.313 Pressure ulcer of right buttock, stage 3

Healing pressure ulcer of right buttock, stage 3

Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, right buttock

L89.314 Pressure ulcer of right buttock, stage 4

Healing pressure ulcer of right buttock, stage 4

Pressure ulcer with necrosis of soft tissues through to underlying muscle, tendon, or bone, right buttock

L89.319 Pressure ulcer of right buttock, unspecified stage

Healing pressure ulcer of right buttock NOS

Healing pressure ulcer of right buttock, unspecified stage

## L89.32 Pressure ulcer of left buttock

L89.320 Pressure ulcer of left buttock, unstageable

L89.321 Pressure ulcer of left buttock, stage 1

Healing pressure ulcer of left buttock, stage 1

Pressure pre-ulcer skin changes limited to persistent focal edema, left buttock

L89.322 Pressure ulcer of left buttock, stage 2

Healing pressure ulcer of left buttock, stage 2

Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis, left buttock

L89.323 Pressure ulcer of left buttock, stage 3

Healing pressure ulcer of left buttock, stage 3

Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, left buttock

L89.324 Pressure ulcer of left buttock, stage 4

Healing pressure ulcer of left buttock, stage 4

Pressure ulcer with necrosis of soft tissues through to underlying muscle, tendon, or bone, left buttock

L89.329 Pressure ulcer of left buttock, unspecified stage

Healing pressure ulcer of left buttock NOS

Healing pressure ulcer of left buttock, unspecified stage

## L89.4 Pressure ulcer of contiguous site of back, buttock and hip

L89.40 Pressure ulcer of contiguous site of back, buttock and hip, unspecified stage

Healing pressure ulcer of contiguous site of back, buttock and hip NOS

Healing pressure ulcer of contiguous site of back, buttock and hip, unspecified stage

L89.41 Pressure ulcer of contiguous site of back, buttock and hip, stage 1



# Wound Care Management

Healing pressure ulcer of contiguous site of back, buttock and hip, stage 1  
Pressure pre-ulcer skin changes limited to persistent focal edema, contiguous site of back, buttock and hip

L89.42 Pressure ulcer of contiguous site of back, buttock and hip, stage 2  
Healing pressure ulcer of contiguous site of back, buttock and hip, stage 2  
Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis, contiguous site of back, buttock and hip

L89.43 Pressure ulcer of contiguous site of back, buttock and hip, stage 3  
Healing pressure ulcer of contiguous site of back, buttock and hip, stage 3  
Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, contiguous site of back, buttock and hip

L89.44 Pressure ulcer of contiguous site of back, buttock and hip, stage 4  
Healing pressure ulcer of contiguous site of back, buttock and hip, stage 4  
Pressure ulcer with necrosis of soft tissues through to underlying muscle, tendon, or bone, contiguous site of back, buttock and hip

L89.45 Pressure ulcer of contiguous site of back, buttock and hip, unstageable

## L89.6 Pressure ulcer of heel

### L89.61 Pressure ulcer of right heel

L89.610 Pressure ulcer of right heel, unstageable

L89.611 Pressure ulcer of right heel, stage 1

Healing pressure ulcer of right heel, stage 1

Pressure pre-ulcer skin changes limited to persistent focal edema, right heel

L89.612 Pressure ulcer of right heel, stage 2

Healing pressure ulcer of right heel, stage 2

Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis, right heel

L89.613 Pressure ulcer of right heel, stage 3

Healing pressure ulcer of right heel, stage 3

Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, right heel

L89.614 Pressure ulcer of right heel, stage 4

Healing pressure ulcer of right heel, stage 4

Pressure ulcer with necrosis of soft tissues through to underlying muscle, tendon, or bone, right heel

L89.619 Pressure ulcer of right heel, unspecified stage

Healing pressure ulcer of right heel NOS

Healing pressure ulcer of unspecified heel, right stage

### L89.62 Pressure ulcer of left heel

L89.620 Pressure ulcer of left heel, unstageable

L89.621 Pressure ulcer of left heel, stage 1

Healing pressure ulcer of left heel, stage 1

Pressure pre-ulcer skin changes limited to persistent focal edema, left heel

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- L89.622 Pressure ulcer of left heel, stage 2
  - Healing pressure ulcer of left heel, stage 2
  - Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis, left heel
- L89.623 Pressure ulcer of left heel, stage 3
  - Healing pressure ulcer of left heel, stage 3
  - Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, left heel
- L89.624 Pressure ulcer of left heel, stage 4
  - Healing pressure ulcer of left heel, stage 4
  - Pressure ulcer with necrosis of soft tissues through to underlying muscle, tendon, or bone, left heel
- L89.629 Pressure ulcer of left heel, unspecified stage
  - Healing pressure ulcer of left heel NOS
  - Healing pressure ulcer of left heel, unspecified stage

## Signs and symptoms commonly seen in patients with wound care management needs

### L90.5 Scar conditions and fibrosis of skin

- Adherent scar (skin)
- Cicatrix
- Disfigurement of skin due to scar
- Fibrosis of skin NOS
- Scar NOS
- Excludes2: hypertrophic scar (L91.0)
- keloid scar (L91.0)

### L91.0 Hypertrophic scar

- Keloid
- Keloid scar
- Excludes2: acne keloid (L73.0)
- scar NOS (L90.5)

### G89 Pain, not elsewhere classified

- Code also related psychological factors associated with pain (F45.42)
- Excludes1: generalized pain NOS (R52)
  - pain disorders exclusively related to psychological factors (F45.41)
  - pain NOS (R52)
- Excludes2: atypical face pain (G50.1)
  - headache syndromes (G44.-)
  - localized pain, unspecified type - code to pain by site, such as:
    - abdomen pain (R10.-)
    - back pain (M54.9)
    - breast pain (N64.4)
    - chest pain (R07.1-R07.9)

# Wound Care Management

- ear pain (H92.0-)
- eye pain (H57.1)
- headache (R51)
- joint pain (M25.5-)
- limb pain (M79.6-)
- lumbar region pain (M54.5)
- painful urination (R30.9)
- pelvic and perineal pain (R10.2)
- shoulder pain (M25.51-)
- spine pain (M54.-)
- throat pain (R07.0)
- tongue pain (K14.6)
- tooth pain (K08.8)
- renal colic (N23)
- migraines (G43.-)
- myalgia (M79.1)
- pain from prosthetic devices, implants, and grafts (T82.84, T83.84, T84.84, T85.84)
- phantom limb syndrome with pain (G54.6)
- vulvar vestibulitis (N94.810)
- vulvodynia (N94.81-)

## G89.1 Acute pain, not elsewhere classified

G89.11 Acute pain due to trauma

G89.12 Acute post-thoracotomy pain

Post-thoracotomy pain NOS

G89.18 Other acute postprocedural pain

Postoperative pain NOS

Postprocedural pain NOS

## G89.2 Chronic pain, not elsewhere classified

Excludes1: causalgia, lower limb (G57.7-)

causalgia, upper limb (G56.4-)

central pain syndrome (G89.0)

chronic pain syndrome (G89.4)

complex regional pain syndrome II, lower limb (G57.7-)

complex regional pain syndrome II, upper limb (G56.4-)

neoplasm related chronic pain (G89.3)

reflex sympathetic dystrophy (G90.5-)

G89.21 Chronic pain due to trauma

G89.22 Chronic post-thoracotomy pain

G89.28 Other chronic postprocedural pain

Other chronic postoperative pain

G89.29 Other chronic pain

## G89.3 Neoplasm related pain (acute) (chronic)

Cancer associated pain

# Wound Care Management

Pain due to malignancy (primary) (secondary)

Tumor associated pain

G89.4 Chronic pain syndrome

Chronic pain associated with significant psychosocial dysfunction

M79.6 Pain in limb, hand, foot, fingers and toes

Excludes2: pain in joint (M25.5-)

M79.60 Pain in limb, unspecified

M79.601 Pain in right arm

Pain in right upper limb NOS

M79.602 Pain in left arm

Pain in left upper limb NOS

M79.603 Pain in arm, unspecified

Pain in upper limb NOS

M79.604 Pain in right leg

Pain in right lower limb NOS

M79.605 Pain in left leg

Pain in left lower limb NOS

M79.606 Pain in leg, unspecified

Pain in lower limb NOS

M79.609 Pain in unspecified limb

Pain in limb NOS

M79.62 Pain in upper arm

Pain in axillary region

M79.621 Pain in right upper arm

M79.622 Pain in left upper arm

M79.629 Pain in unspecified upper arm

M79.63 Pain in forearm

M79.631 Pain in right forearm

M79.632 Pain in left forearm

M79.64 Pain in hand and fingers

M79.641 Pain in right hand

M79.642 Pain in left hand

M79.644 Pain in right finger(s)

M79.645 Pain in left finger(s)

M79.65 Pain in thigh

M79.651 Pain in right thigh

M79.652 Pain in left thigh

M79.66 Pain in lower leg

M79.661 Pain in right lower leg

M79.662 Pain in left lower leg

M79.67 Pain in foot and toes

M79.671 Pain in right foot

M79.672 Pain in left foot

M79.674 Pain in right toe(s)

M79.675 Pain in left toe(s)

## R20 Disturbances of skin sensation

Excludes1: dissociative anesthesia and sensory loss (F44.6)  
psychogenic disturbances (F45.8)

R20.0 Anesthesia of skin

R20.1 Hypoesthesia of skin

R20.2 Paresthesia of skin

Formication

Pins and needles

Tingling skin

Excludes1: acroparesthesia (I73.8)

R20.3 Hyperesthesia

R20.8 Other disturbances of skin sensation

R20.9 Unspecified disturbances of skin sensation

R26.2 Difficulty in walking, not elsewhere classified (Excludes: falling R29.6)

R26.81 Unsteadiness on feet

R26.89 Other abnormalities of gait and mobility

R27.8 Other lack of coordination

R29.3 Abnormal posture

R53 Malaise and fatigue

R53.0 Neoplastic (malignant) related fatigue

Code first associated neoplasm

R53.1 Weakness

Asthenia NOS

Excludes1: age-related weakness (R54)

muscle weakness (M62.8-)

senile asthenia (R54)

R53.2 Functional quadriplegia

Complete immobility due to severe physical disability or frailty

Excludes1: frailty NOS (R54)

hysterical paralysis (F44.4)

immobility syndrome (M62.3)

neurologic quadriplegia (G82.5-)

quadriplegia (G82.50)

R53.8 Other malaise and fatigue

Excludes1: combat exhaustion and fatigue (F43.0)

congenital debility (P96.9)

exhaustion and fatigue due to depressive episode (F32.-)

exhaustion and fatigue due to excessive exertion (T73.3)

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exhaustion and fatigue due to exposure (T73.2)  
exhaustion and fatigue due to heat (T67.-)  
exhaustion and fatigue due to pregnancy (O26.8-)  
exhaustion and fatigue due to recurrent depressive episode (F33)  
exhaustion and fatigue due to senile debility (R54)

## R53.81 Other malaise

Chronic debility  
Debility NOS  
General physical deterioration  
Malaise NOS  
Nervous debility  
Excludes1: age-related physical debility (R54)

## R53.82 Chronic fatigue, unspecified

Chronic fatigue syndrome NOS  
Excludes1: postviral fatigue syndrome (G93.3)

## R53.83 Other fatigue

Fatigue NOS  
Lack of energy  
Lethargy  
Tiredness

## R54 Age-related physical debility

Frailty  
Old age  
Senescence  
Senile asthenia  
Senile debility  
Excludes1: age-related cognitive decline (R41.81)  
senile psychosis (F03)  
senility NOS (R41.81)