

Ulcers

Documentation Best Practices



Ulcers

An ulcer may develop when an underlying disease impedes the normal wound or lesion healing process. Treatment costs for ulcers can range from \$3,500 to over \$70,000 per ulcer, depending on the stage. The majority of ulcers on the lower extremities are chronic or recurrent. Risk factors may include patients older than 65 years of age, decreased mobility, exposure to skin irritants, and impaired wound healing capacity.

ICD-10 Code	Description
L89.x	Pressure ulcer, by site and stage
L97.x	Non-pressure chronic ulcer of lower limb, by site and severity
L98.4xx	Non-pressure chronic ulcer of skin, by site and severity

Linked conditions and Causes:

Linked Conditions	Ulcer Causes
Diabetes	Arterial
Peripheral arterial or vascular disease	Venous
Venous Stasis	Neuropathic
Infection	

If known, providers should document the cause and the underlying associated condition, when assessed at a face-to-face encounter, with a plan of care for each disorder.

Severity and Staging:

Linked Conditions	Ulcer Causes
Stage 1 – Non-blanchable erythema (no actual ulcer)	Limited breakdown of skin
Stage 2 – Partial thickness skin loss, shallow ulcer or abrasion, skin remains	With fat layer exposed
Stage 3 – Full thickness skin loss, through the skin into subcutaneous	With necrosis of muscle
Stage 4 – Full thickness tissue loss to bone, tendon or muscle	With necrosis of bone
Unstageable – Depth unknown, inaccessible to evaluation base covered with debris or eschar)	

Documentation Requirements:

- If known, include the date of onset.
- Classify the type of ulcer, pressure, non-pressure, chronic, recurrent, or non-healing.
- Document the specific location, laterality, type, and severity or stage.
- Identify any associated symptoms, causes, and clearly link any known conditions.

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

- List any wound care or other treatment taking place throughout the healing process.
- Ulcers cannot be taken from the past medical history or a problem list, unless proven to be current in the physical exam or assessment

Documentation Example:

HPI: Patient is here for a follow up, presenting for management of their type 1 diabetes, hypertension, and weight control. On their last visit, a diabetic foot ulcer was discovered but the patient states it is healing.

PE: Vitals: Vitals: normal; PE: WNL except for healing diabetic ulcer on the right heel, fat layer exposed.

A: **E10.621 Type 1 Diabetes with foot ulcer**
L97.412 Non-pressure chronic ulcer of right heel and mid-foot with fat layer exposed
I10 Essential hypertension
E66.3 Overweight

P: Discussed the use of insulin and continue to monitor blood sugars. Patient should continue to clean and dress wound, finishing the course of antibiotics prescribed. Continue hypertension medications and monitor blood pressure. Encouraged heart healthy and diabetic diet of 1200 calories per day, discussed continued weight control with patient. Return in 1 month, contact the office if any concerns arise or healing of the ulcer does not continue to progress.