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AUGUST 2025

Don’t Let Coding Get Under Your Skin…Coding and Documentation for Dermatology Disorders

VDMP-2209-AUGUST-2025

Veradigm's Provider Engagement Team

Amanda Banister, CPC

SR MANAGER, PROVIDER PERFORMANCE AND TECH UTILIZATION

Previous Experience: Amanda has over 25 years of healthcare experience, including 15 years of practice administration for both private practice and regional healthcare systems. Amanda has extensive experience coaching teams in the implementation of process and quality improvement activities. She has worked directly with Providers and their teams to improve their care coordination, population health management and risk stratification efforts as well as improvements in documentation and accurate coding related to HCC's and HEDIS quality scores including 5 Star and Part D measures. .

Education: Amanda is a Lean Six Sigma in HealthCare Black Belt, a Certified Clinical Microsystems Coach and a Certified Professional Coder.

Aimee Fritz, CPC, CCS, CRC, CDEO

PROVIDER ENGAGEMENT SPECIALIST

Previous Experience: Aimee has over 20 years of experience in the healthcare field on the provider/clinic side as well as the insurance/payer side. She has been involved with the education and training of Providers, their staff and other medical coders on Risk Adjustment models, associated incentive programs, HCC coding guidelines and documentation requirements. Aimee has also assisted with process flows in office, as well as RAF score improvement.

Education: Aimee is a Lean Six Sigma in HealthCare Green Belt, a Certified Professional Coder, a Certified Risk Adjustment Coder and a Certified Coding Specialist.

Ryan Stull

PROVIDER ENGAGEMENT SPECIALIST

Previous Experience: Ryan has over 20 years of experience in the healthcare field working in the business office of a large-scale health system, on the provider clinic side as well as the insurance/payor side. He has been involved with educating providers and their office staff on Quality and Risk, how to close gaps in care and process flow.

Education: Ryan has a bachelors degree in Management and Organizational Leadership and a Black Belt in Six Sigma

Cindy Guarino, CRC, LPN

PROVIDER ENGAGEMENT SPECIALIST

Previous Experience: Cindy has over 12 years of diversified healthcare experience, including HCC coding, HEDIS abstracting, and risk adjustment coding. As a nurse, she has experience in pediatrics, community health, Covid response, ambulatory care, and health coaching. She is a skilled preceptor and educator.

Education: Cindy earned an associate degree in nursing, is a Licensed Practical Nurse, and a Risk Adjustment Coder.

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A G E N D A

AUGUST 2025

- Skin and Subcutaneous Tissue Anatomy
- Ulcers
- Cellulitis
- Dermatitis
- Erythema Multiforme
- Skin Cancer
- Coding Scenarios
- Summary and Tips

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Disclaimer

Educational Webinars

All documentation provided is researched and collected by today's presenter for the education of our customers. Any questions concerning the meaning or interpretation of coding requirements or application should be directed to your coding advisor or legal counsel.

The information included in the following slides is accurate as of 6/30/25.

ALL CODING GUIDANCE OBTAINED FROM THE AAPC ICD-10CM EXPERT
https://www.aapc.com/icd-10/

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Speakers

Kim Felix, RHIA, CCS

Currently the Director of Education at e4health. Has over 30 years of HIM coding experience including coder, auditor, educator and manager at various University and Community Hospitals. For the past 8 years, has been the project manager for the CMS HHS-RADV audit.

Has been an adjunct faculty member at Temple University, Gwynedd-Mercy College, Pierce College, Thomas Jefferson University, Anne Arundel Community College, and Study Mentor at Western Governors University.

Over many years, she has presented at various state-wide and local Coding and CDI conferences.

Jeanie Heck, BBA, CCS, CPC, CRC

Jeanie has over 30 years of experience as an expert physician and coder educator for CPT, ICD-10-CM and an accomplished Evaluation and Management auditor.
The majority of Jeanie's career has been in the outpatient physician office arena

She has been the lead senior auditor for the CMS HHS-RADV (Risk Adjustment Data Validation) audit from 2016 to present

She is currently an adjunct faculty member at Camden County College, Santa Barbara City College & Temple University teaching various coding courses. Her management positions include Director of Education, Coding and Billing Director, Practice Manager, and Business Manager

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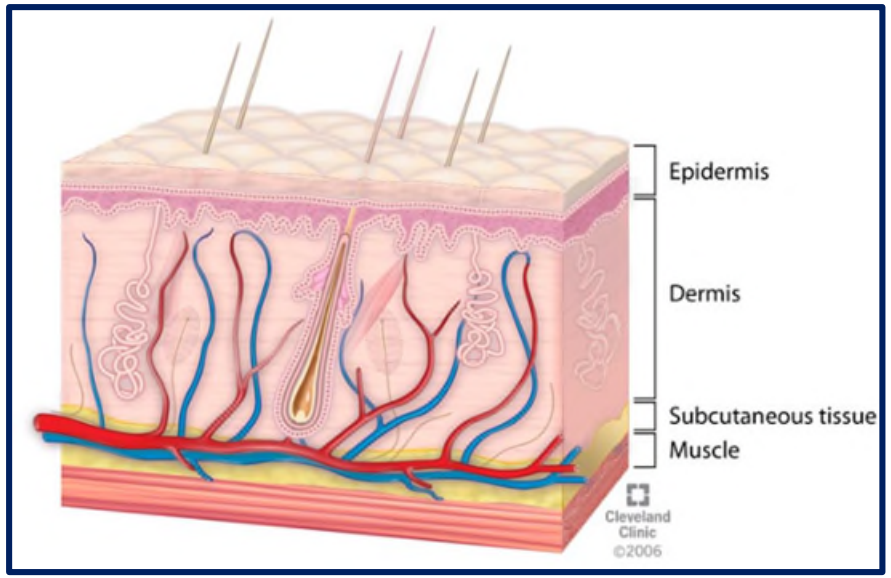
Skin and Subcutaneous Tissue Anatomy

Skin – Anatomy 101

Our skin is the body's largest organ – it protects against germs, regulates body temperature, & provides sensory information

The skin has 3 layers

- **Epidermis (Outermost layer)**
  - Provides a protective barrier
- **Dermis (Middle layer)**
  - Much thicker
  - Provides strength, elasticity & nourishment to the skin
- **Hypodermis (Subcutaneous layer)**
  - Deepest layer of the skin
  - Insulates the body & helps regulate temperature
  - Cushions and protects underlying muscles, bones, & organs



[1] Skin: Layers, Structure and Function

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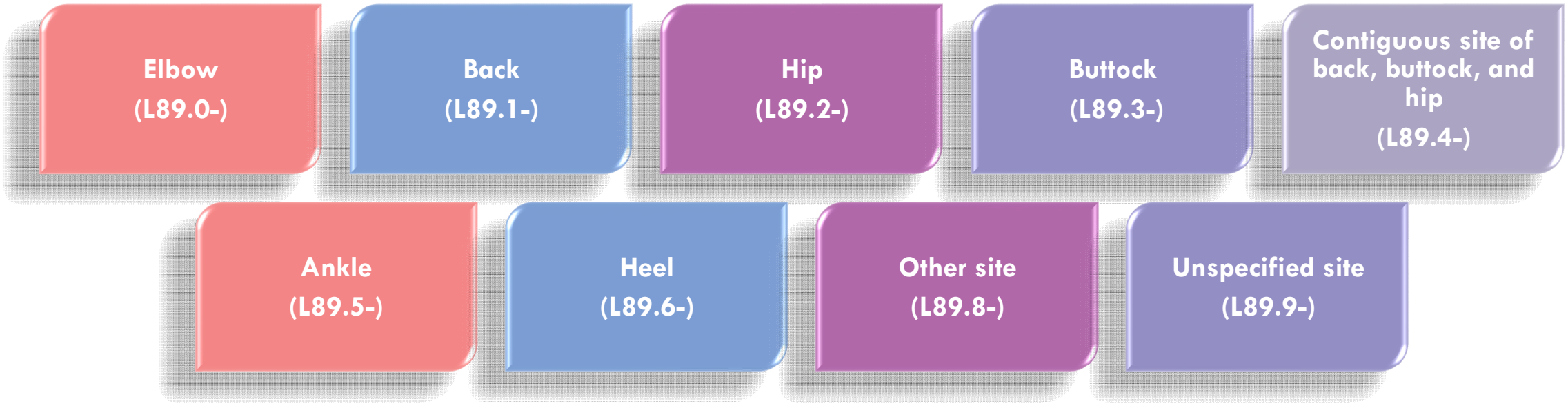
Ulcers

Pressure Ulcers

Most pressure ulcers are found in ICD-10-CM Category L89

- These codes identify the site of the pressure ulcer as well as the stage of the ulcer
- The fifth character identifies the specific site of the ulcer, such as:



[2]ICD-10-CM Guidelines FY25 October 1 2024

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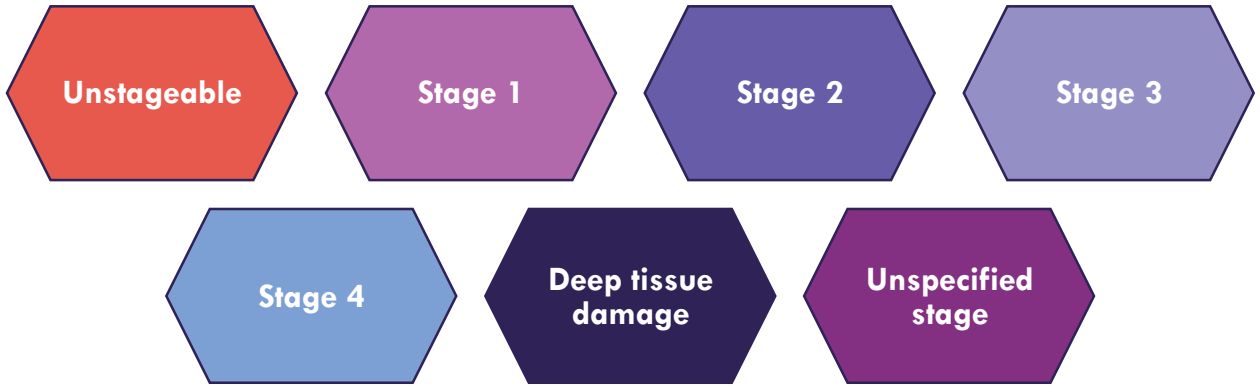
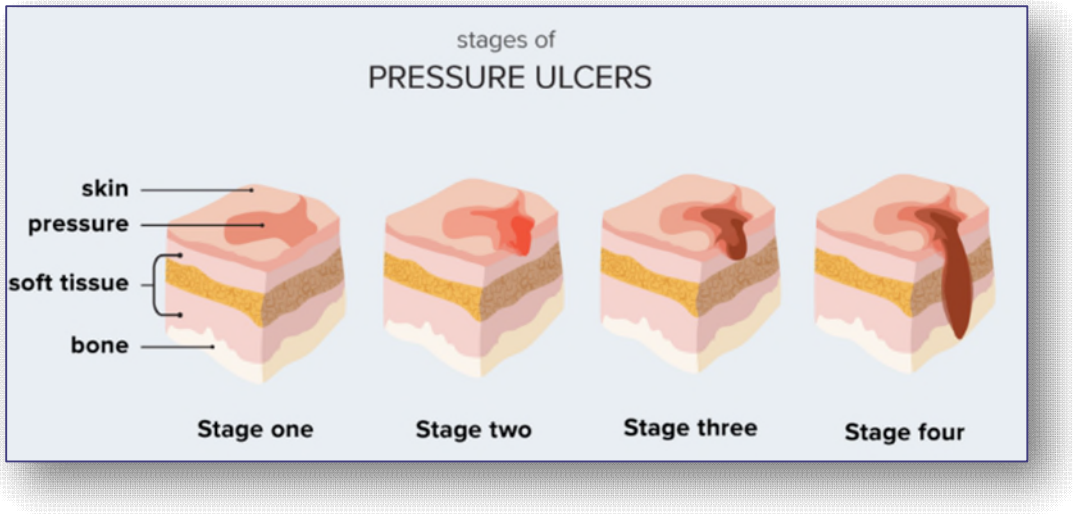
Pressure Ulcers

- The staging of pressure ulcers is determined by how deep the tissue loss extends and which tissue layers, such as muscle or bone, are exposed
- The sixth character for category L89 indicates the severity of the ulcer by identifying the stage of the pressure ulcers, such as:





[2]ICD-10-CM Guidelines FY25 October 1 2024
[3]Stages of pressure ulcers: Treatment and recovery

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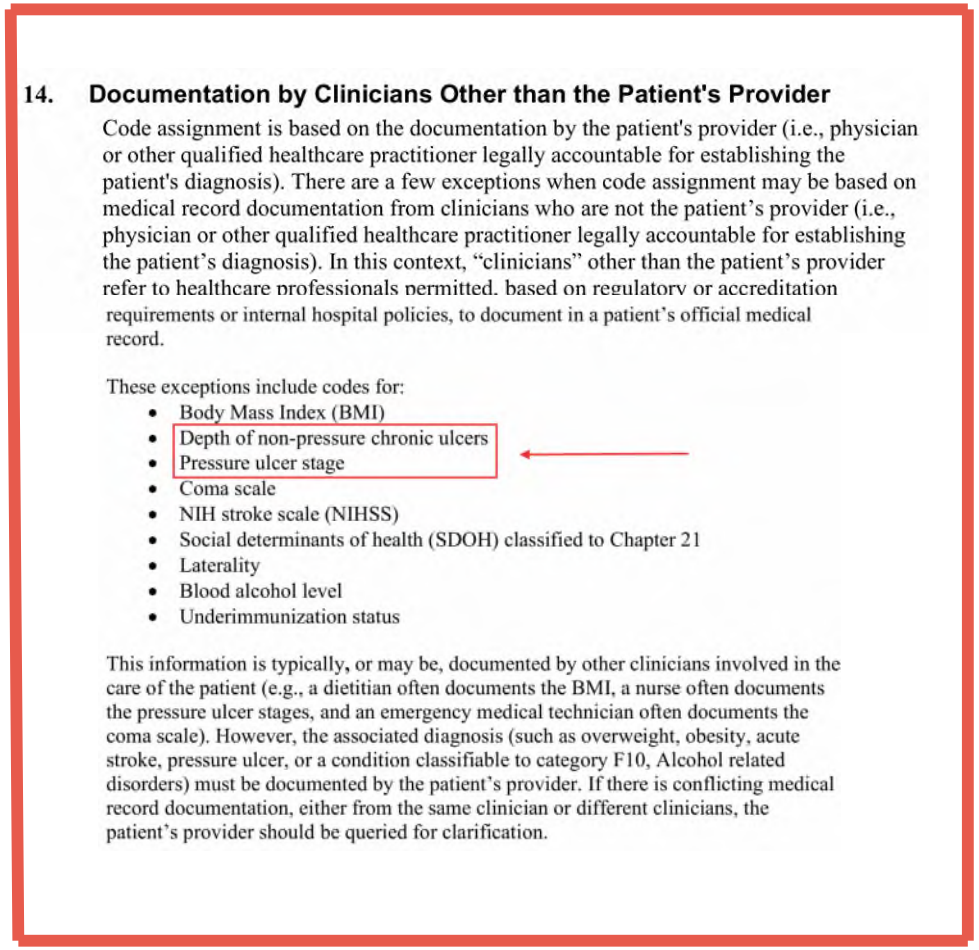
Pressure Ulcer Staging Documentation – Coding Guideline I.B.14

- Code assignment for the pressure ulcer stage may be based on nursing documentation

- The associated diagnosis of pressure ulcer should be coded based on the **provider's documentation**
  - The physician or any qualified health care practitioner who is legally accountable for establishing the patient's diagnosis, as defined in the *ICD-10-CM Official Guidelines for Coding and Reporting*



14. Documentation by Clinicians Other than the Patient's Provider

Code assignment is based on the documentation by the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). There are a few exceptions when code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). In this context, "clinicians" other than the patient's provider refer to healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient's official medical record.

These exceptions include codes for:

- Body Mass Index (BMI)
- Depth of non-pressure chronic ulcers
- Pressure ulcer stage
- Coma scale
- NIH stroke scale (NIHSS)
- Social determinants of health (SDOH) classified to Chapter 21
- Laterality
- Blood alcohol level
- Underimmunization status

This information is typically, or may be, documented by other clinicians involved in the care of the patient (e.g., a dietitian often documents the BMI, a nurse often documents the pressure ulcer stages, and an emergency medical technician often documents the coma scale). However, the associated diagnosis (such as overweight, obesity, acute stroke, pressure ulcer, or a condition classifiable to category F10, Alcohol related disorders) must be documented by the patient's provider. If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient's provider should be queried for clarification.

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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Documentation – Be careful !

- Other terms commonly seen in documentation for pressure ulcers include:
  - Bed sore
  - Pressure sore
  - Pressure area
  - Decubitus ulcer
  - Deep Tissue Injury (make sure this is not referring to a trauma/contusion)

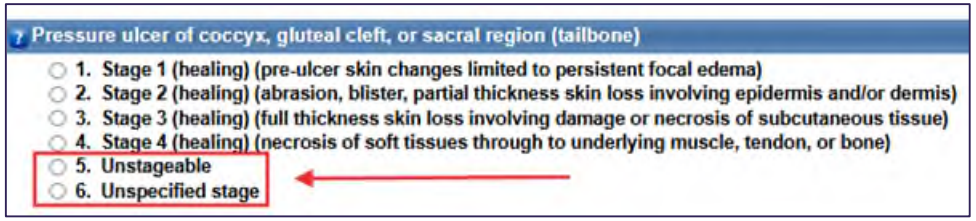
- **Be careful** with verbiage such as "history of", "healing" or "healed"
  - Is the ulcer 'current'?

- "Unstageable" does **NOT** equal "unspecified".
  - Refers to full-thickness skin- and tissue-loss ulcers whose stage cannot be clinically determined (e.g., the ulcer is covered by eschar or slough)

- When documentation states "unstageable", assign the code for "unstageable", not the "unspecified" code

- A provider query should be initiated to clarify the diagnosis or the severity of the condition when the clinical term cannot be indexed or the stage is not documented

Snippet from Solventum (formerly 3M) encoder



[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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Deep Tissue Injury

- When reviewing provider notes, distinguish whether “injury” denotes a trauma-related condition such as a contusion, or a pressure ulcer
- Providers may refer to pressure ulcers as "pressure injury" or "deep tissue injury“
  - This terminology more accurately describes pressure injuries of both intact and ulcerated skin of all stages
- The Alphabetic Index entry for "**Injury** , pressure, injury" directs the user to "see **Ulcer**, pressure, by site“
- Deep tissue injury is found in the Alphabetic Index under the term, “**Damage**, deep tissue, pressure-induced, see also L89 with final character .6“

Examples:

Stage 3 pressure injury of left hip is assigned to code **L89.223, Pressure ulcer of left hip, stage 3**

Deep tissue injury of the left hip is assigned code **L89.226, Pressure-induced deep tissue damage of left hip**

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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Non-Pressure Ulcers

- **Most** non-pressure ulcers are found in ICD-10-CM Category L97
- A code from L97 may be used as a principal or first-listed code if no underlying condition is documented as the cause
- If one of the following underlying conditions is documented with a lower-extremity ulcer, a causal condition should be assumed and the underlying condition should be coded first:

Code Category Ranges	Descriptions
I70.23-, I70.24-, I70.33-, I70.34-, I70.43-, I70.44-, I70.53-, I70.54-, I70.63-, I70.64-, I70.73-, I70.74-	Atherosclerosis of the lower extremities
I87.31-, I87.33-	Chronic venous hypertension
E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622	Diabetic ulcer
I87.01-, I87.03	Postphlebitic syndrome, Postthrombotic syndrome
I83.0-, I83.2-	Varicose ulcer
I96	Any associated gangrene

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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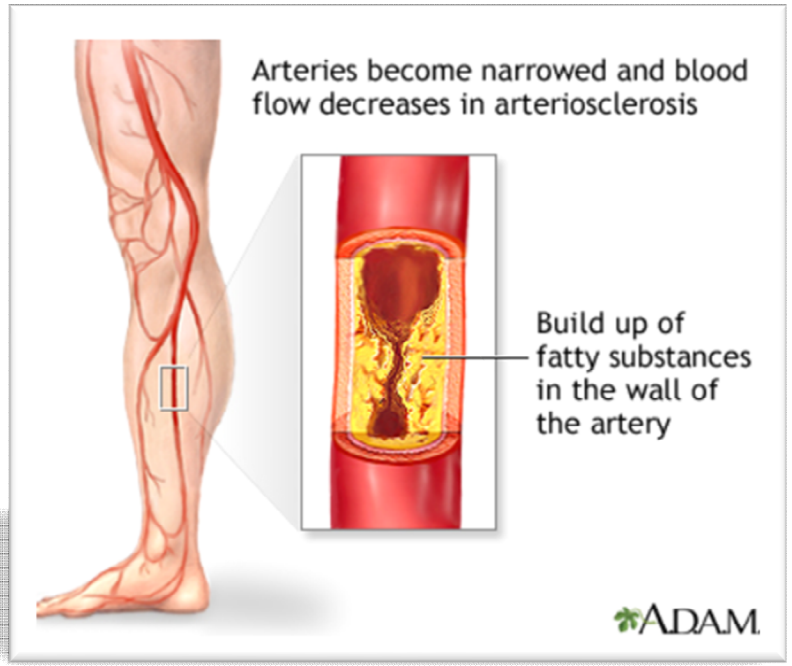
Arteriosclerosis with Non-Pressure Ulcer

- Arteriosclerosis of the lower extremities is classified to a code from subcategories I70.2 through I70.7
- The fifth character 3 or 4 is used when it is associated *with ulceration*
- An additional code from category L97 is assigned to indicate the severity of the ulcer
- If gangrene is present, assign code I70.26- or I70.36- with an additional code from L98.49- to identify the severity of any ulcer, if applicable.



[5] Atherosclerosis of the extremities: MedlinePlus Medical Encyclopedia Image

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Atherosclerosis with Non-Pressure Ulcer ICD-10 Codes

Codes	Descriptions
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, B/L legs
I70.222 **Includes:** chronic limb-threatening ischemia NOS chronic limb-threatening ischemia of native arteries of extremities with rest pain critical limb ischemia NOS critical limb ischemia of native arteries of extremities with rest pain	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.233 **Includes:** chronic limb-threatening ischemia of native arteries of right leg with ulceration critical limb ischemia of native arteries of right leg with ulceration	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.263 **Includes:** chronic limb-threatening ischemia of native arteries of extremities with gangrene critical limb ischemia of native arteries of extremities with gangrene	Atherosclerosis of native arteries of extremities with gangrene, B/L legs
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf

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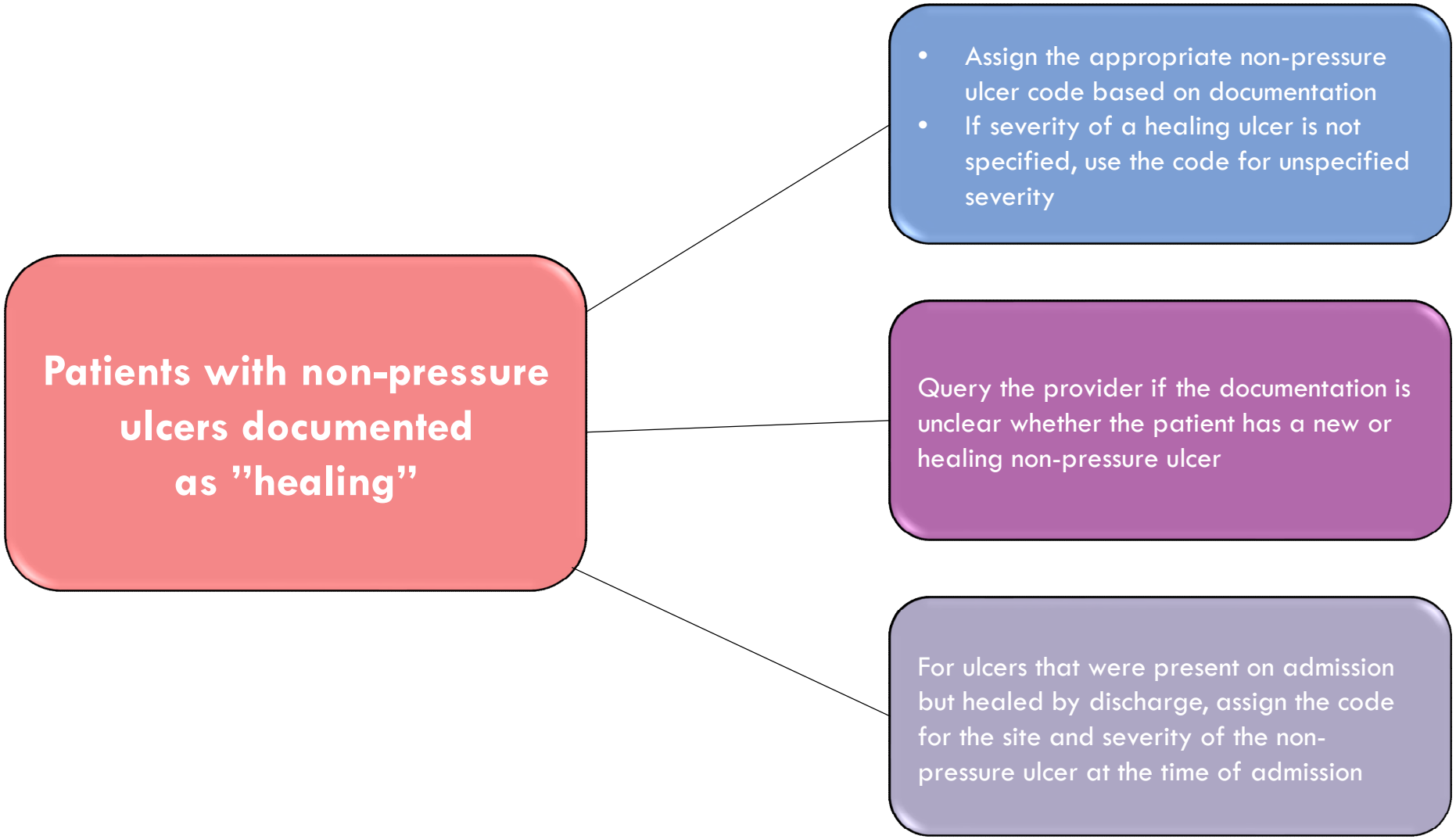
Healing Ulcers



[2]ICD-10-CM Guidelines FY25 October 1 2024

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Stasis Ulcers

- Stasis ulcers are ordinarily due to varicose veins of the lower extremities and are indexed to category I83, Varicose veins of lower extremities, rather than to the categories for conditions of the skin

- When the physician uses the term "stasis ulcer" but has identified a cause other than varicose veins, code the condition to **I87.2, Venous insufficiency (chronic) (peripheral)**

- If the code title found in the Alpha Index does NOT accurately describe the documented condition, coders must consult additional resources to ensure correct code assignment!

- The code for varicose veins should not be used if the clinical documentation does not confirm the presence of varicosities (regardless of Index direction)

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21
[6]Dermatitis - stasis on the leg: MedlinePlus Medical Encyclopedia Image

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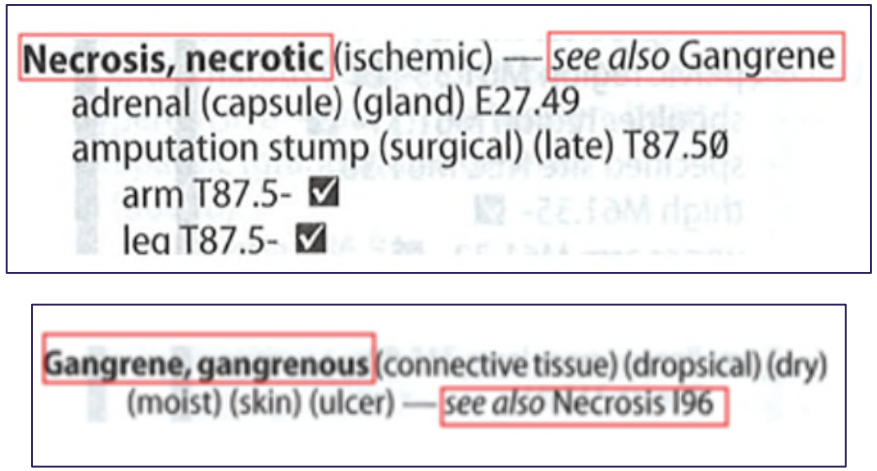
Gangrene/Necrosis

- 'Necrosis', 'Necrotic', 'Gangrene' and 'Gangrenous' should all be coded as *Gangrene*
- This diagnosis is often under-recognized, yet it significantly impacts risk adjustment due to its high HCC value!

Snippet from 2025 Optum ICD-10-CM Manual



[2]ICD-10-CM Guidelines FY25 October 1 2024

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Codes for Pressure and Non-Pressure Ulcers ICD-10 Codes

Codes	Descriptions
L89.154	Pressure ulcer, sacral area, stage 4
I96 + L89.153	Pressure ulcer, sacral area, stage 3 with gangrene
L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity
L89.210	Pressure ulcer of the right hip, Unstageable
L89.149	Pressure ulcer left lower back, unspecified stage
L98.499	Chronic ulcer of skin, unspecified site

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Resolved Diabetes with Foot Ulcer

AHA Coding Clinic, 1Q 2020, page 12:

Question: A patient with a long-standing history of type 2 diabetic polyneuropathy underwent bariatric surgery. The patient no longer requires medication for the diabetes secondary to the significant weight loss, and in fact, the physician documents that the diabetes has resolved. The patient has now developed an ulceration of the right foot with acute osteomyelitis secondary to diabetic polyneuropathy.

Would these conditions still be coded as diabetic complications?

Answer:

- E11.42, Type 2 diabetes mellitus with diabetic polyneuropathy
- E11.69, Type 2 diabetes mellitus with other specified complication
- E11.621, Type 2 diabetes mellitus with foot ulcer
- M86.171, Other acute osteomyelitis, right ankle and foot
- L97.511, Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin
- Z98.84, Bariatric surgery status

The patient still has complications associated with the diabetes, even though glucose levels have normalized. Codes from category E11, Type 2 diabetes mellitus are required to capture the diabetic manifestations.

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Cellulitis

Cellulitis

Common & potentially serious bacterial infection of the deeper layers of the skin & underlying tissue

- Often from:
  - Puncture wound
  - Laceration
  - Ulcer
- Usual clinical features of cellulitis include acute redness, swelling, warmth, & pain at the site of infection
- Documentation of redness/erythema near a wound or ulcer should NOT be presumed to mean cellulitis is present
- Cellulitis can also develop as a complication of surgical wounds or following skin penetration from intravenous therapy
- Cellulitis frequently develops as a complication of chronic skin ulcers
  - Two codes are required to report chronic skin ulcers with cellulitis, one for the ulcers and one for the cellulitis
  - A code from category L89, L97 or subcategory L98.4 would be assigned for the ulcers (in addition to the cellulitis codes)
  - Principal diagnosis depends on the circumstances of admission

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21
[7]Mayo Clinic Q and A: Cellulitis can be life-threatening, so prompt treatment is key - Mayo Clinic News Network

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Coding for Cellulitis

- Coding of cellulitis that is secondary to superficial injury, burn, or frostbite requires two codes:
  - One code for the injury and one code for the cellulitis
- Code sequencing depends on the circumstances of the admission

Examples:

If the primary focus is treating an open wound, code the wound first, followed by a code for cellulitis.

If the wound is minor or previously treated, and cellulitis is the focus, code cellulitis first, then the wound.

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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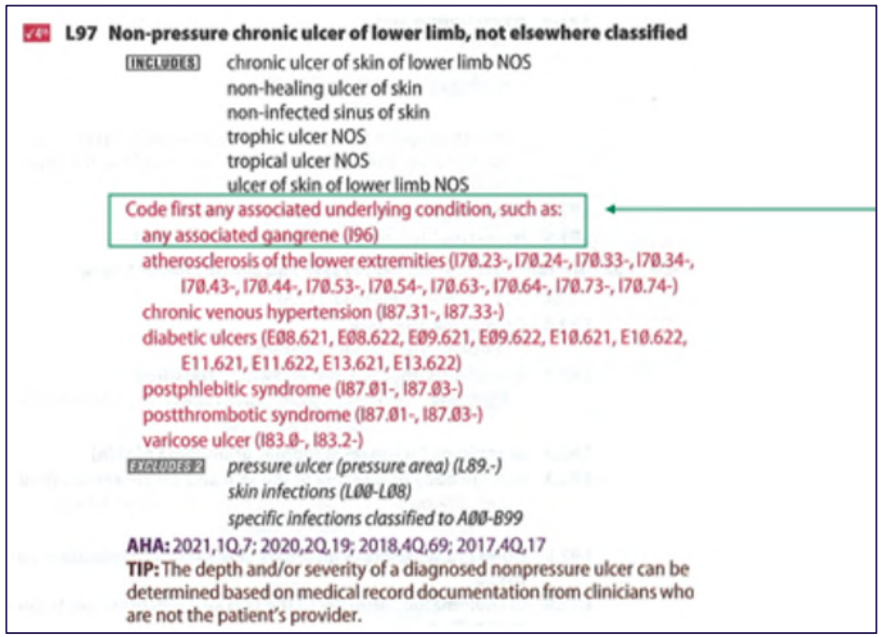
Coding for Cellulitis

- Cellulitis frequently develops as a complication of chronic skin ulcers requiring assignment of a code from category L89 or L97 or subcategory L98.4 is also assigned
  - Two codes are required to describe these conditions
  - Designation of the principal diagnosis depends on the circumstances of the admission

- Cellulitis described as gangrenous is classified to code **I96, Gangrene, not elsewhere classified**

- When gangrene is present with an ulcer or injury, the gangrene is coded first, with the code for the injury or ulcer assigned as an additional code
  - This practice follows the instructional notes in the Tabular List to "code first" any associated gangrene

Snippet from 2025 Optum ICD-10-CM Manual



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

AHA: 2021,1Q,7; 2020,2Q,19; 2018,4Q,69; 2017,4Q,17

TIP: The depth and/or severity of a diagnosed nonpressure ulcer can be determined based on medical record documentation from clinicians who are not the patient's provider.

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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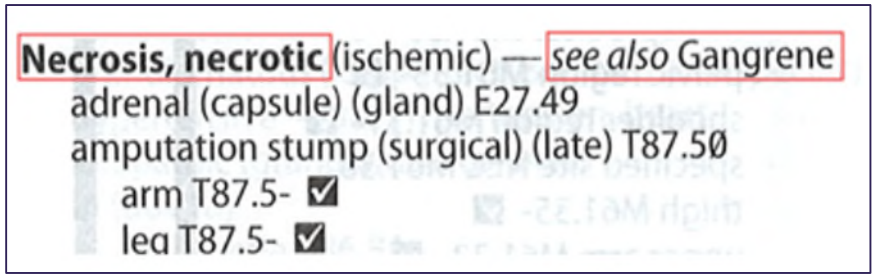
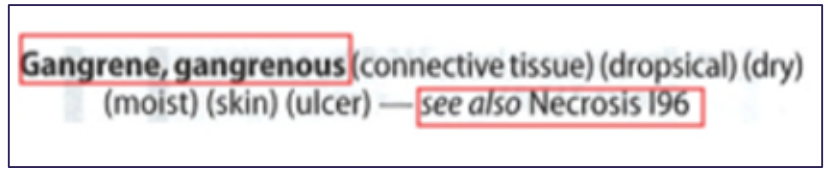
Gangrene/Necrosis…Again

- Cellulitis described as gangrenous is classified to code **I96, Gangrene, not elsewhere classified**
- When gangrene is present with an ulcer or injury, the gangrene would be reported first, followed by the ulcer or injury code
- 'Necrosis', 'Necrotic', 'Gangrene' and 'Gangrenous' should all be coded as *Gangrene*

Snippet from 2025 Optum ICD-10-CM Manual





[2]ICD-10-CM Guidelines FY25 October 1 2024

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Cellulitis due to Catheter

AHA Coding Clinic, 1Q 2019, page 13:

Question: A patient with a midline catheter developed cellulitis of the left upper arm secondary to the catheter. What is the appropriate code assignment for left arm cellulitis due to midline catheter, as midline catheters are not central venous catheters?

Answer: Assign codes T82.7XXA, Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter, and L03.114, Cellulitis of left upper limb, for cellulitis due to a midline catheter

This code assignment can be referenced in the Index to Diseases as follows:

Complication
catheter
intravenous
infection or inflammation T82.7

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Diabetes and Skin Complications

AHA Coding Clinic, 1Q 2017, page 101:

Question: Could you please clarify the correct use of the diabetes subentry with "skin complication NEC?" Would the correct application of the entry with skin complication only pertain to provider documentation linking the skin complication to the diabetes or would any or all documented skin complications, such as cellulitis, bullous pemphighoid, disseminated granuloma annulare, eruptive xanthomatosis, or acne vulgaris, automatically be linked to the diabetes code with skin complication?

Answer: The "with" guideline does not apply to "not elsewhere classified (NEC)" index entries that cover broad categories of conditions

- Specific conditions must be linked by the terms "with," "due to" or "associated with". In order to link diabetes and a specific skin complication, the provider would need to document the condition as a diabetic skin complication
- Each case is patient specific, and the relationship between diabetes and the skin complication should be clearly documented. Therefore, query the provider about the linkage, and if diabetes caused the specific skin complication.
- Coding professionals should not assume a causal relationship when the diabetic complication is "NEC."

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Diabetes and Cellulitis

AHA Coding Clinic, 4Q 2017, pages 100-101:

Question: A 79-year-old male with type 2 DM presented due to acute cellulitis of the left lower leg. The patient was admitted and started on broad spectrum antibiotics. When assigning the diabetes code, would it be appropriate to report the code for diabetes "with skin complication NEC?" What is the appropriate code assignment for cellulitis in a patient with type 2 diabetes?

Answer: In order to link the diabetes and the cellulitis, the provider would need to document cellulitis as a diabetic skin complication.

- When the causal relationship is unclear, query the provider regarding the linkage and whether cellulitis is a skin complication caused by the diabetes.
- Each case is patient specific, and the relationship between diabetes and cellulitis should be clearly documented by the provider. When the coder is unable to determine whether a condition is a diabetic complication, or the ICD-10-CM classification does not provide instruction, it is appropriate to query the physician for clarification so that the appropriate codes may be reported.
- "Diabetes with skin complication NEC," is indexed, but "diabetes with cellulitis" is not specifically indexed. The "with" guideline does not apply to "not elsewhere classified (NEC)" index entries that cover broad categories of conditions. Specific conditions must be linked by the terms "with," "due to" or "associated with". Coding professionals should not assume a causal relationship when the diabetic complication is "NEC." The ICD-10- CM classification presumes a cause and effect relationship with certain specific conditions when the Alphabetic Index links the conditions by the terms "with", "due to" or "associated with".

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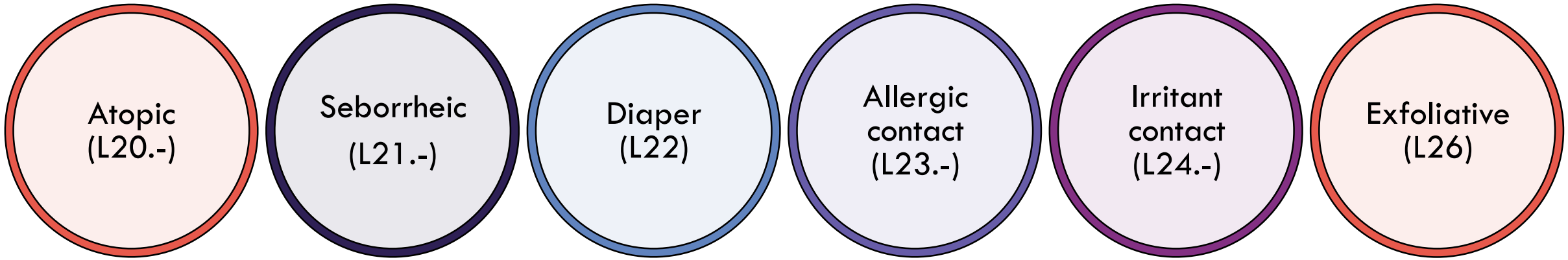
Dermatitis

Dermatitis

- General term for inflammation of the skin, leading to symptoms like redness, swelling, itching, dryness, & sometimes blisters, oozing, or scaling
- ICD-10-CM uses the terms "dermatitis" and "eczema" synonymously and interchangeably in the L20-L30 category range. There are several types of dermatitis, such as:



[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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Dermatitis

- Use a code from categories T36–T65 to specify the type of drug involved and the manner of the poisoning or adverse effect (e.g., accidental, intentional self-harm) when coding for:
  - Allergic-contact dermatitis
  - Irritant-contact dermatitis
  - Unspecified contact dermatitis
  - Dermatitis due to substances taken internally

- The sequencing of the codes from these categories will depend on the circumstances:
  - When the condition is due to poisoning, the T36-T65 code is assigned first

- The T36-T65 code is assigned as an additional code when the condition is due to adverse effect

Coding Guidelines I.C.19.e.5.(a) & (d)

5) The occurrence of drug toxicity is classified in ICD-10-CM as follows:

(a) **Adverse Effect**

When coding an adverse effect of a drug that has been correctly prescribed and properly administered, assign the appropriate code for the nature of the adverse effect followed by the appropriate code for the adverse effect of the drug (T36-T50). The code for the drug should have a 5th or 6th character "5" (for example T36.0X5-) Examples of the nature of an adverse effect are tachycardia, delirium, gastrointestinal hemorrhaging, vomiting, hypokalemia, hepatitis, renal failure, or respiratory failure.

(d) **Toxic Effects**

When a harmful substance is ingested or comes in contact with a person, this is classified as a toxic effect. The toxic effect codes are in categories T51-T65. When coding a toxic effect, assign the toxic effect code first, followed by codes for all associated manifestations of the toxic effect.

Toxic effect codes have an associated intent: accidental, intentional self-harm, assault and undetermined.

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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Dermatitis

- Category L27 classifies dermatitis due to substances taken internally
- To code dermatitis caused by medication, first determine whether the condition represents an adverse effect due to the proper administration of a drug or poisoning due to the incorrect use of the drug

When the dermatitis is due to a medication used correctly as prescribed, it is considered an **adverse effect**

When the dermatitis is due to incorrect use of the drug, it is classified as a **poisoning** by drugs, medicaments, and biological substances

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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ICD-10 Codes

Code Categories	Descriptions	Comments
L23	Allergic-contact dermatitis	Due to metals, adhesives, cosmetics, drugs, dyes, chemical products, food, and plants in contact with skin
L24	Irritant-contact dermatitis	Caused by irritants, such as detergents, oils and greases, and solvents, in contact with skin
L24.A and L24.B	Moisture-associated dermatitis	Bodily fluids, saliva, fecal/urinary or dual incontinence
L25	Unspecified contact dermatitis	Contact dermatitis is not specified as allergic- or irritant-contact dermatitis
L26	Exfoliative dermatitis	Includes: Hebra's pityriasis
L27	Dermatitis due to substances taken internally	Includes: Medications, ingested foods

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Palmar Plantar Erythrodysesthesia (PPE)

Also known as *hand foot syndrome*, is a skin reaction characterized by redness, swelling, & pain on the palms and soles, commonly occurring as an adverse effect of certain chemotherapy or targeted cancer therapies

- After chemotherapy, small amounts of the drug may leak from capillaries, damaging tissue in the palms and soles
  - Leakage results in redness, tenderness, and peeling of the palms and soles
  - The affected area resembles sunburn and may become dry, peeled, and numb
  - Affects hands and feet due to increased friction and heat from regular use

- Treatment involves reducing or stopping the drug therapy

- Assign code L27.1, Localized skin eruption due to drugs and medicaments taken internally, followed by code T45.1x5A, Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter, for the PPE due to antineoplastic antibiotics

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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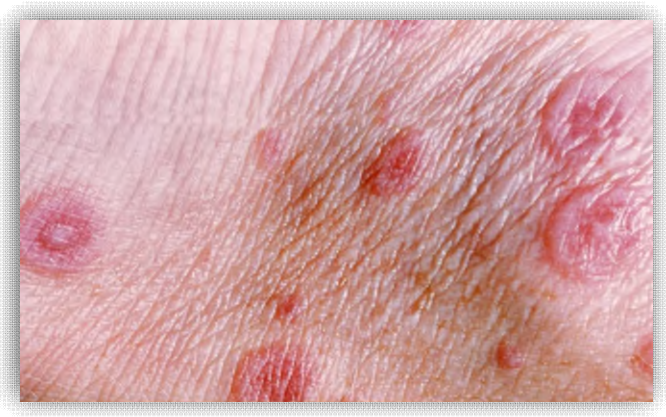
Erythema Multiforme

Erythema Multiforme

- Skin disorder resulting in symmetrical red, raised skin areas all over the body, often resembling targets because they are dark circles with purple-gray centers
  - There are severe systemic symptoms in some cases
- Erythema multiforme can occur in response to medications, infections, or illness. The exact cause is unknown.
  - Exact cause is unknown
  - If the condition is a drug-induced adverse effect, assign a code from category L51first
  - Assign a code from categories T36-T50 with the fifth or sixth character 5 as an additional code to identify the responsible drug



[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21
[8]Erythema Multiforme: Treatment, Symptoms, and Causes

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ICD-10 Codes

Code Category Ranges	Descriptions
L51.0	Nonbullous erythema multiforme
L51.1	Stevens-Johnson syndrome
L51.2	Toxic epidermal necrolysis [Lyell]
L51.3	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
L51.8	Other erythema multiforme
L51.9	Erythema multiforme, unspecified

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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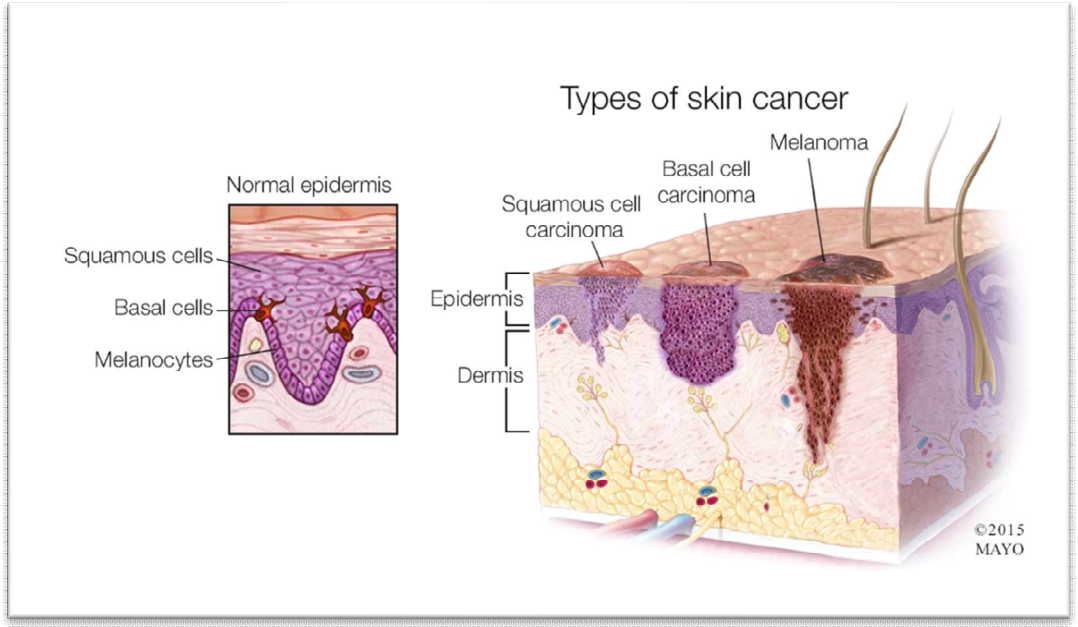
Skin Cancer

Skin Cancer

3 Major Types of Skin Cancer

- Squamous Cell Carcinoma (SCC)
- Melanoma
- Basal Cell Carcinoma (BCC)

BCC and SCC are grouped together as nonmelanoma skin cancers



[9] What you need to know about skin cancer - Mayo Clinic News Network

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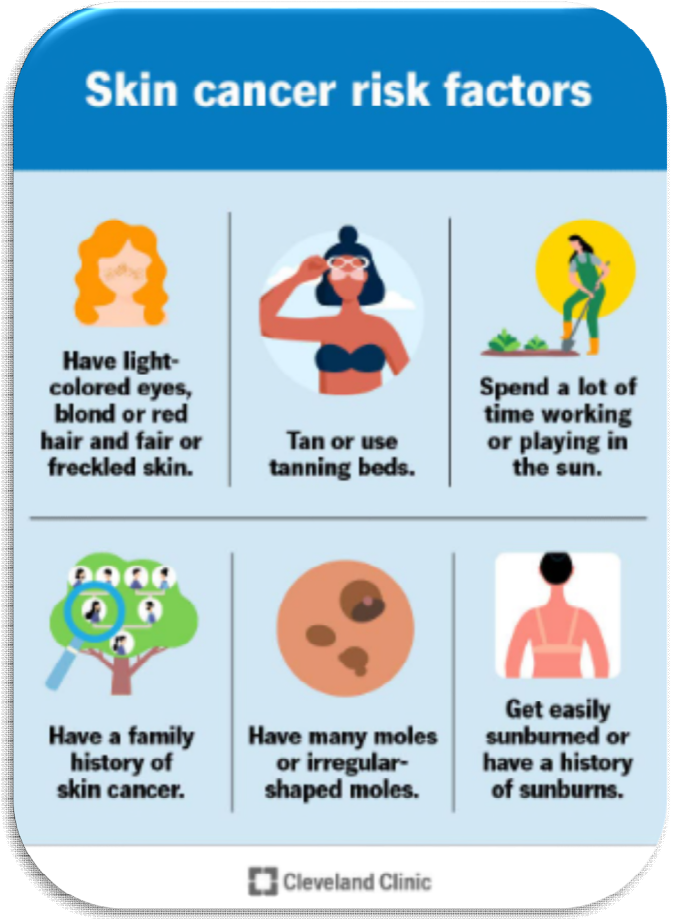
Skin Cancer – Basal Cell

Most common type of skin cancer

Typically due to sun exposure

Unlikely to spread



[10] Skin Cancer: Melanoma, Basal Cell, and Squamous Cell Carcinoma

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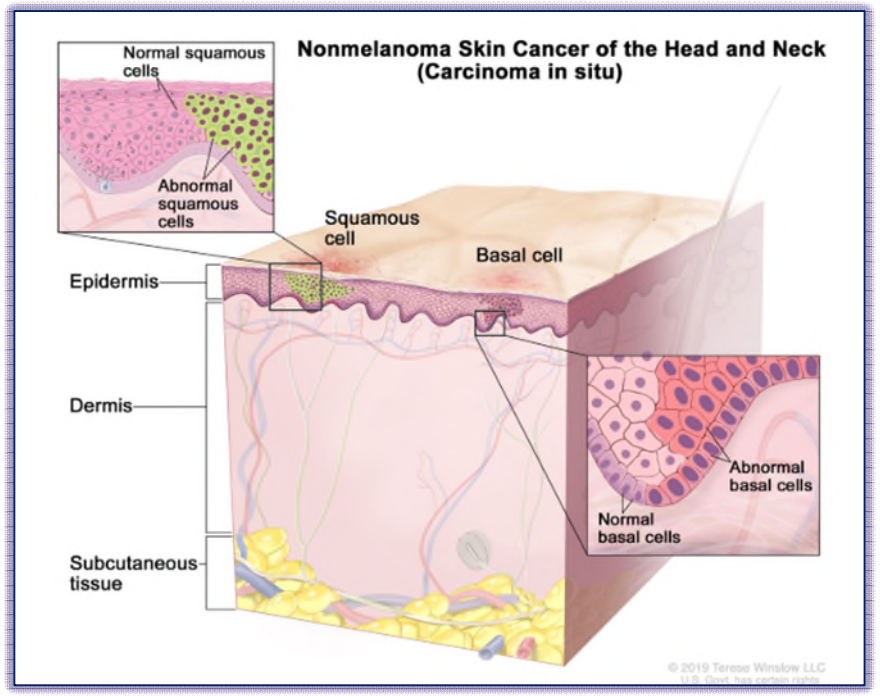
Skin Cancer – Squamous Cell Carcinoma

Second most common type of skin cancer

Mostly found on ear, face, neck, arms, chest and back



[11] Skin Cancer Treatment - NCI

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Skin Cancer – Melanoma

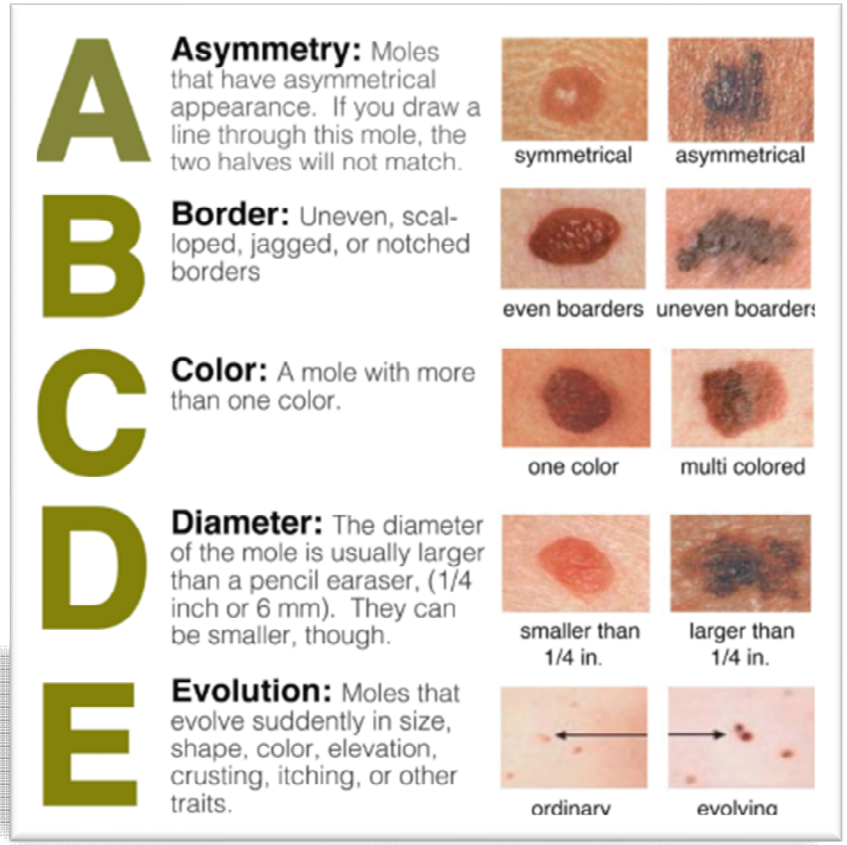
Most dangerous type because it can grow & metastasize to other parts of the body

Less common than other skin cancers

Begins in melanocytes

ABCDE Guideline

Commonly used strategy for early detection of melanoma



[12] May is Skin Cancer Awareness Month: Skin Cancer is an Equal Opportunity Disease - Dermatology Institute

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ICD-10 Codes

Code Category Ranges	Descriptions
C43	Malignant melanoma of skin
C4A	Merkel cell carcinoma
C44	Other and unspecified malignant neoplasm of skin
Includes: Basal cell and Squamous cell carcinomas	

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Metastases, ICH and Cerebral Edema with h/o Melanoma

AHA Coding Clinic, 3Q 2022, page 9:

Question: A patient with a past medical history of skin melanoma, and known metastases to the brain and lung, presented with right lower facial droop, aphasia and dysarthria. The provider's diagnostic statement listed, "Intracerebral hemorrhage of known brain metastases, and vasogenic edema, likely causing the patient's presenting symptoms." The patient improved with the initiation of steroids. What are the appropriate code assignments and sequencing for this admission?

Answer: Sequence either code I61.9, Nontraumatic intracerebral hemorrhage, unspecified, or code G93.6, Cerebral edema, as the principal diagnosis.

- C79.31 Secondary malignant neoplasm of brain, C78.00 Secondary malignant neoplasm of unspecified lung, R29.810 Facial weakness, R47.01 Aphasia, R47.1 Dysarthria and anarthria, and Z85.820 Personal history of malignant melanoma of skin, should be assigned as additional diagnoses.
- The presenting symptoms of facial droop, aphasia and dysarthria were due to the intracerebral hemorrhage and vasogenic cerebral edema.
- When an encounter is for management of a complication associated with a neoplasm and the treatment is only for the complication, the complication is coded first, followed by the appropriate code(s) for the neoplasm. This is consistent with the *Official Guidelines for Coding and Reporting,* section I.C.2.I.4.

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Coding Scenarios

Coding Scenario #1

The patient reports accidentally puncturing his right index finger with a staple while working in the office five days ago. Over the past two days, he has noticed increasing redness, warmth, and swelling. No fever reported. Oral antibiotics prescribed. Wound care instructions provided. Follow-up in 2–3 days or sooner if symptoms worsen.

Principal Diagnosis: L03.011 Cellulitis of right finger

Additional Diagnosis: S61.200A Unspecified open wound of right index finger without damage to nail, initial encounter

*Both cellulitis and lymphangitis of skin are included in category L03. However, separate codes are available for cellulitis and lymphangitis

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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Coding Scenario #2

A patient had an appendectomy six days ago and is now readmitted with evidence of staphylococcal cellulitis of the superficial incision site.

Principal Diagnosis: T81.41xA Infection following a procedure, superficial incisional surgical site, initial encounter

Additional Diagnoses: L03.311 Cellulitis of abdominal wall

B95.8 Unspecified staphylococcus as the cause of diseases classified elsewhere

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Coding Scenario #3

An elderly female patient was admitted from a nursing home with a large stage 3 sacral pressure ulcer which was treated with excisional debridement and a skin pedicle flap-graft closure of the back. She had chronic lymphocytic B-cell leukemia which required peripheral vein transfusions with three units of blood. She was stabilized and returned to the nursing home.

Principal Diagnosis: L89.153 Pressure ulcer of sacral region, stage 3

Additional dx: C91.10 Chronic lymphocytic leukemia of B-cell type not having achieved remission

[4]ICD-10-CM and ICD-10-PCS Coding Handbook, Chapter 21

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Summary and Tips

Summary and Tips

- Be aware of the many alternative terms for Ulcers! Also, documentation stating "wound" does not index to ulcer!
- The depth of non-pressure chronic ulcers & pressure ulcer stages is often documented by clinicians other than the patient's provider! However, the associated diagnosis of 'ulcer' must be documented by the provider
- Documentation such as 'Necrosis', 'Necrotic', 'Gangrene' and 'Gangrenous' should all be coded as *Gangrene*
- Many forms of dermatitis require an extra "T" code from Chapter 19 – Injury, Poisoning & Certain Other Consequences of External Causes

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Veradigm Provider Engagement Resources

veradigm | Our Mission

At Veradigm we are transforming health, *insightfully*

Veradigm is a healthcare technology and analytics company spanning across the **THREE PILLARS** of healthcare—

PAYER

PROVIDER

LIFE SCIENCES

Veradigm and the Veradigm Network are **DIFFERENT** because of our connectivity, scale, and expertise which provide a uniquely comprehensive scope and depth of interconnected resources, so our clients can drive improved health outcomes for the patients they serve.

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Veradigm Payer | Purpose and Mission

OUR PURPOSE is to empower high-value healthcare partnerships

OUR MISSION is To re-imagine data to help people live healthy and independent lives through sophisticated analytics, predictive techniques, efficient administrative and financial workflows, and advanced interoperability solutions.

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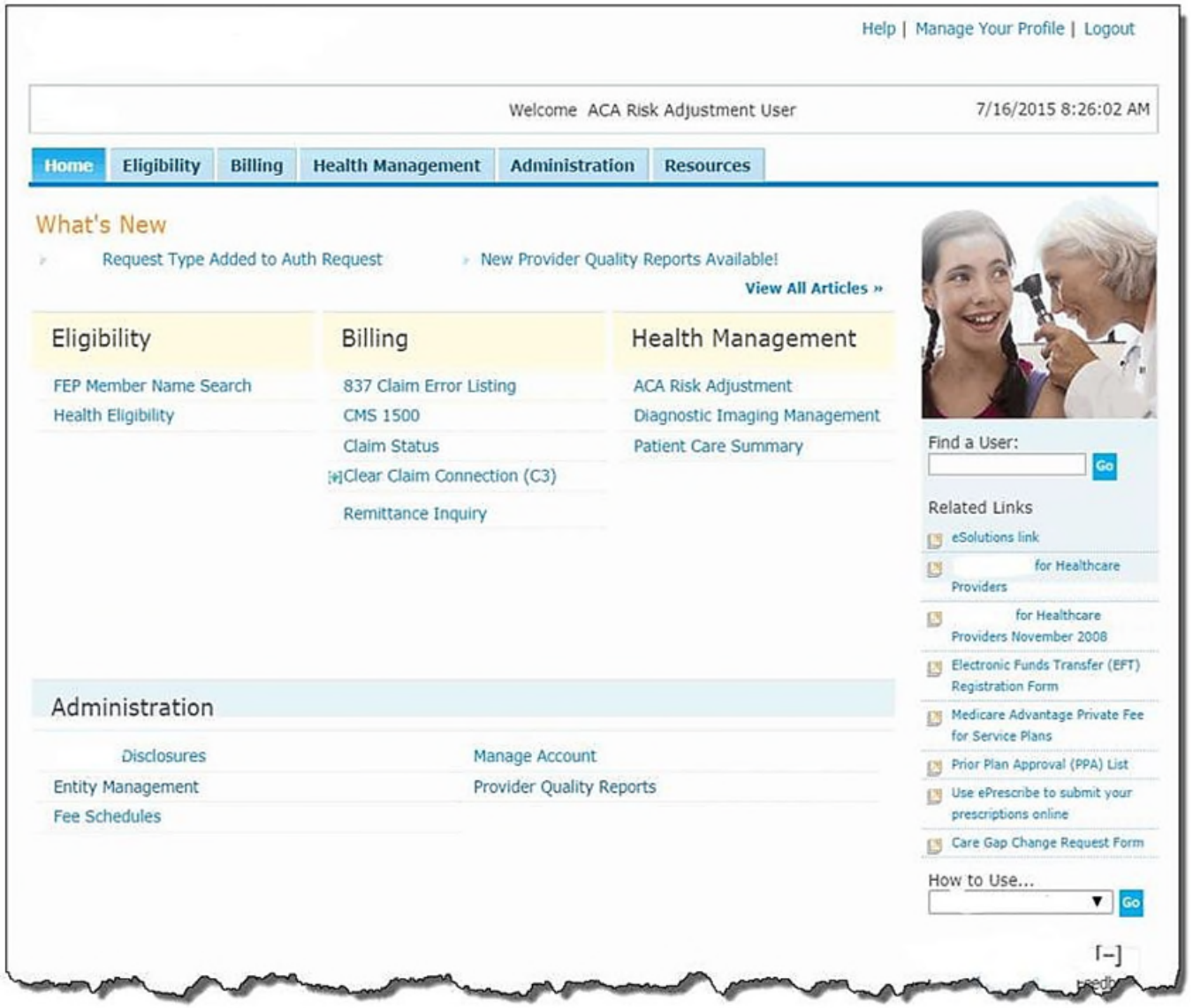
Accessing the Collaborate Portal



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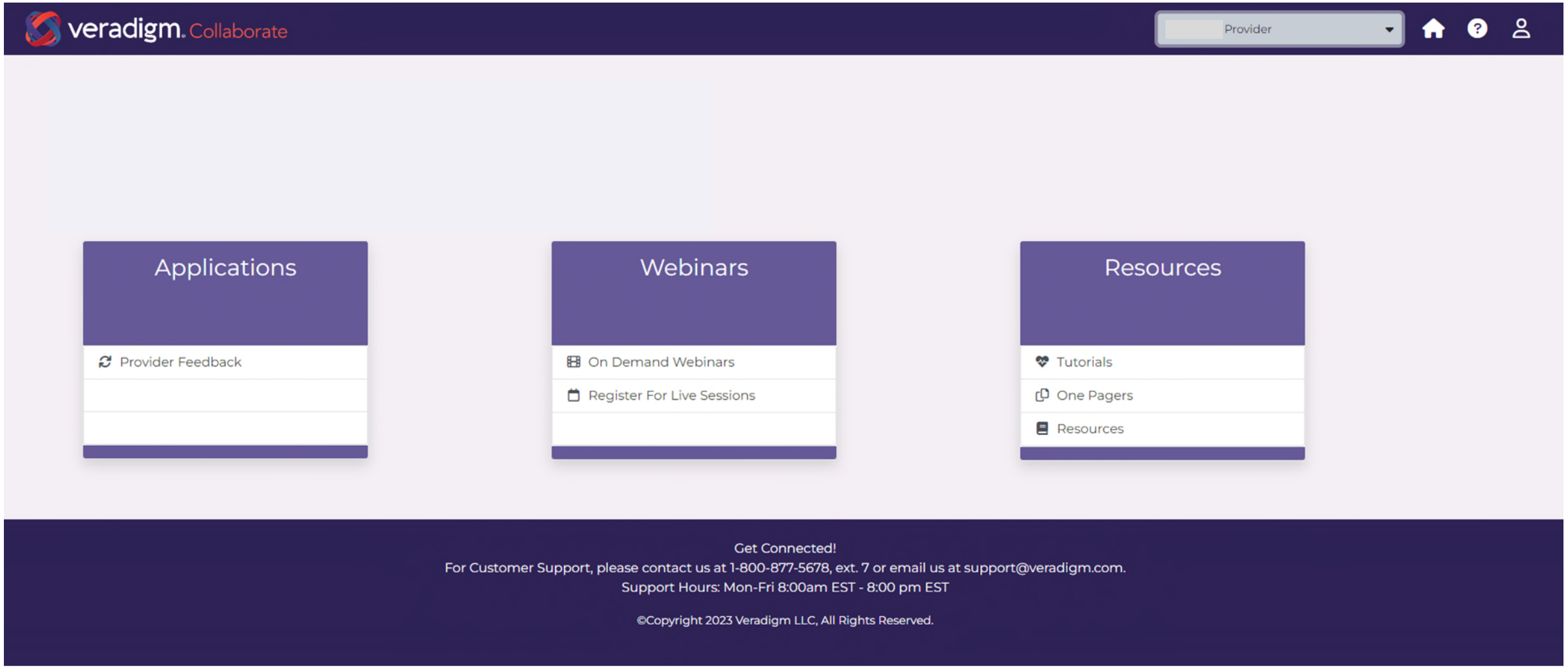
Veradigm Collaborate Portal

Collaborate has resources available to you and your support personnel 24/7



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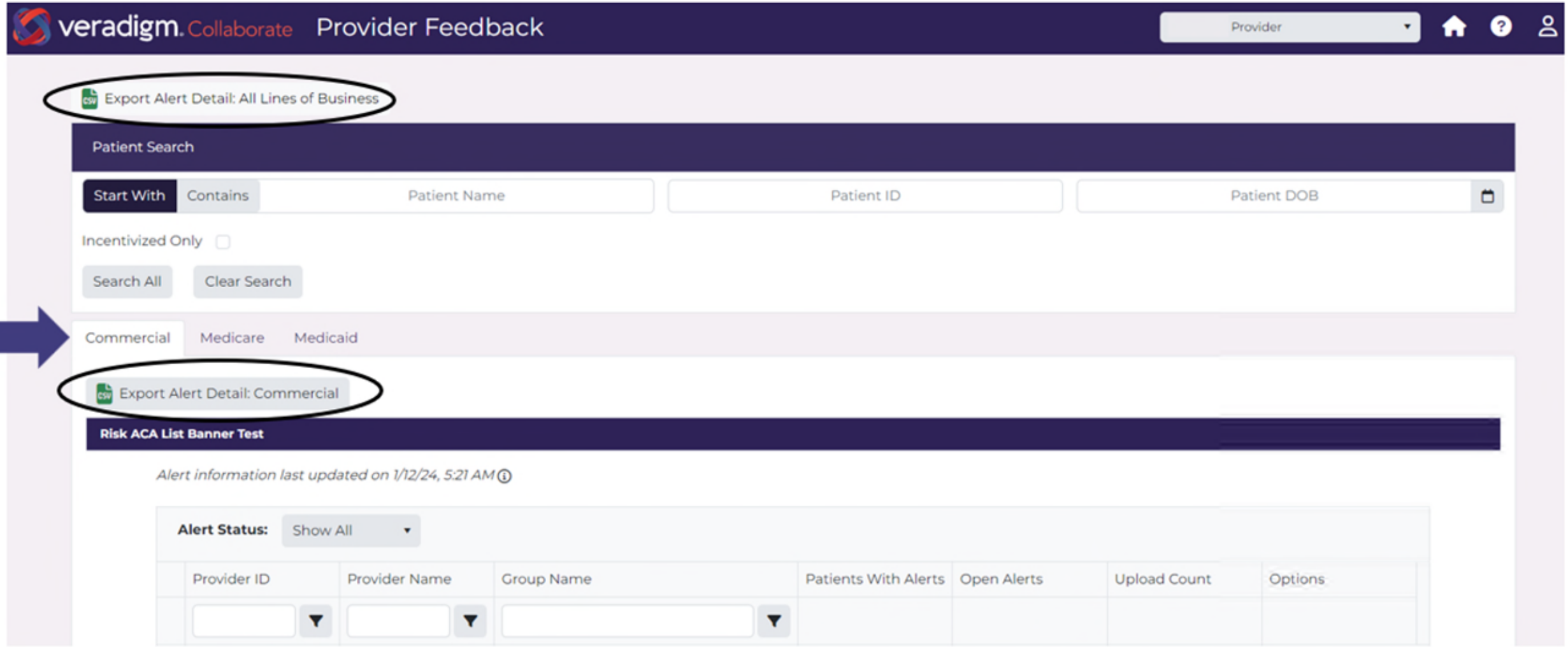
Provider Feedback Application



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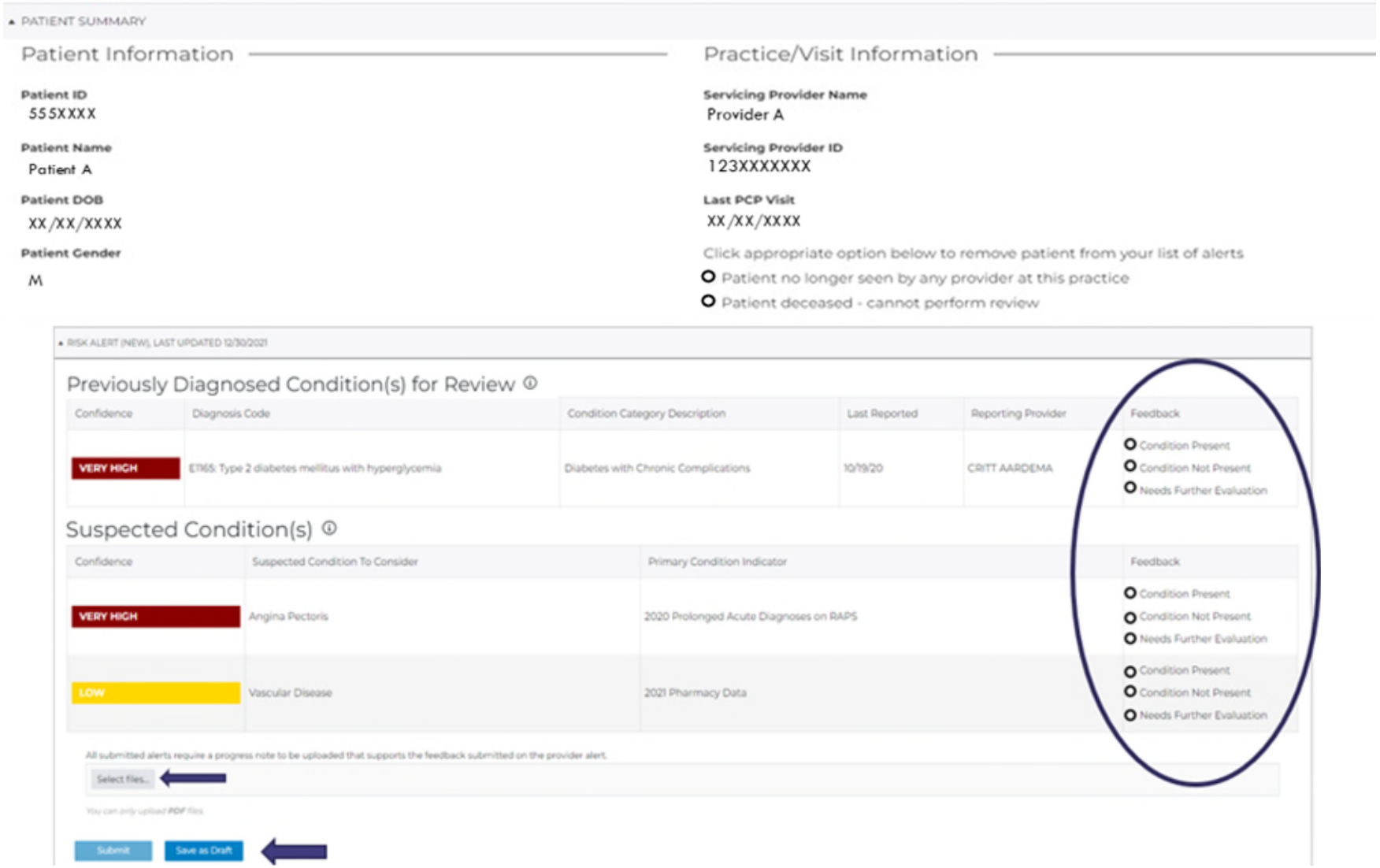
Provider Alerts



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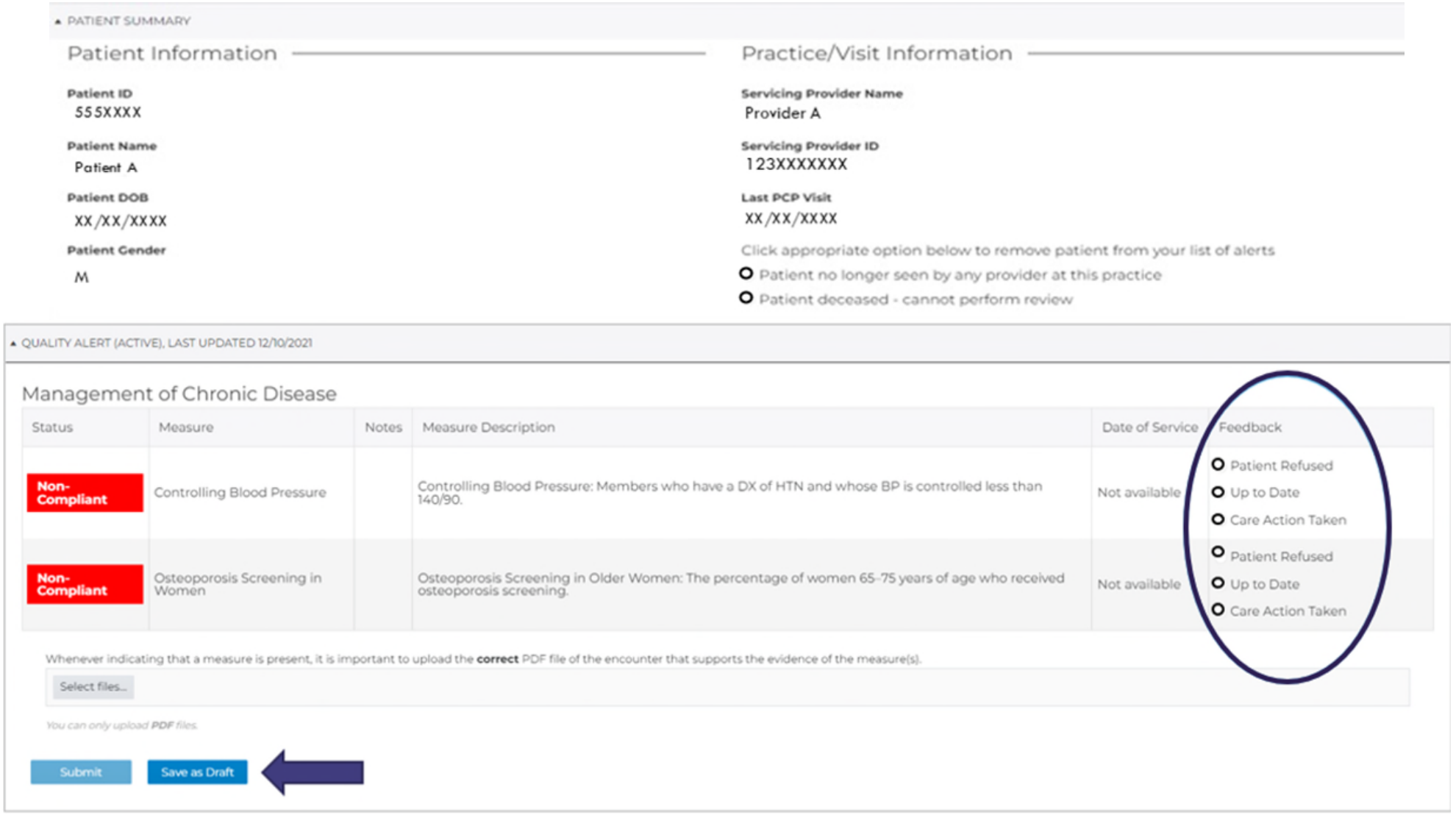
Provider Alerts



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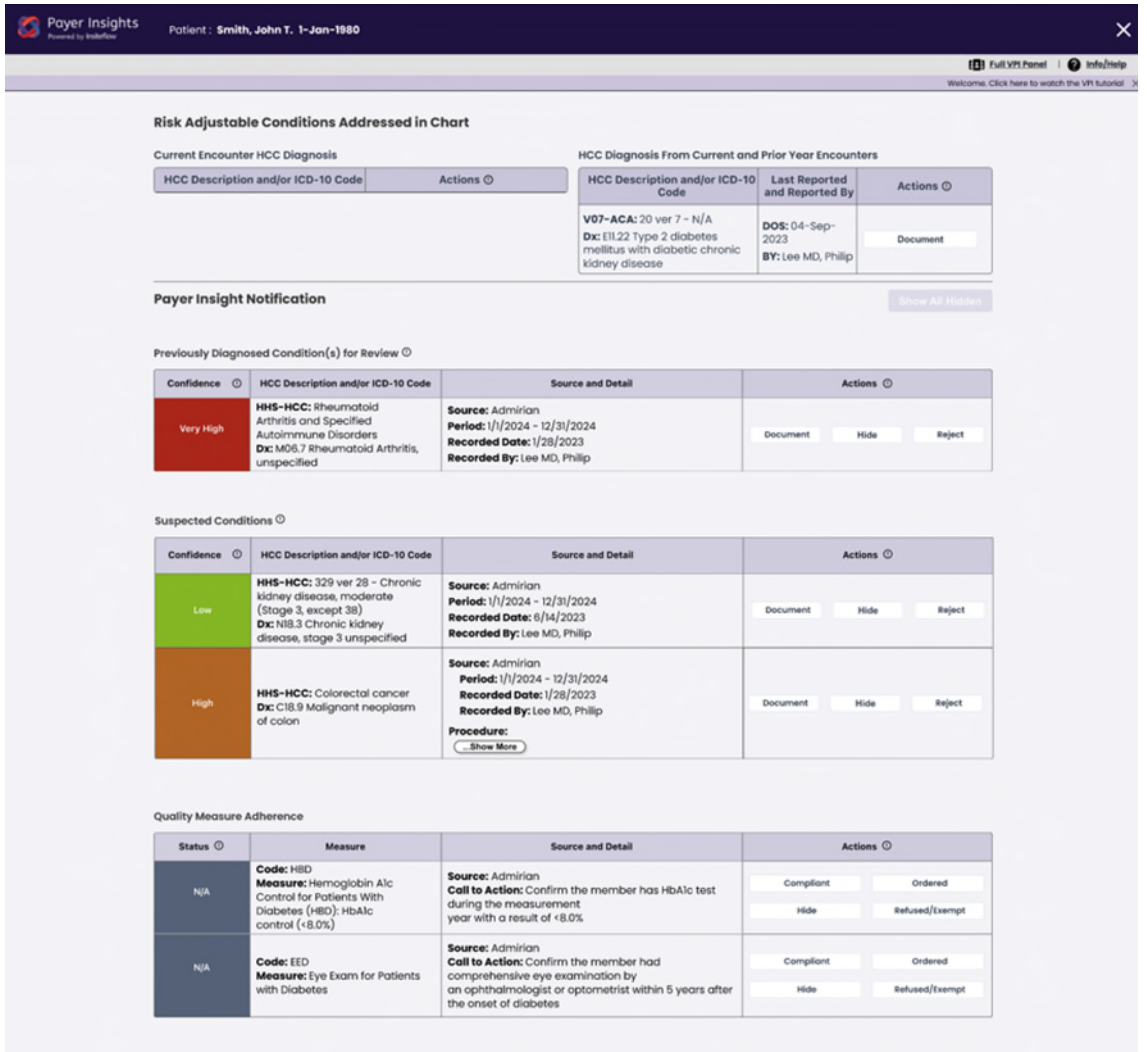
Veradigm Payer Insights Overview

- Point-of-care module to review care gaps from Veradigm's Payer partners
- Engages clinical staff within the EHR in real time
- Facilitates pre-visit planning
- Captures suspecting and persisting diagnoses
- Collects supporting "MEAT" documentation



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UPCOMING WEBINARS

January:	2025 Coding Updates: New Year, New Codes!
February:	The A, B, C's of Coding for Common Pediatric Conditions
March:	Health Equity: Ensuring You Are Properly Coding and Documenting for SDOH Disparities
April:	Setting the Stage for Coding and Documentation for Chronic Kidney Disease
May:	Inhale the Facts of Coding and Documentation for Common Pulmonary Conditions
June:	Pulse Check: Accurate Coding and Documentation for Cardiovascular Conditions
July:	The Sweet Spot: Coding for Diabetes and Complications
August:	Don't Let Coding Get Under Your Skin….Coding and Documentation for Dermatology Disorders
September:	Making Connections: Proper Coding and Documentation for Neurological Conditions
October:	Arm Yourself: Battling Through Coding and Documentation for Cancer
November:	Fill Your Plate with Knowledge: Coding and Documentation for Gastroenterology
December:	Ease Your Mind: Coding and Documentation for Behavioral Health and Substance Use Disorders

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Veradigm Collaborate On Demand Webinars

On Demand Webinars

AAPC CEU APPROVED

Narrow it Down: Documentation and Coding for Vascular Disorders

Avoid the blockage of improper coding and documentation for Vascular Disorders including DVT's- Acute and Chronic, etc.

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Calm your Nerves: Coding and Documentation for Neurological Conditions

Join us to review accurate documentation and coding for diseases of the central and peripheral nervous systems such as Epilepsy, Generalized Seizure Disorders, Chronic and Acute pain, Migraines, Alzheimer's disease, and pain management in your patient population.

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AAPC CEU APPROVED

Get with the Flow: Coding and Documentation for Genitourinary Conditions

Learn about specific documentation and coding related to Genitourinary Conditions such as Nephritis, Nephropathy, and infections of the kidneys. Gain insight into proper coding for Chronic Kidney Disease and all the associated stages and complications.

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Quality Overview & Gap Closure

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One Pagers

Risk Adjustment

Provider Alerts Best Practice Tool

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CMS-HHS Risk Adjustment Model

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If you have any questions or issues, please contact Veradigm Provider Engagement Team at ProviderEngagement@Veradigm.com with *Post Test Issue* in subject line for timely response!

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6. Dermatitis - stasis on the leg: MedlinePlus Medical Encyclopedia Image
7. Mayo Clinic Q and A: Cellulitis can be life-threatening, so prompt treatment is key - Mayo Clinic News Network
8. Erythema Multiforme: Treatment, Symptoms, and Causes
9. What you need to know about skin cancer - Mayo Clinic News Network
10. Skin Cancer: Melanoma, Basal Cell, and Squamous Cell Carcinoma
11. Skin Cancer Treatment - NCI
12. May is Skin Cancer Awareness Month: Skin Cancer is an Equal Opportunity Disease - Dermatology Institute

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Q&A

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