

Commonly Coded Conditions in Dermatology

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Commonly Coded Conditions in Dermatology

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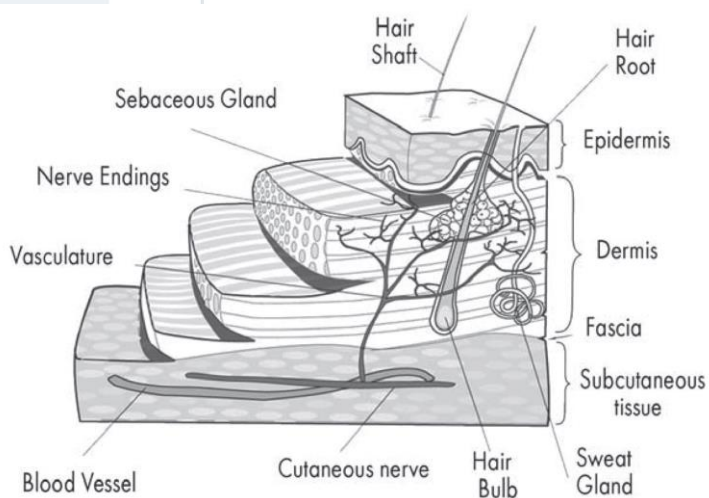
Commonly Coded Conditions in Dermatology

AGENDA

- Dermatitis
- Actinic and seborrheic keratosis
- Acne
- Ulcers
- Psoriasis



Commonly Coded Conditions in Dermatology



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Dermatitis

- Inflammation of the skin
- Comes in different forms
- We will discuss:
 - Atopic dermatitis
 - Seborrheic dermatitis
 - Contact dermatitis
- NOTE: For code block L20-L30 ICD-10-CM uses the terms dermatitis and eczema synonymously and interchangeably.



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Atopic dermatitis (AD)

- Located in category L20:
 - L20.0 Besnier's prurigo
 - L20.81 Atopic neurodermatitis
 - L20.82 Flexural eczema
 - L20.83 Infantile (acute) (chronic) eczema
 - L20.84 Intrinsic (allergic) eczema
 - L20.89 Other atopic dermatitis
 - L20.9 Atopic dermatitis, unspecified



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Example

- 7-year-old girl brought in for itchy, popular rash on the flexural surfaces of the neck, axillae, and elbows. No other family members with AD, but mother has asthma. Scratching of the lesions is worse at night. Patient with lichenification in left elbow area. Patient is diagnosed with flexural dermatitis.

L20.82 Flexural eczema

Z82.5 Family history of asthma and other chronic lower respiratory diseases



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Seborrheic dermatitis

- Located in category L21
 - L21.0 Seborrheic capitis
 - L21.1 Seborrheic infantile
 - L21.8 Other seborrheic dermatitis
 - L21.9 Seborrheic dermatitis, unspecified



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Example

- A new mother brings her infant in because she is worried about a yellowish, crusty deposit on the baby's scalp. He is diagnosed with cradle cap. The mother is told to wash the baby's hair once a day with a mild baby shampoo and brush gently with a soft brush to loosen the scales.

L21.0 Seborrhea capitis



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Contact dermatitis

- Contact dermatitis is classified as:
 - Allergic contact dermatitis (ACD)
 - Occurs when a particular substance elicits a hypersensitive reaction within hours or days
 - Irritant contact dermatitis (ICD)
 - Occurs when a particular substance that can cause an eruption in most people who come in contact with it elicits an inflammatory reaction within minutes or hours



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Contact dermatitis

- Located in categories L23 and L24
 - Broken down by type and causative agent
- L25 contains codes for unspecified contact dermatitis
 - Broken down only by causative agent



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Examples

- L23.0 **Allergic** contact dermatitis **due to metals**
- L24.81 **Irritant** contact dermatitis **due to metals**
- L23.2 **Allergic** contact dermatitis **due to cosmetics**
- L24.3 **Irritant** contact dermatitis **due to cosmetics**



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Example

- Linda presents with two months of severe itching, redness, and scaling on her eyelids. She has tried aloe vera without relief. On exam, she has bilateral symmetric, pruritic, erythematous, scaly plaques on her upper eyelids. Upon further questioning, she admits to a recent change in her brand of eye shadow. She is diagnosed with allergic contact dermatitis due to her eye shadow. She is told to discontinue use of the eye shadow and is given a prescription for desonide cream to apply twice a day for 1 week, the once a day for 1-2 weeks.

L23.2 Allergic contact dermatitis due to cosmetics

H01.111 Allergic dermatitis of right upper eyelid

H01.114 Allergic dermatitis of left upper eyelid



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- L23 Allergic contact dermatitis

Excludes2: dermatitis due to substances taken internally

dermatitis of eyelid

diaper dermatitis

eczema of external ear

irritant contact dermatitis

perioral dermatitis

radiation-related disorders of the skin and subcutaneous tissue



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Example

- Jack presents with itching, red, and cracking hands. He is a concrete worker. He states sometimes his hands blister and bleed. He states that they get better when he goes on vacation. He is diagnosed with irritant contact dermatitis due to continuous cement exposure.

L24.5 Irritant contact dermatitis due to other chemical products



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Actinic and seborrheic keratosis

- The ICD-10-CM code for actinic keratosis (AK) is L57.0
- The ICD-10-CM codes for seborrheic keratosis (SK) are
 - L82.0 Inflamed seborrheic keratosis
 - L82.1 Other seborrheic keratosis



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Example

- 55-year-old truck driver presented with a pinkish colored, scaly, crusting lesion on his left arm. He was worried that he may have cancer as his left arm is constantly exposed to sunlight while he drives. Biopsy was performed, which confirmed actinic keratosis. The patient presents today for cryotherapy.

L57.0 Actinic keratosis



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Example

- 75-year-old patient presents with linear, splayed, vertical patterns of lesions on her back, chest and abdomen. She states they have increase with age. They started off light tan in color, but have progressed to becoming dark brown in color. She is diagnosed with seborrheic keratosis.

L82.1 Other seborrheic keratosis



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Acne

- Three factors contribute to acne:
 - Overproduction of sebum
 - Irregular shedding of dead skin cells
 - Build up of bacteria



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Acne

- Most codes are located in category L70
 - L70.0 Acne vulgaris
 - L70.1 Acne conglobata
 - L70.2 Acne varioliformis
 - L70.3 Acne tropica
 - L70.4 Infantile acne
 - L70.5 Acne excoriee des jeunes filles
 - L70.8 Other acne
 - L70.9 Acne, unspecified



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Types of Acne

- Acne vulgaris – A chronic acne involving mainly the face, chest, and shoulders common in adolescents



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Example

- 16-year-old Jason presents for treatment of his acne vulgaris. Both sides of his face are affected with moderate acne, consisting of comedones, papules, and pustules. He is beginning Retin-A and benzoyl peroxide as topical treatments. Discussed with patient and his mother that significant improvement may take 2 to 3 months. He is to use benzoyl peroxide in the morning and Retin-A in the evening. Also discussed that skin may redden and peel at first, but this will diminish with continued use. All questions answered.

L70.0 Acne vulgaris



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Types of Acne

- Acne conglobata – Severe, cystic acne characterized by cystic lesions, abscesses, communicating sinuses, and thickened, nodular scars



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Example

- A patient with **acne conglobata** presents to the clinic. He has a new eruption on his chest that needs to be drained. After the procedure, he is prescribed isotretinoin 1mg and prednisone 1mg.

L70.1 Acne conglobata



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Types of Acne

- Acne varioliformis – A pyogenic infection of the hair follicles occurring chiefly on the forehead and temples



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Example

- A 35-year-old man presents with complaints of an eruption around the border of his scalp and forehead for seven months. Upon examination, there are necrotic lesions going back into the scalp. The patient is diagnosed with **acne varioliformis** and prescribed tetracycline and topical clindamycin.

L70.2 Acne varioliformis



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Example

- Pat came in to the clinic complaining of multiple blackheads and whiteheads on his back, buttocks, and arms. He just got back from a trip from South America. He said the heat was unbearable and he had to spend a lot of time outdoors. He is diagnosed with **acne tropica** and was prescribed topical retinoid and an antibiotic.

L70.3 Acne tropica



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Pressure Ulcers

- Coding for pressure ulcers
- Site
- Laterality
- Severity by stage
- Combination codes in ICD-10-CM



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Pressure Ulcers

The subcategories for the specific sites are listed below.

- L89.0- Elbow (right and left)
- L89.1- Back, upper and lower (right and left)
- L89.2- Hip (right and left)
- L89.3- Buttock (right and left)
- L89.4- Contiguous site of back, buttock, and hip
- L89.5- Ankle (right and left)
- L89.6- Heel (right and left)
- L89.8- Other sites



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Stage I

The beginning stage of a pressure sore has the following characteristics:

- The skin is intact.
- The skin appears red on people with lighter skin color, and the skin doesn't briefly lighten (blanch) when touched.
- On people with darker skin, there may be no change in the color of the skin, and the skin doesn't blanch when touched. Or the skin may appear ashen, bluish, or purple.
- The site may be painful, firm, soft, warmer, or cooler compared with the surrounding skin.



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Stage II

The stage II ulcer is an open wound:

- The outer layer of skin (epidermis) and part of the underlying layer of skin (dermis) is damaged or lost.
- The pressure ulcer may appear as a shallow, pinkish-red, basin-like wound.
- It may also appear as an intact or ruptured fluid-filled blister.



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Stage III

At this stage, the ulcer is a deep wound:

- The loss of skin usually exposes some amount of fat.
- The ulcer has a crater-like appearance.
- The bottom of the wound may have some yellowish dead tissue (slough).
- The damage may extend beyond the primary wound below layers of healthy skin.



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Stage IV

A stage IV ulcer exhibits large-scale loss of tissue:

- The wound may expose muscle, bone, and tendons.
- The bottom of the wound likely contains slough or dark, crusty dead tissue (eschar).
- The damage often extends beyond the primary wound below layers of healthy skin.



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Example

- Patient is 72 and has recently been admitted to the hospital. She complains of pain in her left buttock. It hurts when she sits down, so she has been shifting her weight to her right side to stop the pain, but this is causing stiffness. On examination, there is an oval area of broken skin, with dermal and epidermal skin loss, about 1 cm in diameter, indicating a Stage 2 pressure ulcer.

L89.322 Pressure ulcer of left buttock, stage 2



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Non-Pressure Ulcers

Coding for non-pressure chronic ulcers

- Site
- Laterality
- Severity



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Non-Pressure Ulcers

- L97.1- Thigh (right and left)
- L97.2- Calf (right and left)
- L97.3- Ankle (right and left)
- L97.4- Heel and midfoot (right and left)
- L97.5- Other part of foot (right and left)
- L97.8- Other part of lower leg (right and left)
- L98.41- Buttock
- L98.42- Back
- L98.49- Skin of other sites



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Non-Pressure Ulcers

Severity

- Limited to breakdown of skin
- With fat layer exposed
- With necrosis of muscle
- With necrosis of bone



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Non-Pressure Chronic Ulcers

- There are also instructional notes for the codes that state to code first and associated underlying conditions, 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-)



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Example

- Patient is a type 2 diabetic who presents with a type 2 diabetic left midfoot ulcer open into the dermis, but not full-thickness.

E11.621 Type 2 diabetes mellitus with foot ulcer

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



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Example

- Patient seen for venous stasis ulcer of right calf with the fat layer exposed.

I83.012 Varicose veins of right lower extremity with ulcer of calf

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



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Psoriasis

- Located in category L40
- L40.0 Psoriasis vulgaris
- L40.1 Generalized pustular psoriasis
- L40.2 Acrodermatitis continua
- L40.3 Pustular palmaris et plantaris
- L40.4 Guttate psoriasis
- L40.8 Other psoriasis
- L40.9 Psoriasis, unspecified



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Example

- Craig presents today for a three month follow-up on his moderate plaque psoriasis. He started Enbrel about 4 months ago. He decreased to one injection per week 3 weeks ago. He has not had any headaches or injection site reactions. His condition continues to improve. He says he is not as itchy, nor is he in as much pain. Will continue with the once a week injection and have him return in 2 months, sooner if he has any issues.

L40.0 Psoriasis vulgaris



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Psoriatic arthritis

- Located in subcategory L40.5-

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



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Example

- Julie presents for a check up on her distal interphalangeal psoriatic (DIP) arthritis. Her joint pain moves around significantly at the distal fingers and toes. When she has a flare up, it is usually in her thumbs, or 3rd toe. It is aggravated by weather changes, like rain. She has no problems with the Remicade, which she self administers every 8 weeks. She initially had some mild headaches and nausea, but not anymore. Her hands appear slightly swollen, but no slow burn return. Psoriasis currently under control. Julie will continue her regimen and utilize NSAIDs when necessary. To return in 3 months, or sooner if needed.

L40.51 Distal interphalangeal psoriatic arthropathy



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Urticaria

- In ICD-10-CM, the codes for urticaria are located in category L50:
 - L50.0 Allergic urticaria
 - L50.1 Idiopathic urticaria
 - L50.2 Urticaria due to cold and heat
 - L50.3 Dermatographic urticaria
 - L50.5 Vibratory urticaria



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Example

- 56-year-old male presents to the clinic with a new onset rash that appeared abruptly and without any impending event within the past day. Since its initial appearance which started in his abdomen, it has since spread all over his thorax and upper back, as well as to both arms. He also notes that it has begun to itch, and becomes even worse when he scratches. Skin exam shows erythematous, circumferential rash that involves the entire thorax and abdomen, upper back, and both forearms. The rash is not palpable/elevated, but does blanch when pressed. There is no evidence of dermatographism. As no eliciting events are able to be determined, the patient is diagnosed with idiopathic urticaria.
 - L50.1 Idiopathic urticaria



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Erythema multiforme

- In ICD-10-CM, the codes for erythema multiforme are located in category L51, and include:
 - L51.0 Nonbullous erythema multiforme
 - L51.1 Stevens-Johnson syndrome (SJS)-
 - L51.2 Toxic epidermal necrolysis (TEN)
 - L51.3 Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome (SJS-TEN overlap syndrome)



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Erythema multiforme

- Use an additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)
- Use an additional code to identify associated manifestations
- Use an additional code to identify the percentage of skin exfoliation (L49.-)



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Documentation

- Clinical documentation should include:
 - Type of erythema multiforme
 - Drug that caused adverse effect, if applicable
 - Associated manifestations
 - Percentage of skin exfoliation



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Example

- A patient presents with a flare of his erythema multiforme. He does not have many lesions, but wanted to ensure that it would not get worse. On exam, he is noted to have classic target lesions on his extremities, but no vesicles. He is diagnosed with nonbullous erythema multiforme.

L51.0 Nonbullous erythema multiforme



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Erythema Multiforme

- A patient presents to the emergency department with new onset of painful blisters covering his anterior trunk. He is admitted with SJS found to be due to an adverse effect of Phenytoin.

L51.1 Stevens-Johnson syndrome

T42.0X5A Adverse effect of hydantoin derivatives, initial encounter

L49.1 Exfoliation due to erythematous conditions involving 10-19 percent of body surface



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Example

- A patient is seen in consultation in the ICU with toxic epidermal necrolysis due to an adverse effect of penicillin. The patient has 38% total body surface area exfoliation due to the condition.

L51.2 Toxic epidermal necrolysis (Lyell)

T36.0X5A Adverse effect of penicillins, initial encounter

L49.3 Exfoliation due to erythematous condition involving 30-39 percent of body surface



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Erythema Multiforme (EM)

SJS – less than 10% exfoliation

SJS-TEN overlap – 10% to 29% exfoliation

TEN – 30% and greater exfoliation



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Other erythematous conditions

- ICD-10-CM contains codes for other erythematous conditions in categories L52, L53, and L54:
 - L52 Erythema nodosum –
 - L53.0 Toxic erythema –
 - L53.1 Erythema annulare centrifugum
 - L53.2 Erythema marginatum
 - L53.3 Other chronic figurate erythema –
 - L54 Erythema in diseases classified elsewhere –



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Example

- Patient presents for recheck of her erythema nodosum. She is 2 weeks post-break out. She is doing well on NSAIDs, compresses, and elevation. She still has pain in her legs and ankles, but the lesions are improving and are nonsuppurative.

L52 Erythema nodosum



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THANK YOU!!

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