

## DOCUMENTATION OF OFFLOADING STATUS AT EACH VISIT FOR PATIENTS WITH DIABETIC FOOT ULCERS

### **DESCRIPTION:**

Percentage of total visits among patients aged 18 years and older with a diagnosis of diabetic foot ulcer in whom the status of offloading or pressure relief was documented within the 12-month reporting period.

### **DEMOGRAPHICS:**

Patients aged 18 years and older; males and females

### **DENOMINATOR CODING:**

All visits for patients aged 18 years and older with a diagnosis of diabetic foot ulcer

#### **Denominator Criteria (Eligible Cases):**

Patients aged  $\geq$  18 years on date of encounter with a diabetic foot ulcer

#### **AND**

**Diagnosis for diabetic foot ulcer (line-item ICD-9-CM):** At least one of the following Diabetes Codes: 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, in addition to at least one of the following Ulcer Codes: 707.13, 707.14, 707.15

#### **AND**

**Patient encounter during the reporting period (CPT):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 29445, 11042-11047, 97597-97598, 97605-97606, 99183, 15170-15431

### **NUMERATOR:**

Visits in which status of offloading or pressure relief is documented

#### **Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

##### **Adequate Offloading Documented**

**NEW CPT II:** Status of offloading (pressure relief) is documented

#### **OR**

##### **Status of Offloading not Documented**

Append a reporting modifier (8P) to CPT Category II code **NewCode** to report circumstances when the action described in the numerator is not performed

**NewCode with 8P:**

### **Measure Reporting via Registry:**

ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure. The quality-data codes listed do not need to be submitted for registry-based

submissions however these codes may be submitted for those registries that utilize claims data.

**SUPPORTING RATIONALE:**

**Principle:** Offloading the pressure from a diabetic foot ulcer allows the wound to heal by secondary intention because pressure is a causal factor for neuropathic foot ulcers.

**Definition of Adequate Offloading:** Adequate measures include total contact casting, the use of a CROW walker or crutches when walking, or the use of a wheelchair. While custom shoes or molded shoe inserts may be adequate, simple shoe modifications have been shown to be inadequate in some studies, although the recommendations of some national organizations do not make this distinction.

**CLINICAL RECOMMENDATION STATEMENTS:**

In diabetic foot ulcers, adequate offloading should be ensured through wound closure. (Ostomy and Continence Nurses Society (A level evidence) (WOCN 2004). Available at: [http://www.guideline.gov/summary/summary.aspx?doc\\_id=5912&nbr=003898&string=diabetic+AND+foot+AND+ulcers Wound](http://www.guideline.gov/summary/summary.aspx?doc_id=5912&nbr=003898&string=diabetic+AND+foot+AND+ulcers+Wound),

Relieving pressure on the diabetic wound is necessary to maximize healing potential. Acceptable methods of offloading include crutches, walkers, wheelchairs, custom shoes, depth shoes, shoe modifications, custom inserts, custom relief orthotic walkers (CROW), diabetic boots, forefoot and heel relief shoes, and total contact casts. (Level I evidence). Wound Healing Society, 2007) Available at: <http://www3.interscience.wiley.com/cgi-bin/fulltext/118605280/HTMLSTART>