

DOCUMENTATION OF VENOUS COMPRESSION AT EACH VISIT FOR PATIENTS WITH VENOUS STASIS ULCERS

DESCRIPTION:

Percentage of total visits among patients aged 18 years and older with a diagnosis of venous ulcer in whom the status of compression was documented at each visit 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 venous stasis ulcer

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for venous ulcer (line-item ICD-9-CM): 454.0, 454.2, 459.11, 459.13, 459.31, 459.33, 459.81

AND

Diagnosis for ulcer of lower limbs (line-item ICD-9-CM): 707.12, 707.13, 707.14, 707.15, 707.19, 707.25

AND

Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 29580, 29581, 11042-11047, 97597-97598, 97605-97606 99183, 15170-15431

NUMERATOR:

Visits in which the status of compression therapy was documented within the 12 month reporting period.

CPT II NewCode: Compression Therapy Documented

OR

Compression Therapy not Documented, Reason not Specified

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

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.

Principle: Venous hypertension causes lower leg edema and in more severe cases, venous ulcers. Compression of the affected area helps remove the leg edema, which in turn permits healing of the ulcer.

RATIONALE:

Adequate graduated, sustained moderate to high compression includes multilayer moderate to high-compression devices, [e.g., 2-4 layers of short and/or long stretch bandages, and/or paste-containing bandages (i.e., Duke or Unna's boot).] Inelastic bandages provide inadequate compression. Compression stockings may be helpful in preventing ulcer recurrence but are a less ideal option for venous ulcer

treatment. The level of compression (pressure applied) will need to be modified if the patient has significant arterial occlusive disease.

CLINICAL RECOMMENDATION STATEMENTS:

Venous ulcer healing is increased when adequate compression is applied to the lower extremity. Venous ulceration results from an elevated ambulatory venous pressure (venous hypertension). This frequently causes edema of the limb. External compression has been the mainstay to combat these problems. The use of a Class 3 (most supportive) high-compression system (two to four layer, long and short stretch, paste-containing bandages, e.g., Unna's boot, Duke boot) is indicated in the treatment of venous ulcers. Although these modalities are similar in effectiveness, they can differ significantly in comfort and cost. The degree of compression must be modified when mixed venous/arterial disease is confirmed during the diagnostic work-up (Level I evidence). Wound Healing Society 2007. Available at: <http://www3.interscience.wiley.com/cgi-bin/fulltext/118605278/HTMLSTART>

Compression therapy heals more venous leg ulcers than no compression therapy as well as decreases the healing time. **Level of evidence = A.** High compression is more effective than low compression. **Level of evidence = A.** Wound, Ostomy, and Continence Nurses Society - Professional Association. 2005, Available at: <http://www.guideline.gov/search/searchresults.aspx?Type=3&txtSearch=venous+ulcers&num=20>