

# **Rapid Diabetic Foot Screening and Coding**

The diabetic foot is uniquely at risk for limb and life-threatening complications. Diabetic foot ulcers (DFU) are often among the leading precursors precipitating emergent surgical interventions including lower extremity amputations. Routine foot screening by primary care providers can identify those most at risk and prompt preventive care and patient education efforts aimed at mitigating these potentially devastating outcomes. Physical screening guidelines along with the most commonly associated ICD-10 diagnosis codes are provided below.

## **Dermatologic Exam**

Visually inspect the feet for signs of open lesions, calluses, corns, infections (fungal or bacterial), interdigital maceration, thick or ingrown nails.

**ICD-10 associated codes: DFU/DMII-E11.621, DFU/DMI-E10.621, callus/corn-L84, Fungal nail-B35.1, Onychia-L03.03<sup>1</sup>**

## **Neurological Exam (small and large fiber testing)**

Perform the Semmes-Weinstein 10g monofilament test for light touch: Negative responses indicate Loss of Protective Sensation (LOPS).

Perform vibration testing with the ETF128 (<https://youtu.be/DE9hcqsvosY>) : Less than 4 seconds on the timed vibration test scale indicates increased risk of foot ulcer, less than 7 seconds indicates large fiber neuropathy.<sup>2</sup>

Perform the Pin Prick or Sharp/Dull test for sharp discrimination.

**ICD-10 associated codes: Diabetic Peripheral Neuropathy (DPN)/DMII-E11.40, DPN/DMI-E10.40**

## **Vascular Exam**

Palpate the Dorsalis Pedis and Posterior Tibial pulses: Scaled from 0-4/4, any absent pulses are signs of peripheral arterial disease (PAD).

Perform capillary refill test at the hallux bilaterally. Greater than 3 seconds is abnormal.

Assess skin and hair growth: Look for thin, atrophic skin, absent hair growth as signs of PAD.

Assess temperature of the skin from proximal to distal and look for cooling and asymmetry.

Assess for pedal edema.

**ICD-10 associated codes: Diabetic peripheral angiopathy without gangrene/DMII-E11.51, diabetic peripheral angiopathy without gangrene/DMI-E10.51, localized edema-R60.0**

## **Musculoskeletal Exam**

Evaluate for orthopedic deformities such as hammertoes, bunions/hallux valgus, flat feet.

Assess ankle strength through muscle testing on 0-5/5 scale in all groups. Weak ankle dorsiflexors may indicate drop foot.

Assess range of motion at the ankle (equinus) subtalar and metatarsophalangeal joints (hallux rigidus)

Assess for overt edema and/or erythema especially at the midfoot (possible Charcot's Foot)

**ICD-10 associated codes: hammertoes-M20.0, hallux valgus-M20.1, hallux rigidus-M20.2, Flat foot-M21.4, Ankle equinus-M24.573, Drop foot-M21.37**

1. ICD-10 codes are current as of 2022. Codes are unspecified for laterality and are not intended as authoritative guidance on patient billing.

2. O'Brien, T, Karem, J. Combined Utility of the Semmes-Weinstein Monofilament and Timed Vibration Test in the Prediction of Diabetic Foot Ulcers. Journal of the American Podiatric Medical Association Vol. 112, No.1, 2022.