



OPEN

Practice Alert

New ICD-10 Codes for MASD

Donna Z. Bliss ◆ Laurie McNichol ◆ Donna Cartwright ◆ Mikel Gray

BACKGROUND

In response to an initiative spearheaded by the Wound, Ostomy and Continence Nurses Society (WOCN), new diagnosis codes for moisture-associated skin damage (MASD) were added to the current version of the *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. These codes are used globally to identify diseases and health conditions of patients; in the United States, they are also linked to third-party payment for health care and related supplies. The addition of the new codes for MASD, which took effect on October 1, 2021, is a major improvement in the *ICD-10-CM* coding system, enabling differentiation and documentation of specific forms of MASD. Moisture-associated skin damage develops from prolonged exposure of the skin to various sources of moisture and irritants such as urine, feces, digestive secretions, mucus, saliva, perspiration, and wound drainage, resulting in irritant contact dermatitis.¹ Therefore, each of the new *ICD-10-CM* diagnosis codes were added under the category of Contact Dermatitis. Because of the variability of MASD etiologies, the new *International Classification of Diseases, Tenth Revision (ICD-10)* codes are essential for accurate reporting of specific types of MASD in a consistent manner. The new codes present a call to action for all WOC nurses and other health care providers because they provide a way to consistently identify the various forms of MASD in the electronic medical record. The purpose of this Practice Alert is to introduce and explain the new *ICD-10* codes for MASD and provide photographic examples of the conditions to which they refer.

Donna Z. Bliss, PhD, RN, FGSA, FAAN, University of Minnesota School of Nursing, Minneapolis.

Laurie McNichol, MSN, RN, CNS, GNP, CWOCN, CWON-AP, FAAN, Clinical Nurse Specialist/WOC Nurse, Cone Health, Greensboro, North Carolina.

Mikel Gray, PhD, RN, FNP, PNP, CUNP, CCCN, FAANP, FAAN, Department of Urology, University of Virginia, Charlottesville.

Donna Cartwright, MPA, RHIA, CCS, RAC, FAHIMA, Integra LifeSciences Corp, Plainsboro, New Jersey.

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

Correspondence: Donna Z. Bliss, PhD, RN, FGSA, FAAN, University of Minnesota School of Nursing, 5-140 Weaver-Densford Hall, 308 Harvard St, Minneapolis, MN 55455 (bliss@umn.edu).

DOI: 10.1097/WON.0000000000000842

NEW ICD-10 CODING FOR MASD CONDITIONS

The Table explains each of the new MASD *ICD-10* code number, its description, and clinical indications for its use and provides an image of the condition. The signs of contact dermatitis are listed at the top of the table and are common across MASD conditions. Some or all of these signs may be present in any of the MASD conditions in the table, depending on the severity of skin damage.

Some of the codes contain an “Excludes” or “Includes” note, which assists in guiding when the code should be applied. An “Excludes1” note means “Not to be coded here.” An Excludes1 note indicates that the code excluded should never be used at the same time as the code over the Excludes1 note. An Excludes1 note is used when two conditions cannot occur together.

An “Excludes2” note indicates that the condition excluded is not part of the condition represented by the code, and a patient may have both conditions at the same time. When an Excludes2 note appears under a code, it is acceptable to use both that code and the excluded code together, when appropriate.

An “Includes1” note indicates the conditions for which that code is to be used. The conditions listed in the Includes1 note are not necessarily exhaustive.

We acknowledge that intertrigo (erythema intertrigo), another important form of MASD, is not listed in the Table. The *ICD-10-CM* code for intertrigo (L30.4) was added prior to the WOCN Society–led initiative.

IMPLICATIONS

Health care providers, such as WOC advanced practice nurses and physicians, who have the ability to bill third-party payers for their services and treat MASD conditions, are urged to familiarize themselves with the signs of these conditions and use the new *ICD-10* codes regularly. For WOC specialty nurses, staff nurses, and providers who do not directly chart *ICD-10* codes, writing notes describing MASD conditions in the health record using terminology included in the *ICD-10* codes is strongly recommended to facilitate easy and clear application of the correct code by personnel who assist in coding.

Use of *ICD-10* codes for MASD conditions partly relies on recognition of the signs of contact dermatitis so the problem is identified and knowledge of the course of MASD. An important reminder in assessing for contact dermatitis in MASD conditions is that signs of inflammation may appear within a range of colorations or tones (from pink to purple to gray) on darker as well as light skin.² The development of MASD has not been shown to be a linear, stage-based process, and the initial presentation may show signs of differing levels of severity.^{3,4} A patient’s health

TABLE 1.**Newly Added ICD-10 Codes for MASD Conditions****Signs of contact dermatitis:**

- Local inflammation with erythema (pink or red color or lighter or darker than usual skin tone);
- Inflamed skin has irregular border that reflects areas of contact with irritating moisture source (urine, feces, digestive secretions, mucus, saliva, perspiration, or wound drainage);
- Erosion of superficial skin layers that can result in a shiny or glistening appearance of skin; and
- A rash sometimes from a fungal or bacterial infection on the skin.


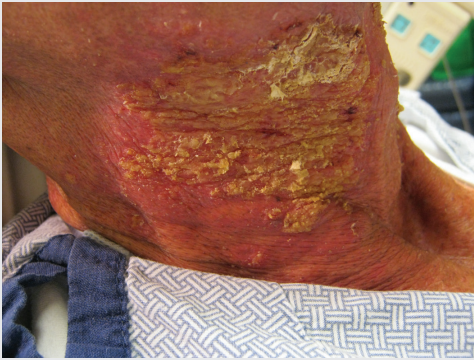
ICD-10 Code	ICD Code Description and Note	Indications for Use	Example
L24A0	Irritant contact dermatitis due to friction or contact with body fluids, unspecified Excludes1: Irritant contact dermatitis related to stoma or fistula (L24.B) Excludes2: Erythema intertrigo (L30.4)	<ul style="list-style-type: none"> • Signs of contact dermatitis are present, but the body fluids associated with the dermatitis are not determined. • These signs of contact dermatitis are considered unrelated to a nearby stoma or fistula or erythema intertrigo, which may also be present, and therefore should not be coded as L24.B or L30.4. 	
L24A1	Irritant contact dermatitis due to saliva	<ul style="list-style-type: none"> • Patient is unable to control leaking of saliva from the mouth or has a wound from which saliva is leaking. • Signs of contact dermatitis are present around the mouth and may extend onto the chin, cheeks, or nose. 	

Figure 1. Example of ICD-10 code L24A0: Irritant contact dermatitis due to friction and moisture

Figure 2. Example of ICD-10 code L24A1: Irritant contact dermatitis due to saliva

(continues)

TABLE 1.
Newly Added ICD-10 Codes for MASD Conditions (Continued)

L24A2 Irritant contact dermatitis due to fecal, urinary, or dual incontinence

- Patient is unable to control leaking or elimination of urine, feces, or both urine and feces.
- Signs of contact dermatitis are present on 1 or more of the following body areas; buttocks, in the crease of the buttocks, groin or genitals, thighs, and around the anus.



Figure 3. Example of ICD-10 code L24A2: Irritant contact dermatitis due to dual incontinence

L24A9 Irritant contact dermatitis due to friction or contact with other specified body fluids

- Signs of contact dermatitis are present and related to friction (a force created by the rubbing of the skin surface against another surface such as another area of skin or bed linens) or related to another body fluid that can be identified and associated with the dermatitis.
- If the contact dermatitis is due to a body fluid listed in one of the new codes, the new code should be used instead.



Figure 4. Example of ICD-10 code L24A9: Irritant contact dermatitis due to friction or contact with other specified body fluids (in this case wound drainage)

L24B0 Irritant contact dermatitis related to unspecified stoma or fistula

- Signs of contact dermatitis are present, but the type of stoma (surgically created opening) or fistula (abnormal opening) with which the dermatitis is associated is not specified.
- There may more than 1 stoma and/or fistula near the location of the contact dermatitis and the one associated with the contact dermatitis cannot be determined.



Figure 5. Example of ICD-10 code L24B0: Irritant contact dermatitis related to unspecified fistula

(continues)

TABLE 1.**Newly Added ICD-10 Codes for MASD Conditions (Continued)**

L24B1	Irritant contact dermatitis related to digestive stoma or fistula	<ul style="list-style-type: none"> • Patient has a surgically created (stoma or fistula) or abnormal opening (fistula) to the intestine on the abdomen. • Signs of contact dermatitis are present around the stoma or fistula and may extend onto the abdomen.
-------	---	--



Figure 6. Example of ICD-10 code L24B1: Irritant contact dermatitis related to digestive stoma



Figure 7. Example of ICD-10 code L24B1: Irritant contact dermatitis related to digestive stoma (ie, gastrostomy)

L24B2	Irritant contact dermatitis related to respiratory stoma or fistula	<ul style="list-style-type: none"> • Patient has a surgically created (stoma) or abnormal (fistula) opening to the trachea on the neck. A tracheostomy tube may be inserted through the stoma. • Signs of contact dermatitis are present around the stoma or fistula and may extend to areas on the neck.
-------	---	---



Figure 8. Example of ICD-10 code L24B2: Irritant contact dermatitis related to respiratory stoma (ie, tracheotomy)

(continues)

TABLE 1.**Newly Added ICD-10 Codes for MASD Conditions (Continued)**

L24B3	Irritant contact dermatitis related to fecal or urinary stoma or fistula	<ul style="list-style-type: none"> • Patient has a surgically created (stoma) or abnormal opening (fistula) to the intestine on the abdomen. • Signs of contact dermatitis are present around the stoma or fistula and may extend to areas on the abdomen, flank, or back.
-------	--	--



Figure 9. Example of ICD-10 code L24B3: Irritant contact dermatitis related to fecal fistula

Abbreviations: ICD-10, International Classification of Diseases, Tenth Revision; MASD, moisture-associated skin damage.

status, skin characteristics, type of irritant, and length of time of exposure to irritating body fluids may influence this presentation. If the source of irritants causing the contact dermatitis is not eliminated or prevented from coming in contact with the skin, MASD may recur even after it has been treated and resolved.⁵

This practice alert provides information about new ICD-10 codes for MASD conditions, encourages clinicians to have current knowledge of MASD, and recommends diligent surveillance and appropriate documentation of signs of contact dermatitis in the health record consistent with ICD-10 codes terminology. The use of these ICD-10 codes for MASD will promote more accurate assessment of the rates of MASD, enhance the education and practice of WOC nurses and other clinicians, facilitate research of MASD, and improve patient outcomes.

ACKNOWLEDGMENT

The authors acknowledge and appreciate the assistance of Stephanie Yates, MSN, RN, ANP-BC, CWOCN, WOC

Nurse Practitioner, Duke University Hospital Cancer Center, who provided the images of MASD.

REFERENCES

1. Gray M, Black JM, Baharestani MM, et al. Moisture-associated skin damage. *J Wound Ostomy Continence Nurs.* 2011;38(3):233-241.
2. Bliss DZ, Hurlow J, Cefalu J, Mahlum L, Borchert K, Savik K. Refinement of a tool for assessing incontinence associated dermatitis and its severity for use with darker-toned skin. *J Wound Ostomy Continence Nurs.* 2014;41:365-370.
3. Bliss DZ, Savik K, Thorson MAL, Ehman S, Lebak K, Beilman G. Incontinence associated dermatitis in critically ill adults: time to develop, severity and risk factors. *J Wound Ostomy Continence Nurs.* 2011;38(4):433-445.
4. Arnold-Long M, Reed LA, Dunning K, Ying J. Incontinence-associated dermatitis in a long-term acute care facility. *J Wound Ostomy Continence Nurs.* 2012;39(3):318-327.
5. Bliss DZ, Funk T, Jacobson M, Savik K. Incidence and characteristics of incontinence associated dermatitis in community-living individuals with fecal incontinence. *J Wound Ostomy Continence Nurs.* 2015;42(5):525-530.