

TIP SHEET

MDS SKIN CONDITION CODING

DEFINITION: According to the RAI Manual, "A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure or pressure in combination with shear and/or friction". (RAI Manual, Pg M-4)

CODING

1. M0100/ M0150- Determination of Pressure Ulcer Risk /Risk of Pressure Ulcer
2. M0210 - Unhealed Pressure Ulcer(s)
3. M0300 - Current number of Unhealed Pressure Ulcers at Each Stage
4. M0610 - Dimensions of Unhealed Stage 3 or 4 PU or eschar
5. M0700 - Most Severe Tissue Type for Any Pressure Ulcer
6. M0800 - Worsening in PU Status since prior assessment (OBRA of scheduled PPS) or Last Admission/Entry or Reentry
7. M0900 - Healed PU
8. M1030 - Number of Venous and Arterial Ulcers
9. M1040 - Other Ulcers, Wounds and Skin Problems
10. M1200 - Skin and Ulcer Treatments

PROCESS

1. Determine steps taken to assess pressure ulcer risk.
2. Review the record and check with appropriate nursing staff for the presence of any skin problems.
3. Document PU stage, dimensions, tissue type and worsening in M0300-M0900. Must use CMS definitions, not NPUAP (National Pressure Ulcer Advisory Panel), as CMS adapted NPUAP and they do not perfectly correlate.
4. Include in M1030 number of venous or arterial ulcers.
5. Include in M1040 this specific subset of skin conditions.
6. Include in M1200 skin treatments which include prevention and skin health intervention.

CLARIFICATION

1. Good clinical practice dictates that the ulcer be re-examined and re-staged after debridement.
2. If an ulcer arises from a combination of problems but **primary** cause is pressure then code as pressure ulcer.
3. If a skin ulcer is repaired with a flap graft, it is coded as a surgical wound and not as a skin ulcer.
4. If in M0700 the most severe PU is a Stage II it must be coded at a 1 epithelial tissue.
5. M0800: If a pressure ulcer worsens to a more severe stage during a hospital admission, it should also be coded "present on admission" and not included in counts of worsening pressure ulcers.
6. Pressure Ulcers are not to be reversed staged as they heal.
7. Do not code pressure ulcers that have been surgically debrided as surgical wounds.
8. If skin ulcers/conditions are captured in section M, good clinical practice would also have something documented in M1200 under treatment.

DOCUMENTATION

1. For clinical practice facilities need to follow the NPUAP standards in regards to pressure ulcer documentation.
2. Document weekly assessments of the wound healing progress or lack of. Documentation should include a thorough description of size, drainage, stage, most severe tissue type, etc.
3. Care planning should identify risk factors and interventions based on the identified level of risk, as well as interventions to facilitate healing of existing skin problems.