

MDS Alert

Coding Tipster: 3 Strategies Help Error-Proof Pressure Ulcer Dx, Coding

Ease the pressure for getting it right.

Accurately coding pressure ulcers in Section M is no easy task but a few tips can keep you on track.

- **Check before you code.** The person coding Section M should actually go look at the pressure ulcer or wound rather than just rely on the treatment nurse's or staff person's assessment or description, advises **Marilyn Mines, RN, RAC-CT, BC**, manager of clinical services for FR&R Healthcare Consulting in Deerfield, Ill.

- Don't automatically assume wounds are pressure ulcers. "If you call non-pressure lesions decubiti, the facility is going to be in trouble," because care protocols for pressure ulcers won't heal the wounds, says **Mardy Chizek, FNP, BSN, CLNC**, president of Chizek Consulting, Inc., Westmont, Ill. She's seen hospital and nursing home records where "in a 48-hour period, one staff person calls a lesion a pressure ulcer, another a diabetic ulcer and another a vascular lesion."

The bottom line: "It's the physician's or physician extender's responsibility to document the etiology of lesions," says Chizek.

- **Know how to code suspected deep tissue injury.** The National Pressure Ulcer Advisory Panel guidelines define suspected DTI as "a purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue."

While the NPUAP classifies suspected DTI as a special form of pressure ulcer, the MDS 2.0 provides no way to capture the condition. "The only thing we can do in coding a pressure ulcer on the MDS 2.0 is to follow the instructions in the RAI User's Manual," says **Rena Shephard, MHA, RN, RAC-MT, C-NE**, president and CEO of RRS Healthcare Consulting in San Diego. Thus, "if the skin is intact over suspected DTI, you'd code a Stage 1 [ulcer]. If the area had a blood blister, then you'd code a Stage 2 where the definition includes blisters.

"DTI on the MDS 2.0 is not unstageable," Shephard continues. "On the draft MDS 3.0, it may be coded as unstageable but we don't know if that will be the same when the MDS 3.0 is in final form."

Tip: Document suspected DTI using language from the NPUAP guidelines, advises **Peggy Dotson, RN**, a wound care and reimbursement specialist in Yardley, Pa.