

MDS Alert

Learn The Answers To These Section M FAQs

What's the right way to code a scab? Find out the answer.

If you're like most MDS Coordinators, you probably come up with some very specific pressure-ulcer coding questions from time to time. Here are a few Section M FAQs from a recent presentation for the **North Carolina Department of Health and Human Services, Division of Health Service Regulation:**

Question 1: If a pressure ulcer heals during the seven-day look-back period, how should I code it in Section M?

Answer 1: Code what is noted closest to the Assessment Reference Date (ARD).

Question 2: Would I code Herpes Zoster as an open lesion when the blisters are open?

Answer 2: Herpes Zoster (Shingles) is a rash caused by a latent viral infection. You should not code rashes in M1040D □ Open lesion(s) other than ulcers, rashes, cuts, even when the blisters are open. You can code Herpes Zoster in I8000 □ Additional active diagnoses.

Question 3: If staffers use Ted hose or ace wrap for compression to treat a venous ulcer, should I code this at M1200G?

Answer 3: Yes, the description for nonsurgical dressings on page M-40 includes compression bandages. Provided the venous ulcer was at or above the ankle, you can code both compression stockings and ace wraps at M1200G □ Application of nonsurgical dressings other than to feet.

Question 4: How should I code a scab?

Answer 4: A scab is evidence of wound healing. A Stage 2 pressure ulcer that now has a scab indicates it is a healing Stage 2 and therefore staging should not change.