

MDS Alert

Medicare Payment: Are You Coding Wound Infection On The MDS And UB-04?

Avoid wounding surveys, claims denials.

It's not enough to identify and treat a wound infection. You also have to code it appropriately on the MDS and UB-04 to sidestep survey and payment shortfalls.

In fact, if surveyors find that wound infections aren't coded on the MDS and addressed by care plans, your facility could end up redressed with F tags.

And while wound infection isn't a RUG driver, you want to check it at item I2I and include a specific wound infection diagnosis in I3. You code infection of any type of wound at I2I (e.g., postoperative, traumatic; pressure) on any part of the body. (You need physician documentation of the diagnosis in the clinical record to code the condition in Section I.)

Then make sure billing includes the diagnosis code for the wound infection on the UB-04 if it's a reason for the resident's Part A skilled stay. The diagnosis not only demonstrates the resident's skilled nursing needs, but also shows the FI what's going on with the person, says **Diana Johnson, RN, BSN**, clinical consultant, **Health Dimensions Group**, Minneapolis.

"The resident may need additional skilled care for the wound infection" after the SNF has discontinued all other services, adds Johnson.

Not just for non-rehab RUGs only: If rehab therapy is involved in treating the wound, you'd want to code wound infections on the MDS and subsequently on the UB-04, says **Bet Ellis, RN**, a consultant with **LarsonAllen** in Charlotte, NC.

Also: It's essential to code any diagnosis on the UB-04 that "will help clarify any of the charges" on the claim, says **Marilyn Mines, RN, RAC-C, BC**, director of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL.

Diagnosis coding tip: Code an infected pressure ulcer using 707.0x (Coding Clinic November/December 1987, Vol. 4, No. 6, page 9), advises **June Bronnert, RHIA, CCS, CCS-P**, with the **American Health Information Management Association**.

The fifth digit indicates the location of the pressure ulcer -- for example 707.07 is a decubitus ulcer of the heel, Bronnert adds. You'd "code the causative organism if it's known/documented. The causative organism would most likely be from the 041 category, such as Staph aureus 041.11 or Strep 041.09," she tells MDS Alert.