

OASIS Alert

Education: Know Which Ulcers You Must Always Report on M1380

Stage II pressure ulcers may heal, but for Stage III and Stage IV it's another story.

M1308 asks you to report the current number of unhealed [non-epithelialized] pressure ulcers. At face value, this seems like an easy enough question to answer, but you'll need a good handle on the nuances of reporting pressure ulcers to make sure you're answering correctly.

Focus on Stages II, III, and IV

M1308 only applies to Stage II, Stage III, Stage IV, and unstageable ulcers. Each of the six rows of M1308 focus on a different pressure ulcer stage, with the last three detailing the different reasons an ulcer is considered unstageable.

Don't miss: Stage II pressure ulcers that completely epithelialize are considered healed and are not referenced in either column in this item.

However, you will always report your patient's Stage III and Stage IV pressure ulcers -- even when they have closed, says **Lisa Selman-Holman, JD, BSN, RN, HCSD, COS-C**, consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas.

Stage III and Stage IV pressure ulcers are still counted as pressure ulcers because they have a high likelihood of breaking down again, says **Judy Adams, RN, BSN, HCS-D, COS-C**, president and CEO of **Adams Home Care Consulting** in Chapel Hill, N.C.

This is because these full thickness ulcers can be considered closed once they are fully granulated, but they will never fully heal. Continue to report these closed ulcers at their worst stage, unless they deteriorate, or are replaced by an advancement or muscle flap.

Never forget that closed Stage III and Stage IV pressure ulcers always require active intervention, including assessment and pressure ulcer risk interventions, Selman-Holman says. The tissues lost are replaced by granulation tissue, they are always at risk of breakdown and they should be addressed in the plan of care, she says.

Stage III or Stage IV pressure ulcers that were closed but reopen should be reported at their worst stage. But a pressure ulcer of any stage that is replaced by an advancement or muscle flap should no longer be marked as a pressure ulcer. After one of these surgical procedures, the ulcer is considered a surgical wound by OASIS guidelines. This is a point where OASIS guidance and diagnosis coding guidelines part, Selman-Holman says. Coding guidelines state that a pressure ulcer covered with a muscle graft is an unstageable pressure ulcer and would be coded by site and followed with 707.25 (Pressure ulcer, unstageable).

Tip: M1380 includes the term "non-epithelialized," but you will actually report both epithelialized and non-epithelialized Stage III and Stage IV pressure ulcers when completing this item.

Take a Closer Look at M1308 Columns

Column 1 asks you to record the current number of unhealed Stage 2, Stage 3, Stage 4, and unstageable pressure ulcers -- in other words, list the number of pressure ulcers present today. Complete this column at start of care (SOC), resumption of care (ROC), followup (FU), and discharge (DC). At FU (RFA 6 - Recertification or RFA 5 " Other Followup) or DC, if a pressure ulcer was reported in column 1, you'll also complete column 2. Column 2 asks you to indicate the number of pressure ulcers listed in Column 1 that were present at the most recent SOC or ROC even if the stage has changed.

Hint: The number of pressure ulcers in Column 2 should never be greater than the number listed in Column 1.

Example: Your patient had a Stage III pressure ulcer on admission that has been assessed as a Stage IV at Recert. At SOC, you would report one Stage III pressure ulcer in Column 1, row b. Column 2 would be left blank. At Recert, you would report one Stage IV pressure ulcer in Column 1, row c. And one Stage IV pressure ulcer in Column 2, row c.