

OASIS Alert

Item Focus: M1330-M1334: Don't Miss Points for Stasis Ulcers

Avoid this healed ulcer error.

Make one wrong move with the OASIS stasis ulcer questions and you'll risk losing out on both clinical points and nonroutine supply points. Make certain you're answering these integumentary items correctly to secure accurate reimbursement for the care you provide.

Establish the Basics

The OASIS stasis ulcers items include:

- M1330 Does this patient have a Stasis Ulcer?
- M1332 Current Number of (Observable) Stasis Ulcer(s), and
- M1334 Status of Most Problematic (Observable) Stasis Ulcer.

Don't miss: If you hope to earn case mix points for your patient's stasis ulcers, it's essential that you answer M1330 correctly. Your response options for M1330 include:

- 0 No [Go to **M1340**]
1 Yes, patient has BOTH observable and unobservable stasis ulcers
2 Yes, patient has observable stasis ulcers ONLY
3 Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing) [Go to **M1340**]

If you don't answer yes (response 1 or 2), you can't go on to M1334 which determines the case mix points for which you're eligible. Remember: Your patient must have an observable stasis ulcer for you to report the healing status.

Know Which Ulcers Count for M1332

To answer M1332, you'll count the number of observable stasis ulcers and select the correct response:

- 1 One;
- 2 Two;
- 3 Three; or
- 4 Four or More.

Tip: Only stasis ulcers covered with a non-removable dressing or cast are considered unobservable.

With stasis ulcers, there is often more than one ulcer, says **Pat Jump** with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. But determining the exact number of stasis ulcers may be hard to do in some situations, she says.

For example: Suppose your patient has a venous stasis wound of the lower extremity that covers the entire lower leg, but in the midst of the wound there are two dark areas. How many stasis ulcers does the patient have? "The answer is ... it depends!" Jump says.

If areas of venous stasis ulceration are contiguous and developed at the same time, you'll count the entire area as one stasis ulcer, Jump explains. But the rules change when the patient starts out with one venous stasis ulcer, later develops

another, and eventually the wound margins meet. In this situation you would report two ulcers as long as it remains possible to differentiate one ulcer from another based on wound margins, she says.

If you don't know whether a current ulcer was once two ulcers, or where one ulcer ends and another begins, you'll need to use your clinical judgment to determine the number of stasis ulcers, Jump says.

Describe Healing Status

M1334 asks you to describe the status of patient's most problematic (observable) stasis ulcer. Your choices include:

- 0 Newly epithelialized;
- 1 Fully granulating;
- 2 Early/partial granulation; or
- 3 Not healing.

Look to the **Wound Ostomy and Continence Nurses'** healing status guidance to help make the right selection for this item. "Keep in mind that healed stasis ulcers are lighter in appearance and look more like a scar than an open wound," Jump cautions.

Caution: Never report response "0 Newly epithelialized" for a healed stasis ulcer, says **Ann Giles, RN, BSN, HCS-D, COS-C** director of coding & OASIS review services for Biloxi, Miss.-based **PPS Plus Software**. "A completely epithelialized stasis ulcer is considered healed and not reported on the OASIS," she says.

Watch for: When OASIS-C1 goes into effect to accommodate the October 1, 2014 ICD-10 transition deadline, you'll no longer have to worry about accidentally reporting response "0." The "Newly epithelialized" option will be removed from this item.

Scenario: Your patient has an Unna boot that cannot be removed. The discharge summary from the physician notes that the patient has a venous stasis ulcer on the left lower extremity, which is the limb covered by the Unna boot. The admission nurse verified the etiology of the ulcer with the primary physician. How would you answer M1334?

You can't report the status of the wound described in this scenario because it is unobservable, Jump says. "All stasis ulcers except those that are covered by a nonremovable dressing or cast are considered observable. In this scenario, the Unna boot is considered nonremovable and therefore, the stasis ulcer is unobservable."

Note: You'll find the WOCN healing status definitions here:

<http://c.ymcdn.com/sites/www.wocn.org/resource/resmgr/docs/guidanceoasis-c.pdf>.