

OASIS Alert

Q&As: Update Your Pressure Ulcer Answers with the Latest from CMS

The OASIS-C pressure ulcer items are some of the most difficult to answer. Fortunately, the **Centers for Medicare & Medicaid Services** has answers to some of your most pressing questions.

Question: Should a pressure ulcer that has been "flapped" be reported in M1308 as a current pressure ulcer?

Answer: "A muscle flap, skin advancement flap, or rotational flap (defined as full thickness skin and subcutaneous tissue partially attached to the body by a narrow strip of tissue so that it retains its original blood supply) performed to surgically replace a pressure ulcer should be reported as a surgical wound," CMS said in the October 2011 Quarterly OASIS Q&As. The wound should not be reported as a pressure ulcer in M1308, CMS said.

Question: How do you answer the OASIS integumentary items for a pressure ulcer that has received a skin graft?

Answer: "A pressure ulcer treated with a skin graft (defined as transplantation of skin to another site without retaining original blood supply) remains a pressure ulcer and should not be reported as a surgical wound in M1340," CMS said.

Report the grafted pressure ulcer in M1308 as d.1 (unstageable) pressure ulcer until the graft edges completely heal, CMS advised. Count the number of pressure ulcers meeting these definitions to determine your response to d.1, CMS said.

Once the graft edges heal, the closed Stage III or Stage IV pressure ulcer would continue to be regarded as a pressure ulcer at its worst stage.

The logic behind this response is similar to that for reporting a pressure ulcer that is unstageable due to a non-removable dressing or device, said **Linda Krulish, PT, MHS, COS-C**, with the **OASIS Certificate and Competency Board (OCCB)** during their October 2011 Quarterly OASIS Q&As audioconference.

Question: My patient has a Stage III pressure ulcer that is closing. How do I report the stage and status when the opening has shrunk to a pinpoint size and does not present a viewable base due to the small opening?

Answer: If you have a Stage III pressure ulcer that is in the process of closing, it remains an observable Stage III unless the wound bed is covered with a dressing that can't be removed or the wound bed is obscured by avascular tissue, CMS said. "If the wound margins are open and have now closed to the point where the opening is a pinpoint, the pressure ulcer would remain a Stage III."

"Until the wound margins closed, the status could be either early/partial granulation or fully granulating, based on the descriptors in the WOCN Guidance on OASIS-C Integumentary Items," CMS said. Once the wound margins close, it would be considered a newly epithelialized Stage III pressure ulcer.

Resource: Read all of the October 2011 Quarterly OASIS Q&As here:

www.oasisanswers.com/downloads/CMS-OCCB-3rd-Qtr-2011-QAs-10-19-2011.pdf or email the editor at janm@codinginstitute.com to request a copy.