

CLINICAL SUCCESS GUIDE

Don't Ooze Wound Reimbursement on the MDS

Wound documentation and treatment are significant items for capturing appropriate Nursing & NTA CMG levels under PDPM. Providers must thoroughly examine the chart and document wounds accurately so that all potential revenue is received under the two wound-related PDPM components.

In section M of the MDS, MDS item M1200 (Skin and Ulcer/Injury Treatments) can impact payment under PDPM, as well as affect reimbursement in some state Medicaid case-mix systems that use the RUG-III or RUG-IV case-mix models.

M1200 can contribute to the Special Care Low category in the nursing component of PDPM in either of the following ways by capturing pressure ulcers or diabetic foot ulcer/foot infection:

- Pressure Ulcers:
 - Two or more stage 2 pressure ulcers **with** two or more selected skin treatments**
 - Any stage 3 or 4 pressure ulcer **with** two or more selected skin treatments**
 - Two or more venous/arterial ulcers **with** two or more selected skin treatments**
 - One stage 2 pressure ulcer and one venous/arterial ulcer **with** two or more selected skin treatments**

** Selected skin treatments may include:

- M1200A, B – Pressure-relieving chair and/or bed
 - M1200C – Turning/repositioning
 - M1200D – Nutrition or hydration intervention
 - M1200E – Pressure ulcer care
 - M1200G – Application of dressings (not to feet)
 - M1200H – Application of ointments (not to feet)
- Foot infection, diabetic foot ulcer, or other open lesion of the foot **with** the application of dressings to the feet



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M1200 can contribute to the Clinically Complex category in the nursing component of PDPM:

- Open lesions (other than ulcers, rashes, and cuts) **with** any selected skin treatment* or surgical wounds

* Selected skin treatments may include:

- M1200F – Surgical wound care
- M1200G – Application of nonsurgical dressing (other than to feet)
- M1200H – Application of ointments/medications (other than to feet)

Wounds are one of the many elements that impact NTA points and can be captured in a few different ways for the Non-Therapy Ancillary component under Sections M (skin conditions) and I (Diagnosis) in the MDS. The table below shows the condition/extensive service, the MDS source and the number of NTA points for each.

Condition/Extensive Service	MDS Source	NTA Point
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	MDS Item M0300D1	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	MDS Item M1040A, M1040B, M1040C	1
Wound Infection	MDS Item I2500	2
Active diagnosis of Diabetes	MDS Item I2900	2



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INSIDER TIP: For many residents with wounds, there will be a cumulative effect of multiple NTA items adding points. For example, a resident with an active diagnosis of Diabetes (2 pts.) has a diabetic foot ulcer (1 pt.) that is infected (2 pts.). This one wound would add 5 NTA points. Additional NTA points do not necessarily guarantee a higher NTA CMG, but often only one additional point may be required to advance to the next NTA CMG. Providers must ensure that the documentation is present in the chart to support the wounds, treatments and diagnosis coded on the MDS.

It is imperative to follow *all* Steps for Assessment as discussed in the RAI coding guidance versus doing a quick review of the medical record to avoid possible missed revenue:

1. Review the medical record, including treatment records and health care provider orders for documented skin treatments during the past 7 days. Some skin treatments may be part of routine standard care for residents, so check the nursing facility's policies and procedures and indicate here if administered during the look-back period.
2. Speak with direct care staff and the treatment nurse to confirm conclusions from the medical record review.
3. Some skin treatments can be determined by observation. For example, observation of the resident's wheelchair and bed will reveal if the resident is using pressure-reducing devices for the bed or wheelchair.

Lastly, it is imperative for assessors to know and understand the definitions for some specific treatments under Section M that can potentially impact revenue in the nursing component of PDPM. Per the RAI manual guidelines:

- **Turning/Repositioning Program**
 - Includes a consistent program for changing the resident's position and realigning the body. "Program" is defined as a specific approach that is organized, planned, documented, monitored, and evaluated based on an assessment of the resident's needs.



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- **Nutrition or Hydration Intervention to Manage Skin Problems**

- Dietary measures received by the resident to prevent or treat specific skin conditions, e.g., wheat-free diet to prevent allergic dermatitis, a high-calorie diet with added supplementation to prevent skin breakdown, high-protein supplementation for wound healing.
- The determination as to whether or not one should receive nutritional or hydration interventions for skin problems should be **based on an individualized nutritional assessment**. ... Vitamin and mineral supplementation should only be employed as an intervention for managing skin problems, including pressure ulcers/injuries, when nutritional deficiencies are confirmed or suspected through a thorough nutritional assessment.



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