

**Track Changes**  
**from Chapter 3 Section M v1.19.1**  
**to Chapter 3 Section M v1.20.1**

<b>Chapter</b>	<b>Section</b>	<b>Page(s) in version 1.20.1</b>	<b>Change</b>
3	—	—	Hyperlinks in this section have been revised to reflect up-to-date locations.
3	M0300	M-8	<p><b>Step 3: Determine “Present on Admission”</b></p> <p><i>For each pressure ulcer/injury, determine if the pressure ulcer/injury was present at the time of admission/entry or reentry and not acquired while the resident was in the care of the nursing home. Consider current and historical levels of tissue involvement.</i></p> <ol style="list-style-type: none"> <li>1. Review the medical record for the history of the ulcer/injury.</li> <li>2. Review for location and stage at the time of admission/entry or reentry.</li> <li>3. If the pressure ulcer/injury was present on admission/entry or reentry and subsequently increased in numerical stage during the resident's stay, the pressure ulcer is coded at that higher stage, and that higher stage <b>should not be considered as “present on admission.”</b></li> <li>4. If <del>the</del> a numerically stageable pressure ulcer/injury was present on admission/entry or reentry and becomes unstageable due to slough or eschar, during the resident's stay, the pressure ulcer/injury is coded at M0300F and <b>should not be coded as “present on admission.”</b></li> </ol>

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3	M0300	M-9	<p>9. If a pressure ulcer was numerically staged, then became unstageable, and is subsequently debrided sufficiently to be numerically staged, compare its numerical stage before and after it was unstageable. If the numerical stage has increased, code this pressure ulcer as <b>not “present on admission.”</b></p> <p>10. If a resident has a pressure ulcer/injury that was documented on admission then closed that reopens at the same stage (i.e., not a higher stage), the ulcer/injury <b>is coded as “present on admission.”</b></p> <p>11. If two pressure ulcers merge, that were both “present on admission,” continue to code the merged pressure ulcer as “present on admission.” Although two merged pressure ulcers might increase the overall surface area of the ulcer, there needs to be an increase in numerical stage or a change to unstageable due to slough or eschar in order for it to be considered not “present on admission.”</p> <p>12. If a pressure ulcer/injury was unstageable on admission/entry or reentry and then becomes unstageable for another reason, <b>it should be considered “present on admission” at the new unstageable status.</b> For example, if a resident is admitted with a deep tissue injury, but later the injury opens, the wound bed is covered with slough, and the wound is still unstageable, this wound would still be considered “present on admission.”</p>
3	M0300C	M-14	<p><b>DEFINITION</b></p> <p><b>STAGE 3 PRESSURE ULCER</b></p> <p>Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining or tunneling (see definition of undermining and tunneling on page M-1920).</p>

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3	M0300E	M-22	<p><b>Steps for Assessment</b></p> <ol style="list-style-type: none"> <li>1. Review the medical record for documentation of a pressure ulcer/injury covered by a non-removable dressing/device.</li> <li>2. Determine the number of documented pressure ulcers/injuries covered by a non-removable dressing/device. Examples of non-removable dressings/devices include a dressing or an orthopedic device that is not to be removed per physician's order, or a cast.</li> <li>3. Identify the number of these pressure ulcers/injuries that were present on admission/entry or reentry (see page M-87 for assessment process).</li> </ol>
3	M0300F	M-23	<p><b>Steps for Assessment</b></p> <ol style="list-style-type: none"> <li>1. Determine the number of pressure ulcers that are unstageable due to slough and/or eschar.</li> <li>2. Identify the number of <b>these</b> pressure ulcers that were present on admission/entry or reentry (see page M-87 for assessment process).</li> </ol>
3	M0300G	M-28	<ol style="list-style-type: none"> <li>5. Determine the number of pressure injuries that are unstageable related to deep tissue injury.</li> <li>6. Identify the number of <b>these</b> pressure injuries that were present on admission/entry or reentry (see page M-87 for instructions).</li> <li>7. Clearly document assessment findings in the resident's medical record, and track and document appropriate wound care planning and management.</li> </ol>
3	M1030	M-31	<p><b>Coding Instructions</b></p> <p><i>Pressure ulcers/injuries coded in M0210 through M0300 should <b>not</b> be coded here.</i></p>

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3	M1040	M-33	<p><b>Coding Instructions</b></p> <p><i>Check all that apply in the last 7 days. If there is no evidence of such problems in the last 7 days, check none of the above.</i></p> <p><i>Pressure ulcers/injuries coded in items M02910 through M0300 should <b>not</b> be coded here.</i></p>
3	M1200	M-42	<p><b>Examples</b></p> <p>1. A resident is admitted with a Stage 3 pressure ulcer on the sacrum. Care during the last 7 days has included one debridement by the wound care consultant, application of daily dressings with enzymatic ointment for continued debridement, nutritional supplementation, and use of a pressure reducing pad on the resident's wheelchair. The medical record documents delivery of care and notes that the resident is on a two-hour turning/repositioning program that is organized, planned, documented, monitored, and evaluated based on an individualized assessment of their needs. The physician documents, after reviewing the resident's nutritional intake, healing progress of the resident's pressure ulcer, <del>dietie</del> and <del>dietitian</del> nutritional assessment, and laboratory results, that the resident has protein-calorie malnutrition. In order to support proper wound healing, the physician orders an oral supplement that provides all recommended daily allowances for protein, calories, nutrients, and micronutrients. All mattresses in the nursing home are pressure reducing mattresses.</p> <p><b>Coding:</b> Check items <b>M1200A, M1200B, M1200C, M1200D, and M1200E.</b></p> <p><b>Rationale:</b> Interventions include pressure reducing pad on the wheelchair (M1200A) and pressure reducing mattress on the bed (M1200B), turning and repositioning program (M1200C), nutritional supplementation (M1200D), enzymatic debridement and application of dressings (M1200E).</p>