

MDS Alert

Learn The Answers To These Section M FAQs

What's the right way to code a scab? Find out the answer.

If you're like most MDS Coordinators, you probably come up with some very specific pressure-ulcer coding questions from time to time. Here are a few Section M FAQs from a recent presentation for the **North Carolina Department of Health and Human Services, Division of Health Service Regulation:**

Question 1: If a pressure ulcer heals during the seven-day look-back period, how should I code it in Section M?

Answer 1: Code what is noted closest to the Assessment Reference Date (ARD).

Question 2: Would I code Herpes Zoster as an open lesion when the blisters are open?

Answer 2: Herpes Zoster (Shingles) is a rash caused by a latent viral infection. You should not code rashes in M1040D [] Open lesion(s) other than ulcers, rashes, cuts, even when the blisters are open. You can code Herpes Zoster in I8000 [] Additional active diagnoses.

Question 3: If staffers use Ted hose or ace wrap for compression to treat a venous ulcer, should I code this at M1200G?

Answer 3: Yes, the description for nonsurgical dressings on page M-40 includes compression bandages. Provided the venous ulcer was at or above the ankle, you can code both compression stockings and ace wraps at M1200G
Application of nonsurgical dressings other than to feet.

Question 4: How should I code a scab?

Answer 4: A scab is evidence of wound healing. A Stage 2 pressure ulcer that now has a scab indicates it is a healing Stage 2 and therefore staging should not change.