



Unhealed Pressure Ulcers

- Code based on the presence of any pressure ulcer (regardless of stage) in the last 7 days.
- o Each ulcer is coded only once
- If surgically repaired, it is coded as a surgical wound (if graft fails, continue to code a surgical wound)

AHCA.MyFlorida.com

13



Better Health Care for All Floridians

Current number of Unhealed Pressure Ulcers at Each Stage

- Determine Deepest Anatomical Stage
- Observe the base of the ulcer to determine the depth of tissue layers involved
- Do not reverse or back stage (consider current and historical levels of tissue involvement)
- If a pressure ulcer has ever been classified at a deeper stage than what is observed now, it should be classified at the deeper stage, based on history in the record

AHCA.MyFlorida.com



Coding Stage 1

 Pressure ulcers with suspected deep tissue injury should **not** be coded as Stage 1 pressure ulcers

Definition: Non-blanchable – Reddened areas of tissue that do not turn white or pale when firmly pressed with a finger. Dark pigmented skin may not blanch.

AHCA.MyFlorida.com

15



Better Health Care for All Floridians

Coding Stage 2

- A Stage 2 pressure ulcer presents as a shiny or dry shallow ulcer without slough or bruising. This stage should not be used to describe skin tears, perineal dermatitis, maceration, excoriation, or suspected deep tissue injury.
- Do not leave date boxes empty, use leading zeros if necessary, and enter dashes in every box if date is unknown

AHCA.MyFlorida.com



Coding Stage 3

 Definition – Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

AHCA.MyFlorida.com

17



Better Health Care for All Floridians

Coding Stage 3

- Stage 3 pressure ulcers can be shallow, particularly on areas that do not have subcutaneous tissue, such as the bridge of the nose, ear, occiput, and malleolus.
- In contrast, areas of significant adiposity can develop extremely deep Stage 3 pressure ulcers.
- Bone/tendon/muscle is not visible or directly palpable in a Stage 3 pressure ulcer.

AHCA.MyFlorida.com



Coding Examples

- A pressure ulcer was noted in the medical record at the time of admission. It was
 described as a Stage 2. On a later assessment, the wound is noted to be a full
 thickness ulcer, thus it is now a Stage 3 pressure ulcer.
- · Coding: Not present on admission
- A resident develops a Stage 2 pressure ulcer while at the nursing home. The
 resident is hospitalized and returns with a Stage 3 pressure ulcer in the same
 location.
- Coding: Stage 3, present on admission

AHCA.MyFlorida.com

19



Better Health Care for All Floridians

Coding Examples

- On admission, the resident has three small Stage 2 pressure ulcers on the coccyx.
 Two weeks later, the coccyx is assessed. Two of the Stage 2 pressure ulcers have merged and the third has worsened to a Stage 3 pressure ulcer.
- Coding: Stage 2, present on admission; Stage 3 not present on admission
- A resident developed two Stage 2 pressure ulcers during a stay. At some point
 they are hospitalized and returns with two pressure ulcers. One is a Stage 2 on the
 coccyx and the other is a Stage 3 on the left trochanter.
- Coding: Stage 2, not present on admission; Stage 3 present on admission

AHCA.MyFlorida.com



Coding Stage 4

 Definition – Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and tunneling also may be associated with Stage 4 pressure ulcers.

AHCA.MyFlorida.com

21

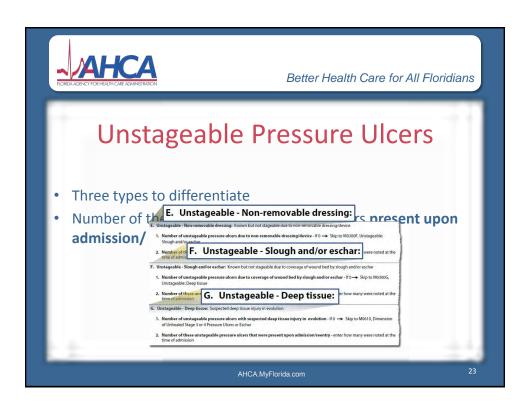


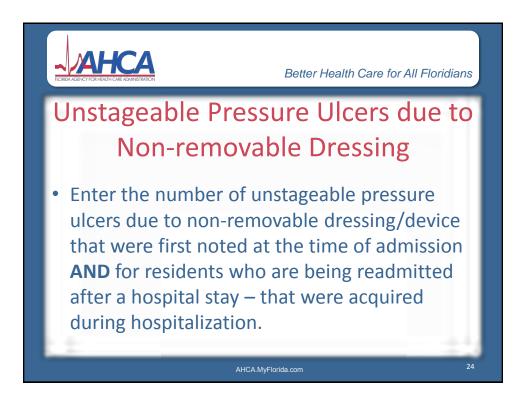
Better Health Care for All Floridians

Coding Stage 4

- The depth of a Stage 4 pressure ulcer can vary depending on location
- Stage 4 pressure ulcers can extend into muscle and/or supporting structures
- Exposed bone/tendon/muscle is visible or directly palpable

AHCA.MyFlorida.com







Unstageable Pressure Ulcers due to Slough and/or Eschar

Definitions:

- Slough Tissue Necrotic/avascular tissue in the process of separating from the viable portions of the body; usually light colored, soft, moist, and stringy.
- Eschar Tissue Thick, Leathery, frequently black, brown, necrotic (dead) or devitalized tissue that has lost its usual physical properties and biological activity. Eschar may be loose or firmly adhered to the wound.

AHCA.MyFlorida.com

25



Better Health Care for All Floridians

Unstageable Pressure Ulcers due to Suspected Deep Tissue Injury

- Deep tissue injury may indicate the subsequent development of a Stage 3 or 4 pressure ulcer even with optimal treatment.
- Suspected deep tissue injury require vigilant monitoring because of the potential for rapid deterioration. Such monitoring should be charted and care planned.

AHCA.MyFlorida.com



Unstageable Pressure Ulcers due to Suspected Deep Tissue Injury

- Once suspected deep tissue injury has opened to an ulcer, reclassify the ulcer into the appropriate stage. Then code the ulcer for the reclassified stage.
- Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid, exposing additional layers of tissue even with optimal treatment.

AHCA.MyFlorida.com

27



Better Health Care for All Floridians

Dimensions of Unhealed or Unstageable Stage 3 or 4 Pressure Ulcers

 If the resident has one or more unhealed (nonepithelialized) Stage 3 or 4 pressure ulcers or an unstageable pressure ulcer due to slough or eschar, identify the pressure ulcer with the largest surface area (length × width) and record in centimeters including depth if known, if not code dashes.

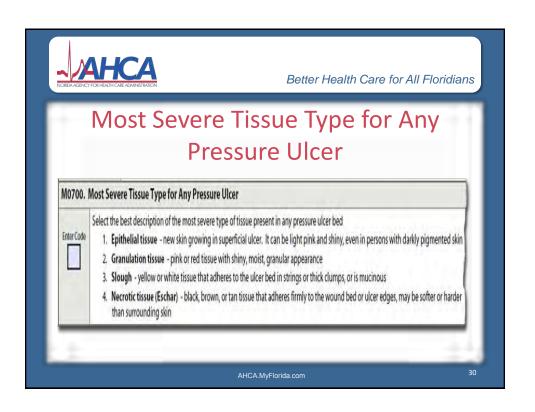
AHCA.MyFlorida.com

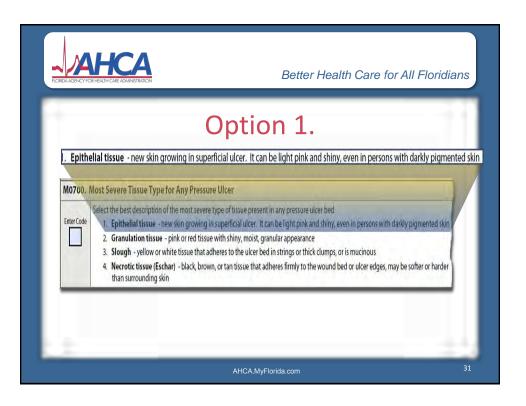


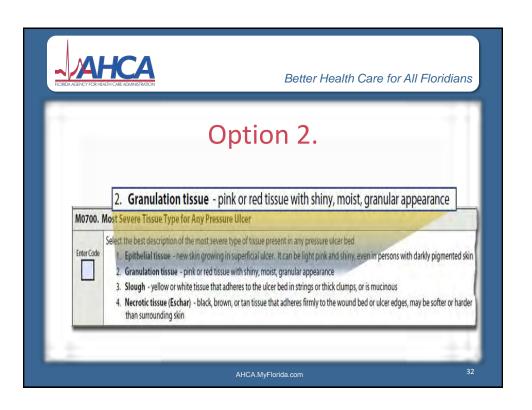
Dimensions of Unhealed or Unstageable Stage 3 or 4 Pressure Ulcers Coding

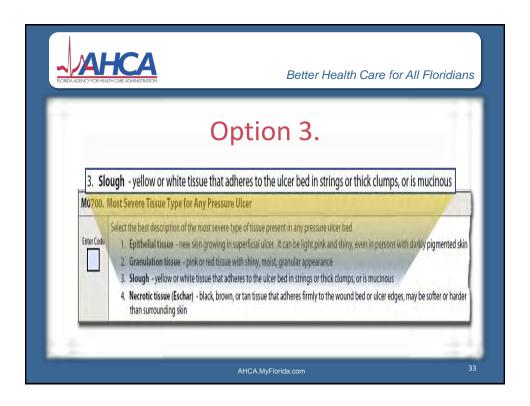
- Position the resident in a consistent neutral position for wound measurement.
- Select a uniform, consistent method for measuring wound length and width to facilitate meaningful comparisons of wound measurements across time.
- Assessments of the pressure ulcer for tunneling and undermining is an important part of the complete pressure ulcer assessment, that is not recorded on the MDS.

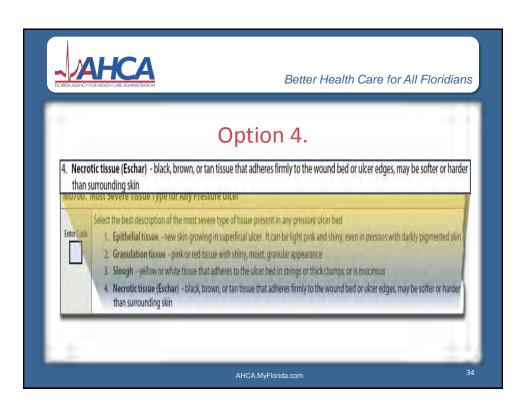
AHCA.MyFlorida.com

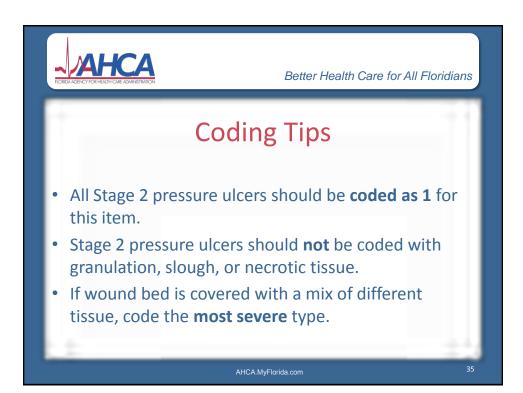


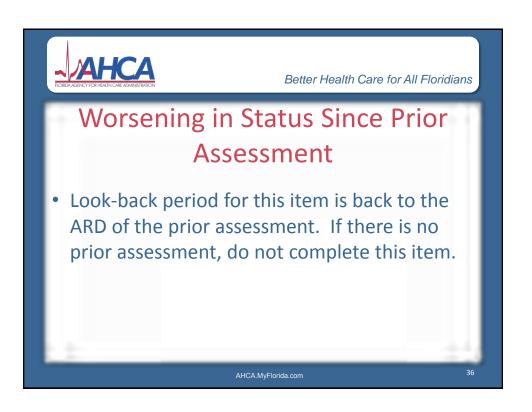














Healed Pressure Ulcers

- Definition Completely closed, fully epithelialized, covered completely with epithelial tissue, or resurfaced with new skin, even if the area continues to have some surface discoloration.
- If the prior assessment documents that a pressure ulcer healed between MDS assessments, but another pressure ulcer occurred at the same location, do not consider the first pressure ulcer to have healed, and do **not** record the pressure ulcer as healed.

AHCA.MyFlorida.com

37



Better Health Care for All Floridians

Number of Venous & Arterial Ulcers

- Definition Venous Ulcers: Ulcers caused by peripheral venous disease, which most commonly occur proximal to the medial or lateral malleolus, above the inner or outer ankle, or on the lower calf area of the leg.
- Coding tip: The wound may start with some kind of minor trauma. The wound does not typically occur over a bony prominence, and pressure forces play virtually no role in the development of the ulcer.

AHCA.MyFlorida.com



Number of Venous & Arterial Ulcers

- Definition Arterial Ulcers: Ulcers caused by peripheral arterial disease, which commonly occur on the tips of toes, top of the foot, or distal to the medial mallelous.
- Coding tip: Trophic skin changes (e.g., dry skin, loss of hair growth, muscle atrophy, brittle nails) may also be present. The wound may start with some kind of minor trauma. The wound does not typically occur over a bony prominence, and pressure forces play virtually no role in the development of the ulcer. Lower extremities and foot pulses may be diminished or absent.

AHCA.MyFlorida.com

39



Better Health Care for All Floridians

Other Ulcers, Wounds and Skin Problems

 Definition - Diabetic Foot Ulcers: Ulcers caused by the neuropathic and small blood vessel complications of diabetes. Diabetic foot ulcers typically occur over the plantar surface of the foot on load bearing areas. Ulcers are usually deep, with necrotic tissue, moderate exudate, and callused wound edges. The wounds are very regular in shape and the edges are even with a punched-out appearance. These wounds are typically not painful.

AHCA.MyFlorida.com



Other Ulcers, Wounds and Skin Problems

- Coding Tip:
- Diabetic neuropathy affects the lower extremities of individuals with diabetes. They can have decreased awareness of pain in their feet. This means that they are at high risk for foot injury, due to decreased circulation and sensation, and awareness of the wound.

AHCA.MyFlorida.com

4



Better Health Care for All Floridians

Other Ulcers, Wounds and Skin Problems

- Coding Tip:
- Neuropathy can also cause changes in the structure of the bones and tissue in the foot.
 This means that they experience pressure on the foot in areas not meant to bear pressure.

AHCA.MyFlorida.com



Other Ulcers, Wounds and Skin Problems

- Coding Tip:
- Do not include pressure ulcers that occur on residents with DM here, an ulcer caused by pressure on the heel of a diabetic resident is a pressure ulcer and not a diabetic foot ulcer.

AHCA.MyFlorida.com

4



Better Health Care for All Floridians

Other Ulcers, Wounds and Skin Problems

- Surgical wounds: Any healing and non-healing, open or closed surgical incisions, skin grafts or drainage sites on any part of the body.
- Do **not** include stomas, PICC sites, central or peripheral sites.
- Do **not** include surgical debridement of pressure ulcers.
- Coding is appropriate for pressure ulcers that are surgically repaired with grafts and flap procedures.

AHCA.MyFlorida.com



Other Ulcers, Wounds and Skin Problems

- Open Lesion Other Than Ulcers, Rashes, Cuts: Most typically skin ulcers that develop as a result of disease and conditions such as syphilis and cancer.
- Do not code skin tears, cuts, or abrasions here. Although not recorded on the MDS assessment, these open lesions need to be addressed in the care plan.

AHCA.MyFlorida.com

4



Better Health Care for All Floridians

Other Ulcers, Wounds and Skin Problems

- Burns (second and third degree): Skin and tissue injury caused by heat or chemicals and may be in any stage of healing.
- Do not include first degree burns (changes in skin color only)

AHCA.MyFlorida.com



Skin and Ulcer Treatments

- Code equipment that aims to relieve pressure including: pressure relieving, pressure reducing, and pressure redistributing devices.
- Do **not** include egg crate cushions of any type.
- Do not include doughnut or ring devices.

AHCA.MyFlorida.com

4



Better Health Care for All Floridians

Skin and Ulcer Treatments

 Turning/Repositioning Programs: Must be specific as to the approaches for changing the resident's position and realigning the body. The program should specify the interventions and frequency. Progress notes, assessments, and other documentation should support that the program is monitored and reassessed to determine the effectiveness of the intervention.

AHCA.MyFlorida.com







