

# Quality Reporting Program Provider Training



## **Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (M1311)**

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# Acronyms in This Presentation

- AFO – Ankle Foot Orthosis
- CMS – Centers for Medicare & Medicaid Services
- DM – Diabetes Mellitus
- DTI – Deep Tissue Injury
- HHA – Home Health Agency
- IMPACT – Improving Medicare Post-Acute Care Transformation
- IRF – Inpatient Rehabilitation Facility
- LTCH – Long-Term Care Hospital
- NPUAP – National Pressure Ulcer Advisory Panel

AFO IRF  
IMPACT DM  
CMS NPUAP DTI LTCH  
HHA

# Acronyms in This Presentation (cont.)

- NQF – National Quality Forum
- OASIS – Outcome and Assessment Information Set
- PAD – Peripheral Arterial Disease
- PVD – Peripheral Vascular Disease
- PAC – Post-Acute Care
- ROC – Resumption of Care
- SNF – Skilled Nursing Facility
- SOC – Start of Care

OASIS  
SNF  
NQF  
PAC  
PAD  
PVD  
SOC  
ROC

# Objectives

- Describe the modified cross-setting pressure ulcer/injury quality measure.
- Articulate the rationale for changes to M1311 and any implications for coding.
- Apply coding instructions to accurately code practice scenarios.





# Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

## Quality Measure Description

- This quality measure reports the percent of quality episodes with reports of Stage 2–4 pressure ulcers, or unstageable pressure ulcers/injuries due to slough/eschar, non-removable dressing/device, or deep tissue injury, that were not present or were at a lesser stage on admission.



# Pressure Ulcer/Injury: Quality Measure Description

Quality episodes are defined by pairing a Start of Care (SOC) or Resumption of Care (ROC) Assessment with assessments completed at discharge.

The measure is calculated using data from the Outcome and Assessment Information Set (OASIS).

# Pressure Ulcer/Injury: Quality Measure Purpose and Rationale

- Replaces the current pressure ulcer measure, *“Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678).”*
- Cross-setting quality measure implemented to meet the requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act.



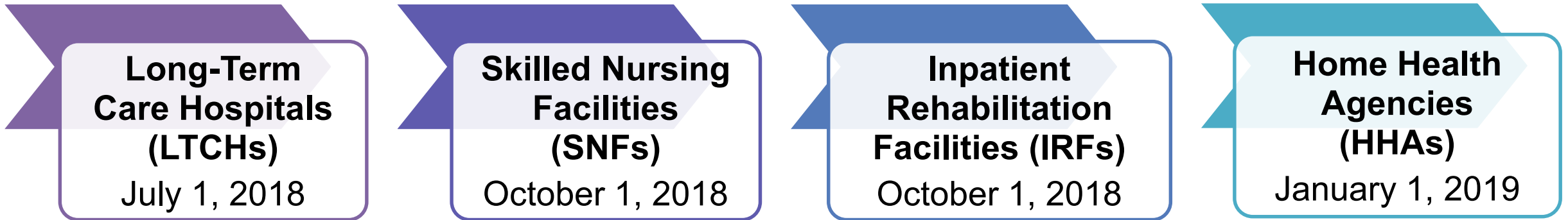
# Pressure Ulcer/Injury: Quality Measure Purpose and Rationale (cont.)



- Modified version includes new or worsened unstageable pressure ulcers/injuries, including deep tissue injuries (DTIs), in the measure numerator.
- Measure calculation has been amended to include M1311 items instead of M1313 items to reduce redundancies.
- Revisions informed by the National Pressure Ulcer Advisory Panel (NPUAP) guidelines.

# Pressure Ulcer/Injury Quality Measure and Cross-Setting Alignment

- This quality measure has been uniformly adopted across the Post-Acute Care (PAC) continuum.



# Pressure Ulcer/Injury: Numerator/Denominator

## Numerator

The number of completed quality episodes for patients whose assessment at discharge indicates one or more new or worsened Stage 2-4 or unstageable pressure ulcers/injuries compared to the start or resumption of care assessment.

## Denominator

The number of quality episodes, except those that meet the exclusion criteria. HH quality episodes are defined by pairing assessments completed at the start or resumption of care with assessments completed at discharge.

# Pressure Ulcer/Injury: Denominator Exclusions



Episodes that end in a death at home or transfer to an inpatient facility are excluded from this measure as OASIS data collection that occurs at these time points does not contain the items needed to compute this measure.



Episodes without an assessment completed at the start or resumption of care and an assessment completed at discharge are excluded.



Episodes are excluded if the Discharge Assessment does not have a usable response for M1311a, M1311b, M1311c, M1311d, M1311e or M1311f.



# Pressure Ulcer/Injury: Measure Time Window

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The measure will be calculated quarterly using a rolling 12 months of data. For public reporting, the quality measure score reported for each quarter is calculated using a rolling 12 months of data.

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All complete quality episodes during the 12 months, except those that meet the exclusion criteria, are included in the denominator and are eligible for inclusion in the numerator.

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For patients with multiple episodes during the 12-month time window, each episode is eligible for inclusion in the measure.

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# Pressure Ulcer/Injury: Risk Adjustment



This measure will be risk-adjusted based on an evaluation of potential risk factors and their statistically significant impact on the outcome.

# Risk Adjustment Factors

Proposed risk factors include:

Functional Mobility SOC/ROC  
Performance

- GG0170C. Mobility; Lying to Sitting on Side of Bed.

Bowel Incontinence at SOC/ROC

- M1620. Bowel Incontinence.

Diabetes Mellitus, Peripheral  
Vascular Disease, or Peripheral  
Arterial Disease

- M1028. Peripheral Vascular Disease (PVD), Peripheral Arterial Disease (PAD), or Diabetes Mellitus (DM).

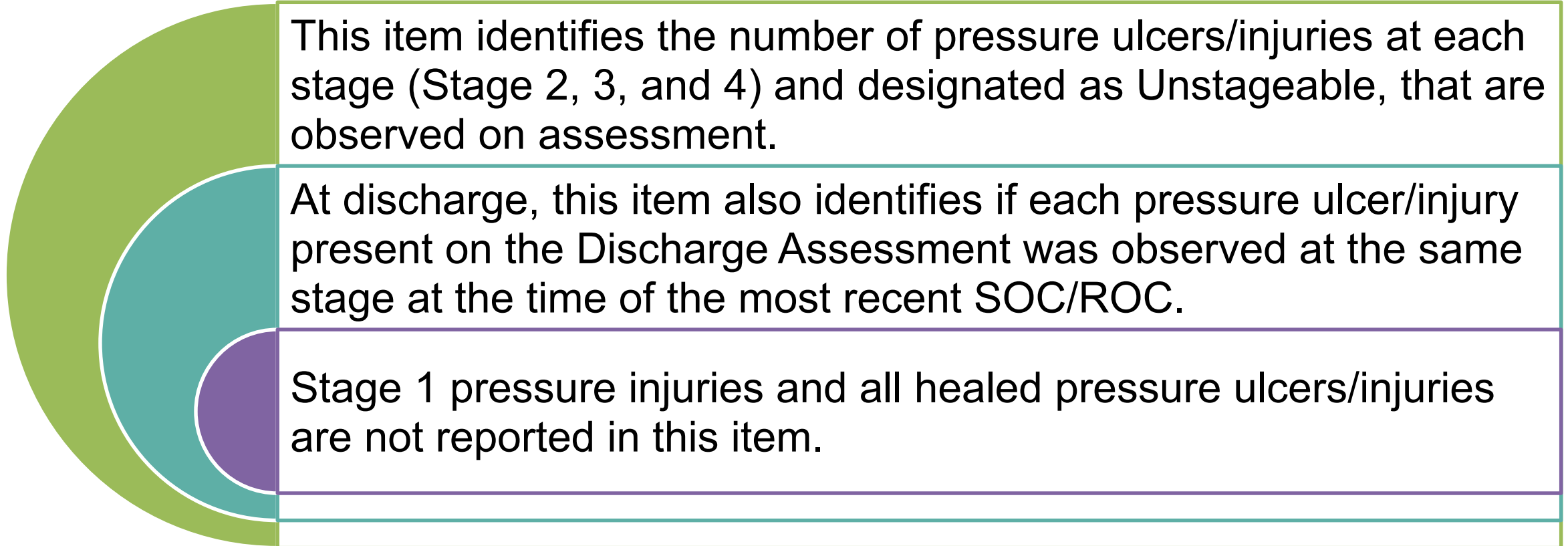
Low Body Mass Index, based on  
Height and Weight at SOC/ROC

- M1060a. Height.
- M1060b. Weight.

**M1311**

# Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

# M1311: Item Intent



# M1311: Time Points Completed



- Start of Care.
- Resumption of Care.
- Follow-Up.
- Discharge from agency – not to inpatient facility.

# M1311: Summary of Changes

## General revisions

- Item retained but different versions created for specific time points.
- Language modified to align with other PAC instruments.
  - Adapted NPUAP definitions and terminology.
  - Modified skip pattern language and directions.



# M1311: Summary of Changes (cont. 1)

## Item text revised

- Added ulcers/injuries where applicable.
- Added the word “device” to the item title in D1.  
Unstageable: non-removable dressing/**device**.
- Removed “suspected ...in evolution” from F1. Unstageable:  
Deep tissue injury.

# M1311: Summary of Changes (cont. 2)

## Use of the Dash

- Dash “-” is a valid response for this item, at the **Discharge time point only**.
- CMS expects dash use to be a rare occurrence.

# M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage

(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number
<b>A1. Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister. <b>Number of Stage 2 pressure ulcers</b>	<input type="text"/>
<b>B1. Stage 3:</b> 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 and tunneling. <b>Number of Stage 3 pressure ulcers</b>	<input type="text"/>
<b>C1. Stage 4:</b> Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. <b>Number of Stage 4 pressure ulcers</b>	<input type="text"/>
<b>D1. Unstageable: Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device <b>Number of unstageable pressure ulcers/injuries due to non-removable dressing/device</b>	<input type="text"/>
<b>E1. Unstageable: Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar <b>Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar</b>	<input type="text"/>
<b>F1. Unstageable: Deep tissue injury</b> <b>Number of unstageable pressure injuries presenting as deep tissue injury</b>	<input type="text"/>

SOC/ROC  
and Follow-  
Up Version

# M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage (cont. 1)

Discharge  
Version

(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number
<b>A1. Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister. <b>Number of Stage 2 pressure ulcers</b> [If 0 – Go to M1311B1, Stage 3]	<input type="text"/>
<b>A2. Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
<b>B1. Stage 3:</b> 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 and tunneling. <b>Number of Stage 3 pressure ulcers</b> [If 0 – Go to M1311C1, Stage 4]	<input type="text"/>
<b>B2. Number of <u>these</u> Stage 3 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
<b>C1. Stage 4:</b> Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. <b>Number of Stage 4 pressure ulcers</b> [If 0 – Go to M1311D1, Unstageable: Non-removable dressing/device]	<input type="text"/>
<b>C2. Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>

# M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage (cont. 2)

Discharge  
Version  
(cont.)

(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number
<b>D1. Unstageable: Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device <b>Number of unstageable pressure ulcers/injuries due to non-removable dressing/device</b> [If 0 – Go to M1311E1, Unstageable: Slough and/or eschar]	<input type="text"/>
<b>D2. Number of <u>these</u> unstageable pressure ulcers/injuries</b> that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
<b>E1. Unstageable: Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar <b>Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar</b> [If 0 – Go to M1311F1, Unstageable: Deep tissue injury]	<input type="text"/>
<b>E2. Number of <u>these</u> unstageable pressure ulcers</b> that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
<b>F1. Unstageable: Deep tissue injury</b> <b>Number of unstageable pressure injuries presenting as deep tissue injury</b> [If 0 – Go to M1324]	<input type="text"/>
<b>F2. Number of <u>these</u> unstageable pressure injuries</b> that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>

# Response-Specific Coding Instructions

# M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage

Determining “Present at the most recent SOC/ROC”

For each pressure ulcer/injury observed and coded in items M1311A1-F1 on Discharge, determine whether that pressure ulcer/injury was observed at the same stage at the time of the most recent SOC/ROC, and did not form during this home health quality episode.



# M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage (cont. 1)

## Determining “Present at the most recent SOC/ROC”

If the pressure ulcer/injury was unstageable at SOC/ROC, but becomes numerically stageable later, when completing the Discharge Assessment, its “Present at the most recent SOC/ROC” stage should be considered the stage at which it first becomes numerically stageable.

If it subsequently increases in numerical stage, do not report the higher stage ulcer as being “present at the most recent SOC/ROC” when completing the Discharge Assessment.

# M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage (cont. 2)

## Determining “Present at the most recent SOC/ROC”

The general standard of practice for patients starting or resuming care is that patient assessments are completed as close to the actual time of the SOC/ROC as possible.

If a pressure ulcer/injury that is identified on the SOC date increases in numerical stage within the assessment time frame, the stage of the pressure ulcer/injury at the first skin assessment completed would be reported in M1311X1 at the SOC.

# M1311: Coding the SOC/ROC and Follow-Up Assessments

## M1311: A1-F1

- At SOC/ROC and Follow-Up enter the number of ulcers for each stage that are observed at the first skin assessment completed during the assessment time frame.

## Example:

- At SOC, in B1, enter the number of Stage 3 pressure ulcers that are observed at the first skin assessment completed during the SOC assessment timeframe.
- Enter 0 if no Stage 3 pressure ulcers are observed.

**SOC/ROC and  
Follow-Up Assessment**

# M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage (cont. 3)

(M1311) Current Number of Unhealed Pressure <b>Ulcers/Injuries</b> at Each Stage	Enter Number
<b>A1. Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister. <b>Number of Stage 2 pressure ulcers</b>	<input type="text"/>
<b>B1. Stage 3:</b> 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 and tunneling. <b>Number of Stage 3 pressure ulcers</b>	<input type="text"/>
<b>C1. Stage 4:</b> Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. <b>Number of Stage 4 pressure ulcers</b>	<input type="text"/>
<b>D1. Unstageable: Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device <b>Number of unstageable pressure <b>ulcers/injuries</b> due to non-removable dressing/device</b>	<input type="text"/>
<b>E1. Unstageable: Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar <b>Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar</b>	<input type="text"/>
<b>F1. Unstageable: <b>Deep tissue injury</b></b> <b>Number of unstageable pressure <b>injuries</b> presenting as deep tissue injury</b>	<input type="text"/>

SOC/ROC  
and Follow-  
Up Version

# M1311: Coding the Discharge Assessment

## M1311: A1-F1 and A2-F2

- At Discharge, enter a response for each row of this item: A1, A2, B1, B2, C1, C2, D1, D2, E1, E2, F1, F2, unless directed to skip.

## Discharge Assessment

### Example:

- At Discharge, in A1 enter the number of Stage 2 pressure ulcers that are observed at the Discharge Assessment.
- If no Stage 2 pressure ulcers are observed, enter 0 in A1 and skip A2.
- If at least one Stage 2 pressure ulcer is observed, and reported in A1, enter in A2 the number of these Stage 2 pressure ulcers that were observed at the same stage at the most recent SOC/ROC.

# M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage (cont. 4)

Discharge  
Version

(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number
<b>A1. Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister. <b>Number of Stage 2 pressure ulcers</b> [If 0 – Go to M1311B1, Stage 3]	<input type="text"/>
<b>A2. Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
<b>B1. Stage 3:</b> 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 and tunneling. <b>Number of Stage 3 pressure ulcers</b> [If 0 – Go to M1311C1, Stage 4]	<input type="text"/>
<b>B2. Number of <u>these</u> Stage 3 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
<b>C1. Stage 4:</b> Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. <b>Number of Stage 4 pressure ulcers</b> [If 0 – Go to M1311D1, Unstageable: Non-removable dressing/device]	<input type="text"/>
<b>C2. Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>



# M1311. Current Number of Unhealed Pressure Ulcer/Injuries at Each Stage (cont. 5)

Discharge  
Version  
(cont.)

(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number
<b>D1. Unstageable: Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device <b>Number of unstageable pressure ulcers/injuries due to non-removable dressing/device</b> [If 0 – Go to M1311E1, Unstageable: Slough and/or eschar]	<input type="checkbox"/>
<b>D2. Number of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
<b>E1. Unstageable: Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar <b>Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar</b> [If 0 – Go to M1311F1, Unstageable: Deep tissue injury]	<input type="checkbox"/>
<b>E2. Number of these unstageable pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
<b>F1. Unstageable: Deep tissue injury</b> <b>Number of unstageable pressure injuries presenting as deep tissue injury</b> [If 0 – Go to M1324]	<input type="checkbox"/>
<b>F2. Number of these unstageable pressure injuries that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>



# Additional Coding Guidance

# Pressure Ulcer Definitions

CMS  
adheres to  
the  
following  
guidelines:

**Stage 2 pressure ulcers are characterized by partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ruptured blister.**

**Stage 3 pressure ulcers are characterized by 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.**

**Stage 4 pressure ulcers are characterized by full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.**

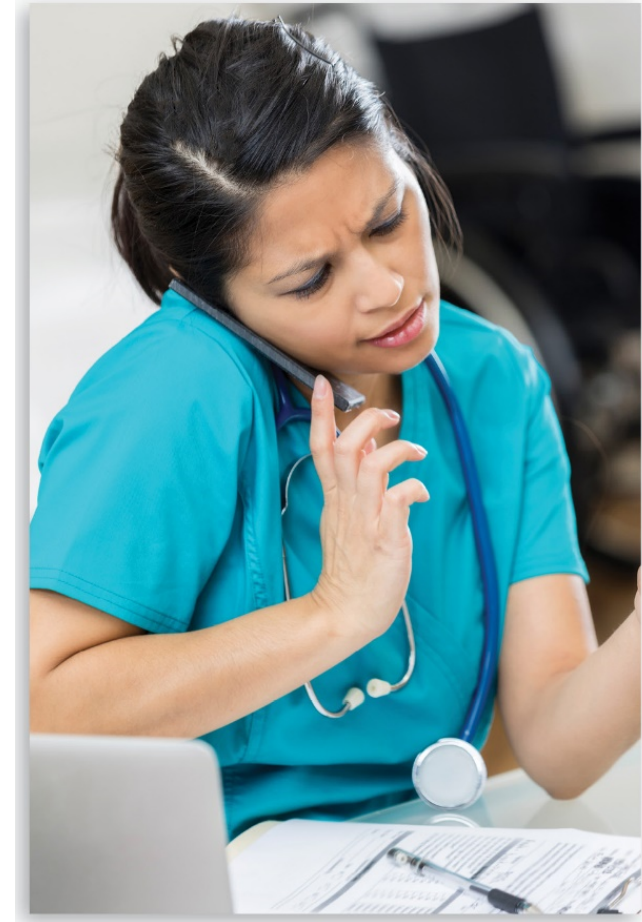
# Healed Pressure Ulcers/Injuries

- Terminology referring to “healed” vs. “unhealed” ulcers/injuries can refer to whether the ulcer/injury is “closed” vs. “open.”
- However, Stage 1 pressure injuries and DTI, although closed (intact skin), would not be considered healed.
- Unstageable pressure ulcers/injuries, whether covered with a non-removable dressing or eschar or slough, would not be considered healed.



# Determine the Highest Numerical Stage

The clinician should make every effort to contact previous providers (including the patient's physician) to determine the highest numerical stage of the pressure ulcer.



# Unstageable Pressure Ulcers

- Pressure ulcers that have eschar (tan, black, or brown) or slough (yellow, tan, gray, green or brown) tissue present such that the anatomic depth of soft tissue damage cannot be visualized in the wound bed, should be classified as unstageable.
- If the wound bed is only partially covered by eschar or slough, and the anatomical depth of tissue damage can be visualized, numerically stage the ulcer, and do not code this as unstageable.

decubitus ulcer  
pressure  
sore  
bed sore  
pressure  
injury  
bed  
sore  
pressure ulcer

# Unstageable Pressure Ulcers/Injuries: Slough and/or Eschar



- At discharge, any numerically stageable pressure ulcer/injury observed at SOC/ROC that is unstageable due to slough and/or eschar at discharge, should be considered new, and not coded as present at the most recent SOC/ROC for M1311E2.

# Unstageable Pressure Ulcers/Injuries: Non-Removable Dressing/Device

- Pressure ulcers/injuries that are known to be present but that are unstageable due to a non-removable dressing/device, should be reported in M1311D1, Unstageable.
  - *Examples of a non-removable dressing/device include a dressing that is not to be removed per physician's order (such as those used in negative-pressure wound therapy, an orthopedic device, or a cast).*





# Unstageable Pressure Ulcers/Injuries: Non-Removable Dressing/Device (cont. 1)

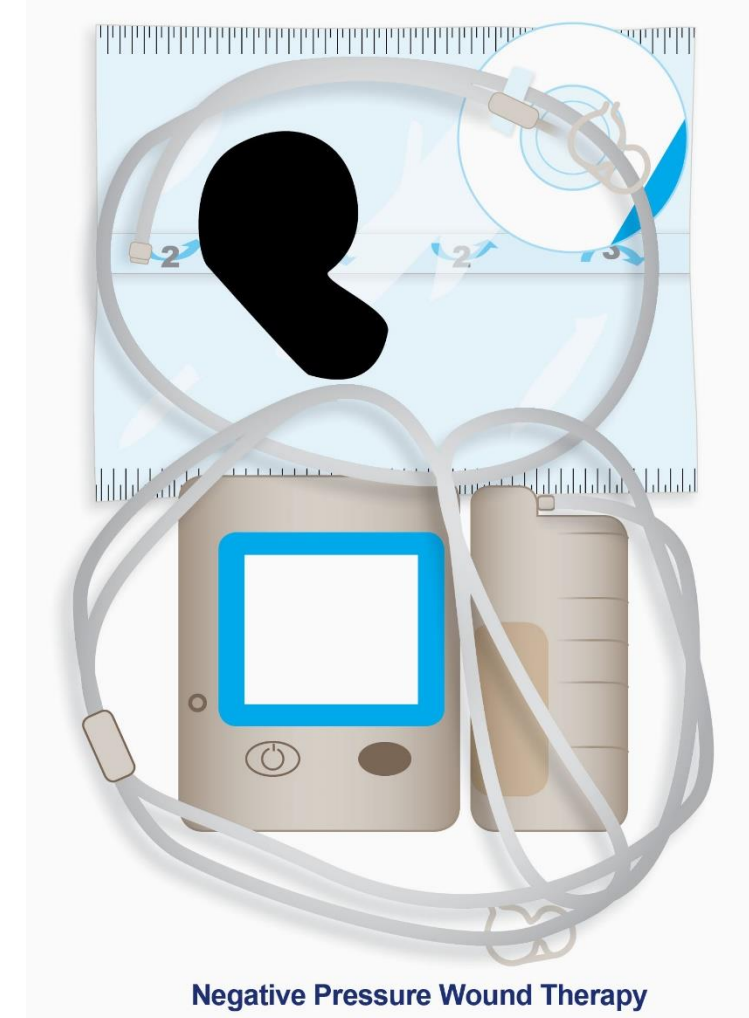
- “**Known**” refers to when documentation is available that states a pressure ulcer/injury exists under the non-removable dressing/device.





# Unstageable Pressure Ulcers/Injuries: Non-Removable Dressing/Device (cont. 2)

- On the Discharge Assessment, if an unknown pressure ulcer/injury is discovered upon removal of a non-removable dressing/device, that pressure ulcer/injury **should be considered new**, and not be coded as present at the most recent SOC/ROC for M1311X2.



# Deep Tissue Injury (DTI)

A purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.

- A deep tissue injury with intact skin at SOC/ROC, that becomes stageable, is considered present at the most recent SOC/ROC at the stage at which it first becomes numerically stageable.

# Surgical Intervention



- Any type of flap procedure performed to surgically replace a pressure ulcer is reported as a surgical wound, until healed. It should not be reported as a pressure ulcer/injury on M1311.
- A pressure ulcer treated with any type of graft is no longer reported as a pressure ulcer/injury, and until healed, should be reported as a surgical wound on M1340.
- A pressure ulcer that has been surgically debrided remains a pressure ulcer and should not be reported as a surgical wound on M1340.

# Mucosal Ulcers

- Mucosal pressure ulcers are not staged using the skin pressure ulcer/injury staging system because anatomical tissue comparisons cannot be made.
- Therefore, mucosal ulcers (e.g., those related to nasogastric tubes, oxygen tubing, endotracheal tubes, urinary catheters, mucosal ulcers in the oral cavity) should not be coded on the OASIS.



# Practice Coding Scenarios

# Practice Coding Scenario 1

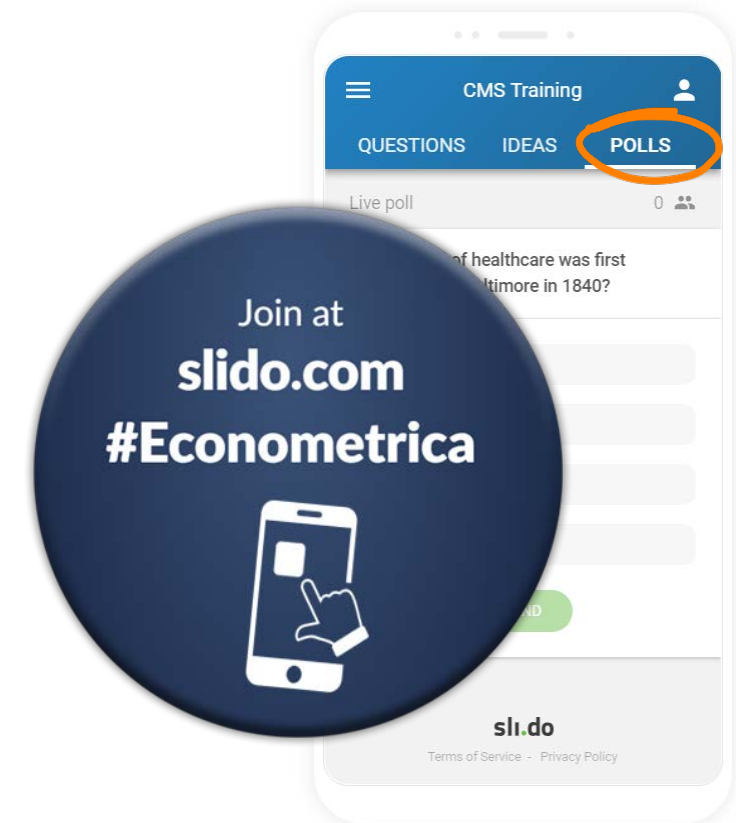
- A patient is admitted to home health with a Stage 3 pressure ulcer on her coccyx. No other pressure ulcers are present.
- At discharge, it is entirely covered with eschar and the wound bed cannot be assessed. No additional pressure ulcers arise during this episode.
- The patient is discharged from home health services with an unstageable pressure ulcer due to slough/eschar.



Q<sub>1</sub>

# How would you code M1311 on the SOC Assessment?

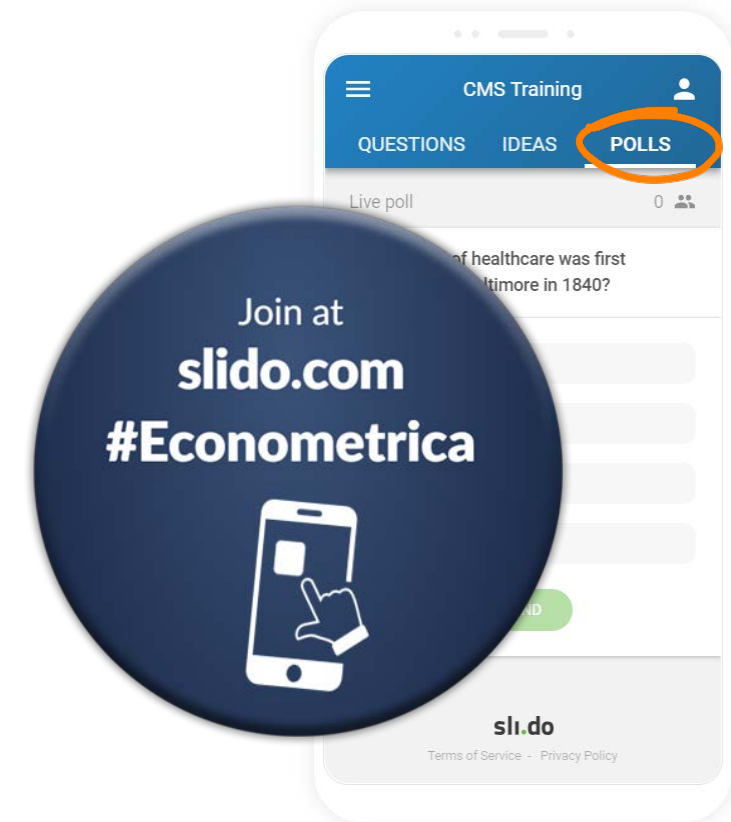
- A. M1311A1. Stage 2 = 1.
- B. M1311B1. Stage 3 = 1.
- C. M1311C1. Stage 4 = 1.
- D. M1311E1. Unstageable: Slough and/or eschar = 1.





# Q<sub>2</sub> How would you code M1311 on the Discharge Assessment?

- A. M1311A1. Stage 2 = 1.
- B. M1311B1. Stage 3 = 1.
- C. M1311C1. Stage 4 = 1.
- D. M1311E1. Unstageable: Slough and/or eschar = 1.







# Was this unstageable pressure ulcer due to slough and/or eschar present at SOC?

- A. Yes, code M0300E2 = 1.
- B. No, code M0300E2 = 0.
- C. Skip M0300E2.



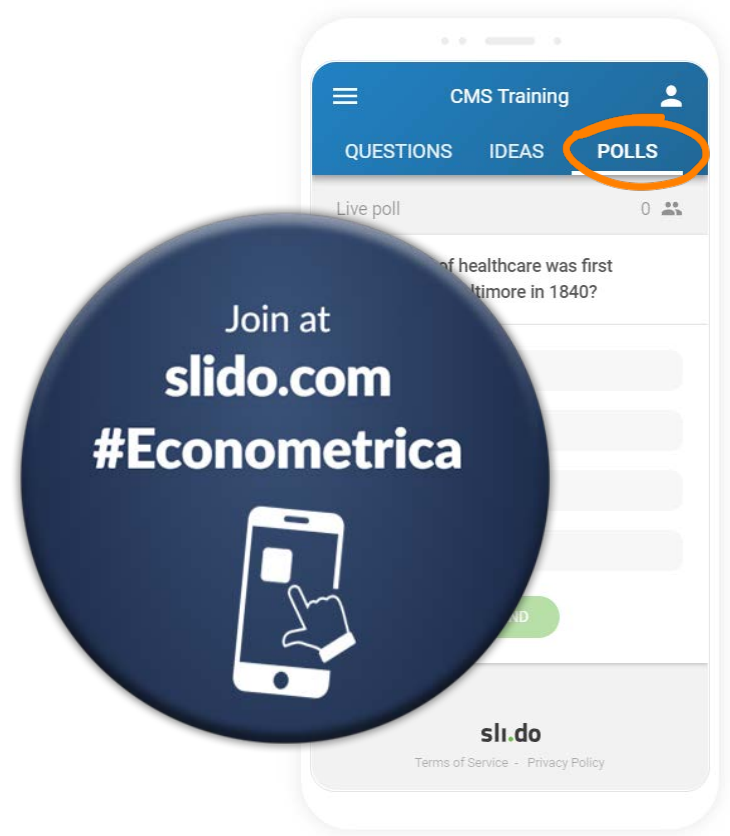
# Practice Coding Scenario 2

- A patient is admitted to home health with referral documentation indicating the presence of a Stage 3 sacral pressure ulcer. This ulcer is covered with a non-removable dressing; and therefore, is unstageable at SOC. No other pressure ulcers/injuries are present.
- An order is obtained to change the dressing on Day 4 of the quality episode, and assessment reveals a Stage 3 pressure ulcer.
- On Day 9 of the quality episode, the pressure ulcer is covered with eschar and is assessed as unstageable. The eschar-covered ulcer is unchanged at the time of discharge. No other pressure ulcers/injuries develop during this quality episode.



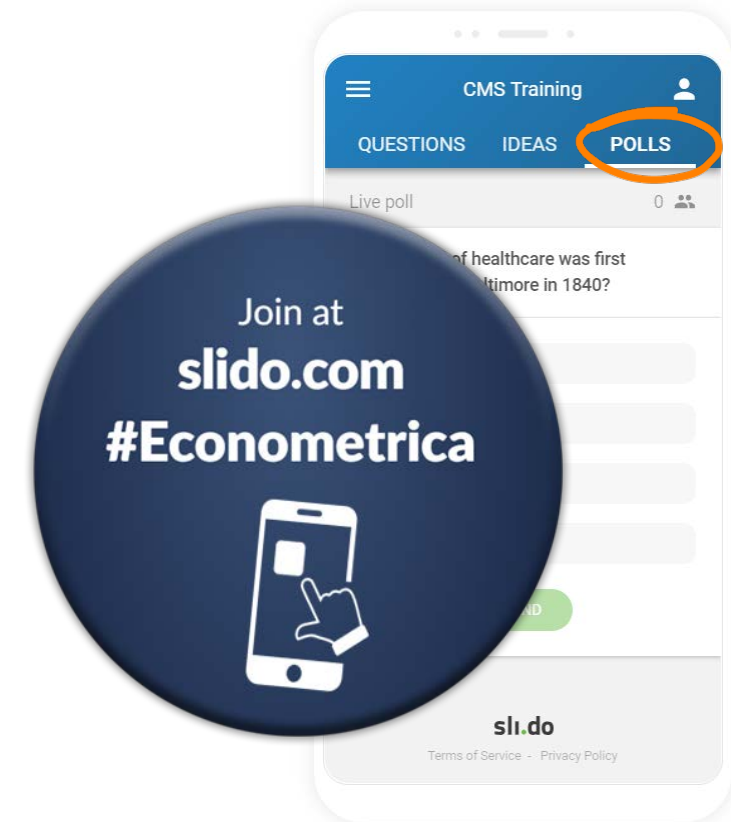
# How would you code M1311 on the SOC Assessment?

- A. M1311B1. Stage 3 = 1.
- B. M1311D1. Unstageable: Non-removable dressing/device = 1.
- C. M1311E1. Unstageable: Slough and/or eschar = 1.
- D. M1311F1. Unstageable: DTI = 1.



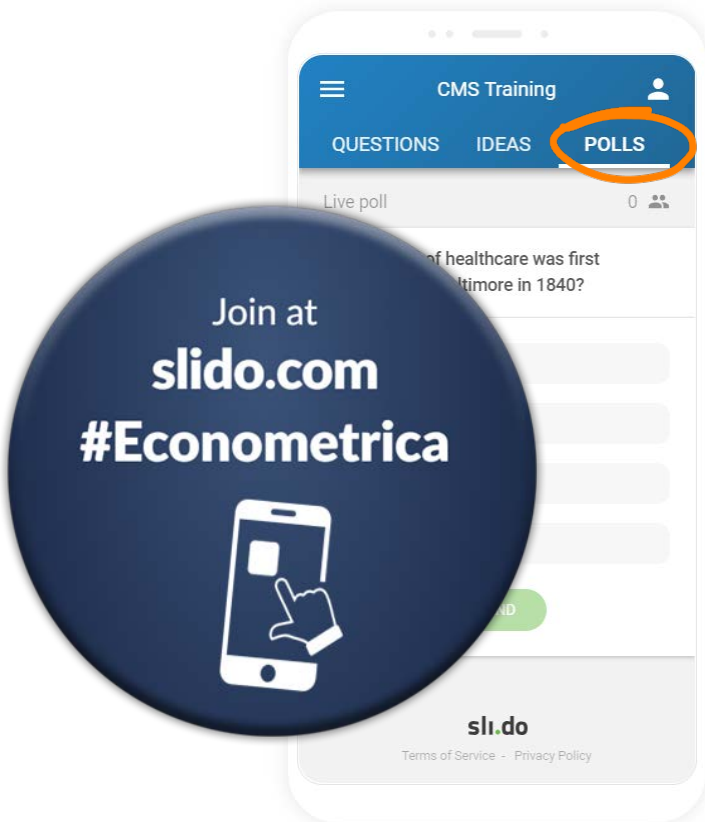
# Q<sup>5</sup> How would you code M1311 on the Discharge Assessment?

- A. M1311B1. Stage 3 = 1.
- B. M1311D1. Unstageable: Non-removable dressing/device = 1.
- C. M1311E1. Unstageable: Slough and/or eschar = 1.
- D. M1311F1. Unstageable: DTI = 1.



# Was this unstageable pressure ulcer due to slough and/or eschar present at SOC?

- A. Yes, code M1311E2 = 1.
- B. No, code M1311E2 = 0.
- C. Skip M1311E2.



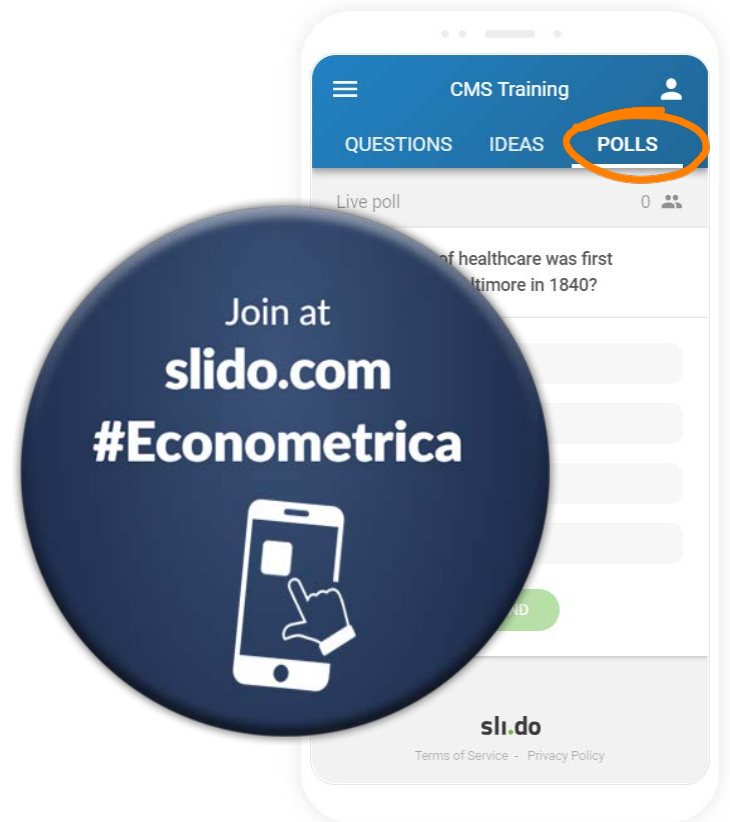
# Practice Coding Scenario 3

- The RN completes a skin assessment during the SOC visit for Mrs. K, and identifies a right hip DTI with intact skin.
- This DTI is first numerically stageable 10 days later as a Stage 3 pressure ulcer and increases in numerical stage five days after that, to a Stage 4 pressure ulcer.
- The pressure ulcer remains a Stage 4 at discharge.



# How would you code M1311 on the SOC Assessment?

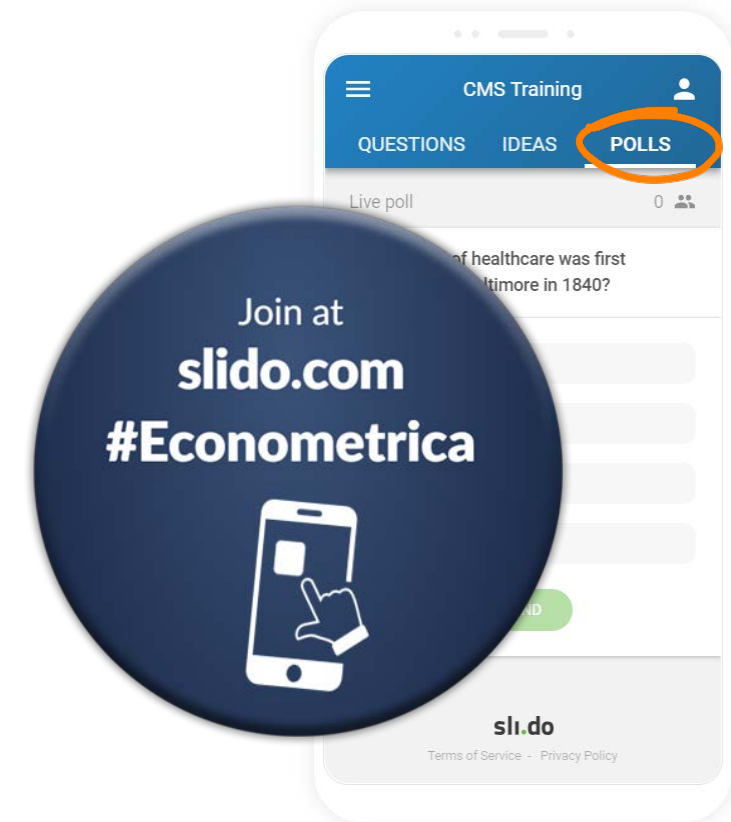
- A. M1311B1. Stage 3 = 1.
- B. M1311C1. Stage 4 = 1.
- C. M1311E1. Unstageable: Slough and/or eschar = 1.
- D. M1311F1. Unstageable: DTI = 1.





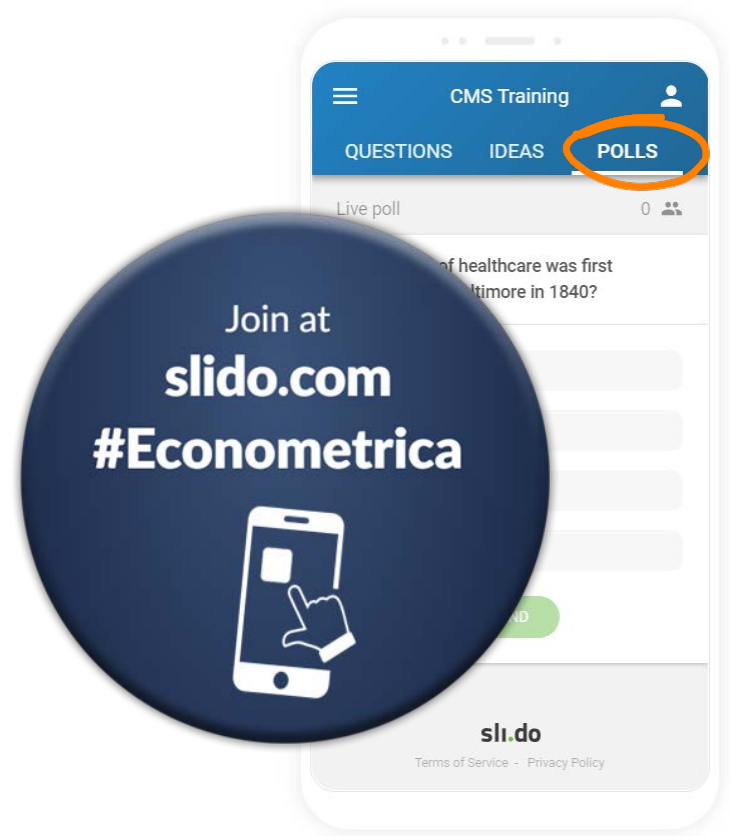
# Q<sub>8</sub> How would you code M1311 on the Discharge Assessment?

- A. M1311B1. Stage 3 = 1.
- B. M1311C1. Stage 4 = 1.
- C. M1311E1. Unstageable: Slough and/or eschar = 1.
- D. M1311F1. Unstageable: DTI = 1.



# Was this pressure ulcer present at SOC?

- A. Yes, code M1311C2 = 1.
- B. No, code M1311C2 = 0.
- C. Skip M1311C2.



# Coding Activity

# Practice Coding Scenario 4

- The RN assesses Mr. L's skin during the assessment timeframe for the SOC, and identifies a DTI with intact skin on his right heel.
- This DTI first becomes numerically stageable at the third home visit, as a Stage 3 pressure ulcer.
- At the Discharge skin assessment, this pressure ulcer is unstageable due to slough and eschar.



# Practice Coding Scenario 4 (cont. 1)

M1311. Current Number of Unhealed Pressure Ulcers/Injuries	SOC Assessment	Discharge Assessment
M1311A1. Number of Stage 2 pressure ulcers.		
M1311A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC.		
M1311B1. Number of Stage 3 pressure ulcers.		
M1311B2. Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC.		
M1311C1. Number of Stage 4 pressure ulcers.		
M1311C2. Number of these Stage 4 pressure ulcers that were present at most recent SOC/ROC.		

# Practice Coding Scenario 4 (cont. 11)

M1311. Current Number of Unhealed Pressure Ulcers/Injuries	SOC Assessment	Discharge Assessment
<b>M1311D1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.		
<b>M1311D2.</b> Number of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC.		
<b>M1311E1.</b> Number of unstageable pressure ulcers due to slough and/or eschar.		
<b>M1311E2.</b> Number of these unstageable pressure ulcers that were present at most recent SOC/ROC.		
<b>M1311F1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.		
<b>M1311F2.</b> Number of these unstageable pressure injuries that were present at most recent SOC/ROC.		

# Practice Coding Scenario 5

- A patient is admitted to home health with a Stage 2 pressure ulcer on the right lateral knee.
- The skin assessment on Day 6 of the quality episode identifies that this ulcer has evolved to a Stage 3 pressure ulcer, which remains at this stage at the time of discharge.





# Practice Coding Scenario 5 (cont. 1)

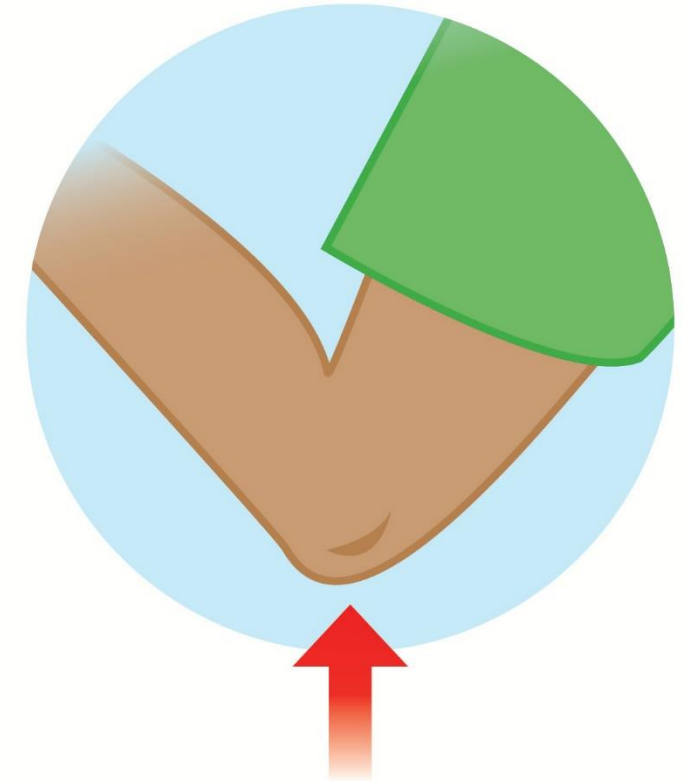
M1311. Current Number of Unhealed Pressure Ulcers/Injuries	SOC Assessment	Discharge Assessment
M1311A1. Number of Stage 2 pressure ulcers.		
M1311A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC.		
M1311B1. Number of Stage 3 pressure ulcers.		
M1311B2. Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC.		
M1311C1. Number of Stage 4 pressure ulcers.		
M1311C2. Number of these Stage 4 pressure ulcers that were present at most recent SOC/ROC.		

# Practice Coding Scenario 5 (cont. 11)

M1311. Current Number of Unhealed Pressure Ulcers/Injuries	SOC Assessment	Discharge Assessment
<b>M1311D1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.		
<b>M1311D2.</b> Number of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC.		
<b>M1311E1.</b> Number of unstageable pressure ulcers due to slough and/or eschar.		
<b>M1311E2.</b> Number of these unstageable pressure ulcers that were present at most recent SOC/ROC.		
<b>M1311F1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.		
<b>M1311F2.</b> Number of these unstageable pressure injuries that were present at most recent SOC/ROC.		

# Practice Coding Scenario 6

- At SOC, the patient's skin assessment reveals two Stage 2 pressure ulcers on the right elbow.
- On Day 5, while conducting a skin assessment, both pressure ulcers were identified to be a Stage 3.
- On discharge, the patient's skin assessment reveals two healing Stage 3 pressure ulcers on the right elbow.



# Practice Coding Scenario 6 (cont. 1)

M1311. Current Number of Unhealed Pressure Ulcers/Injuries	SOC Assessment	Discharge Assessment
M1311A1. Number of Stage 2 pressure ulcers.		
M1311A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC.		
M1311B1. Number of Stage 3 pressure ulcers.		
M1311B2. Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC.		
M1311C1. Number of Stage 4 pressure ulcers.		
M1311C2. Number of these Stage 4 pressure ulcers that were present at most recent SOC/ROC.		

# Practice Coding Scenario 6 (cont. 11)

M1311. Current Number of Unhealed Pressure Ulcers/Injuries	SOC Assessment	Discharge Assessment
<b>M1311D1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.		
<b>M1311D2.</b> Number of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC.		
<b>M1311E1.</b> Number of unstageable pressure ulcers due to slough and/or eschar.		
<b>M1311E2.</b> Number of these unstageable pressure ulcers that were present at most recent SOC/ROC.		
<b>M1311F1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.		
<b>M1311F2.</b> Number of these unstageable pressure injuries that were present at most recent SOC/ROC.		

# Practice Coding Scenario 7

- A patient is admitted to home health with a right ankle foot orthosis (AFO) to compensate for weakness and foot drop.
- On the first skin assessment, the clinician notes a Stage 2 pressure ulcer on the right upper ankle, that conforms to the shape of the AFO. The orthotist is consulted and the AFO is adjusted.
- At discharge, the ulcer is assessed as a Stage 2 and no other pressure ulcers/injuries are noted.



# Practice Coding Scenario 7 (cont. 1)

M1311. Current Number of Unhealed Pressure Ulcers/Injuries	SOC Assessment	Discharge Assessment
M1311A1. Number of Stage 2 pressure ulcers.		
M1311A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC.		
M1311B1. Number of Stage 3 pressure ulcers.		
M1311B2. Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC.		
M1311C1. Number of Stage 4 pressure ulcers.		
M1311C2. Number of these Stage 4 pressure ulcers that were present at most recent SOC/ROC.		



# Practice Coding Scenario 7 (cont. 11)

M1311. Current Number of Unhealed Pressure Ulcers/Injuries	SOC Assessment	Discharge Assessment
<b>M1311D1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.		
<b>M1311D2.</b> Number of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC.		
<b>M1311E1.</b> Number of unstageable pressure ulcers due to slough and/or eschar.		
<b>M1311E2.</b> Number of these unstageable pressure ulcers that were present at most recent SOC/ROC.		
<b>M1311F1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.		
<b>M1311F2.</b> Number of these unstageable pressure injuries that were present at most recent SOC/ROC.		

# Summary

- “*Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury*” is a cross-setting quality measure implemented to meet the requirements of the IMPACT Act.
- Replaces the current pressure ulcer measure, “*Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay)* (NQF #0678).”



# Summary (cont.)

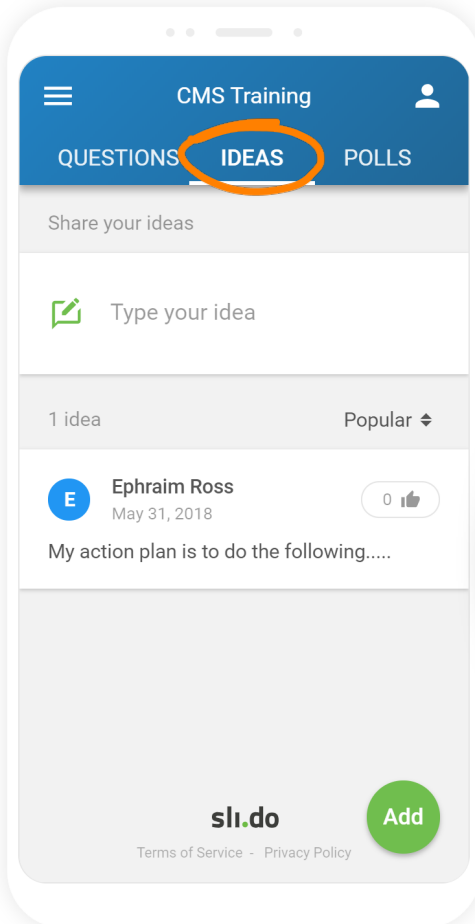
- The quality measure includes new or worsened unstageable pressure ulcers, including deep tissue injuries, in the measure numerator.
- Measure calculation has been amended to include M1311 items instead of M1313 items to reduce redundancies.
- Revisions informed by the NPUAP guidelines.



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# Share Your Action Plan Ideas



The screenshot shows the CMS Training app interface. At the top, there's a header with 'CMS Training' and a user profile icon. Below the header, there are three tabs: 'QUESTIONS', 'IDEAS' (which is highlighted with an orange circle), and 'POLLS'. Under the 'IDEAS' tab, there's a section titled 'Share your ideas' with a text input field labeled 'Type your idea'. Below this, there's a list of ideas. The first idea is by 'Ephraim Ross' dated 'May 31, 2018', with a thumbs up icon and the text 'My action plan is to do the following.....'. At the bottom of the screen, there's a 'slido' logo, a link to 'Terms of Service - Privacy Policy', and a green 'Add' button.

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# Questions?

