



# IRF and LTCH Virtual Training Program – Part 1

## Section M. Skin Conditions

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May 2022



# Objectives

- Describe the revised item set language and guidance for Section M.
- Summarize the implications of the Section M updates in your specific practice setting.



# Section M: Intent

- The items in this section document the presence, appearance, and change of pressure ulcers/injuries.



# Overview of Changes for M0210 and M0300

- **Overall.**
  - National Pressure Ulcer Advisory Panel (NPUAP) updated to National Pressure Injury Advisory Panel (NPIAP) throughout.
  - Skip pattern changes based on the addition of **N0415. High-Risk Drug Classes: Use and Indication**, which is a new standardized patient assessment data element.
  - Definitions updated.
- **M0210. Unhealed Pressure Ulcers/Injuries.**
  - Item rationale and coding instructions clarified.
  - Moved Step #3 under **M0300. Steps for Completing M0300 A–G** to Coding Tips.
- **M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage.**
  - Steps for assessment, coding tips, and examples clarified.

**M0210**

# Unhealed Pressure Ulcers/Injuries

# M0210: Item Rationale Updated

- For the Long-Term Care Hospital (LTCH) CARE Data Set (LCDS) or Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) assessment, the initial (at admission) numerical staging of pressure ulcers/injuries ~~and the initial numerical staging of ulcers/injuries after debridement, or a DTI that declares itself~~, should be coded in terms of what is assessed (i.e., seen and palpated, such as visible tissue, palpable bone) as close to admission as possible.

# M0210: Coding Instructions – Revised for LTCH



For IRF and LTCH:  
If during the Admission assessment, complete as close to the time of admission as possible.



For LTCH: Complete only if  
*A0250 = 01 Admission.*



For IRF and LTCH:  
If during the Discharge assessment, complete as close to the time of discharge as possible.



For LTCH: Complete only if  
*A0250 = 10 Planned Discharge,*  
*or A0250 = 11 Unplanned Discharge.*

# M0210: Response Codes Revised

- **Code 0, No**, if the patient did not have a pressure ulcer/injury on the first skin assessment in the 3-day assessment period (or the last skin assessment in the 3-day assessment period at discharge) ~~as close to the time of admission or discharge as possible~~.
- **Code 1, Yes**, if the patient had any pressure ulcer/injury (Stage 1, 2, 3, 4, or unstageable) on the first skin assessment in the 3-day assessment period (or the last skin assessment in the 3-day assessment period at discharge) ~~as close to the time of admission or discharge as possible~~.



**M0300**

# Unhealed Pressure Ulcers/Injuries

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage – Admission



M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	
Enter Number <input type="text"/>	<b>A. Stage 1:</b> Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues. <b>1. Number of Stage 1 pressure injuries</b>
Enter Number <input type="text"/>	<b>B. 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>1. Number of Stage 2 pressure ulcers</b>
Enter Number <input type="text"/>	<b>C. 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>1. Number of Stage 3 pressure ulcers</b>
Enter Number <input type="text"/>	<b>D. 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>1. Number of Stage 4 pressure ulcers</b>
Enter Number <input type="text"/>	<b>E. Unstageable - Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device <b>1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device</b>
Enter Number <input type="text"/>	<b>F. Unstageable - Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar <b>1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar</b>
Enter Number <input type="text"/>	<b>G. Unstageable - Deep tissue injury</b> <b>1. Number of unstageable pressure injuries presenting as deep tissue injury</b>



# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage – Discharge

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	
Enter Number <input type="text"/>	<b>A. Stage 1:</b> Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues. <b>1. Number of Stage 1 pressure injuries</b>
Enter Number <input type="text"/>	<b>B. 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>1. Number of Stage 2 pressure ulcers</b> <i>If 0 → Skip to M0300C, Stage 3</i>
Enter Number <input type="text"/>	<b>2. Number of <u>these</u> Stage 2 pressure ulcers that were present upon admission</b> - enter how many were noted at the time of admission
Enter Number <input type="text"/>	<b>C. Stage 3:</b> Full thickness tissue loss. Subcutaneous fat may be visible but does not obscure the depth of tissue loss. May include undermining and tunneling. <b>1. Number of Stage 3 pressure ulcers</b> <i>If 0 → Skip to M0300D, Stage 4</i>
Enter Number <input type="text"/>	<b>2. Number of <u>these</u> Stage 3 pressure ulcers that were present upon admission</b>
Enter Number <input type="text"/>	<b>D. Stage 4:</b> Full thickness tissue loss with exposed bone, tendon or muscle, wound bed. Often includes undermining and tunneling. <b>1. Number of Stage 4 pressure ulcers</b> <i>If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device</i>
Enter Number <input type="text"/>	<b>2. Number of <u>these</u> Stage 4 pressure ulcers that were present upon admission</b>



M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued	
Enter Number <input type="text"/>	<b>E. Unstageable - Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device <b>1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device</b> <i>If 0 → Skip to M0300F, Unstageable - Slough and/or eschar</i>
Enter Number <input type="text"/>	<b>2. Number of <u>these</u> unstageable pressure ulcers/injuries that were present upon admission</b> - enter how many were noted at the time of admission
Enter Number <input type="text"/>	<b>F. Unstageable - Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar <b>1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar</b> <i>If 0 → Skip to M0300G, Unstageable - Deep tissue injury</i>
Enter Number <input type="text"/>	<b>2. Number of <u>these</u> unstageable pressure ulcers that were present upon admission</b> - enter how many were noted at the time of admission
Enter Number <input type="text"/>	<b>G. Unstageable - Deep tissue injury</b> <b>1. Number of unstageable pressure injuries presenting as deep tissue injury</b> <i>If 0 → Skip to N0415, High-Risk Drug Classes: Use and Indication</i>
Enter Number <input type="text"/>	<b>2. Number of <u>these</u> unstageable pressure injuries that were present upon admission</b> - enter how many were noted at the time of admission

# M0300: Coding Instructions – Revised for LTCH



For IRF and LTCH:  
If during the Admission assessment, complete as close to the time of admission as possible.



For LTCH: Complete only if  
*A0250 = 01 Admission.*



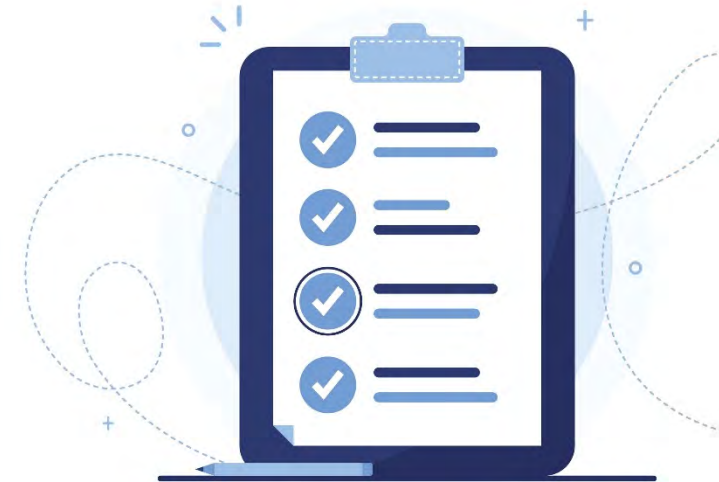
For IRF and LTCH:  
If during the Discharge assessment, complete as close to the time of discharge as possible.



For LTCH: Complete only if  
*A0250 = 10 Planned Discharge,*  
*or A0250 = 11 Unplanned Discharge.*

# M0300: Steps for Completing M0300A–G: Step 1

- **Step 1: Determine Deepest Anatomical Stage**
  - For each pressure ulcer/injury, determine the deepest anatomical stage. **At admission, code from the first skin assessment that is conducted on or after and as close to the admission as possible.** Do not reverse or back-stage. Consider current and historical levels of tissue involvement.
  - 3. Review the history of each pressure ulcer/injury in the medical record. If the **stageable** pressure ulcer/injury was previously classified at a higher numerical stage than what is observed now, it should continue to be classified at the higher numerical stage **until healed, unless it becomes unstageable.**





# M0300: Steps for Completing M0300A–G: Step 1 (cont. 1)

- 5. Clinical standards do not support reverse staging or back-staging as a way to document healing, as it does not accurately characterize what is physiologically occurring as the ulcer heals. For example, over time, even though a Stage 4 pressure ulcer has been healing and contracting such that it is less deep, wide, and long, the tissues that were lost (muscle, fat, dermis) will never be replaced with the same type of tissue. Previous standards using reverse staging or back-staging would have permitted identification of this pressure ulcer as a Stage 3, then a Stage 2, and so on, when it reached a depth consistent with these stages. Clinical standards now would require that this ulcer continue to be documented as a Stage 4 pressure ulcer until it has completely healed, **unless it becomes unstageable**.

# M0300: Steps for Completing M0300A–G: Step 1 (cont. 2)



- A new step for completing M0300A–G has been added:
  - 6. A previously closed pressure ulcer that opens again should be reported at its worse stage unless currently presenting at a higher stage or unstageable.



# M0300: Steps for Completing M0300A–G: Step 2

- **Step 2: Identify Unstageable Pressure Ulcers/Injuries**
  - 2. If, ~~after careful cleansing of the pressure ulcer/injury~~, a pressure ulcer/injury's anatomical tissues ~~remain~~ are obscured such that the extent of soft tissue damage cannot be observed or palpated, the pressure ulcer/injury is considered unstageable.



# M0300: Steps for Completing M0300A–G: Step 3



- **Step 3: Determine Present on Admission**
  - For **each** pressure ulcer/injury **that is present at discharge**, determine whether the pressure ulcer/injury was present at the time of admission and **not** acquired while the patient was in the care of the IRF/LTCH. Consider current and historical levels of tissue involvement.
  - 2. If a patient has a pressure ulcer that was documented on admission, and at discharge is documented at the same stage, it would be considered as “present on admission.”
    - This guidance is true even if during the stay the original pressure ulcer healed and reopened at the same stage and remained at that stage at discharge.



# M0300: Steps for Completing M0300A–G: Step 3 (cont.)

- 7. If a patient is discharged to another facility/hospital for longer than 3 calendar days and subsequently returns to the IRF/LTCH, and a current pressure ulcer increases in numerical stage **or becomes unstageable due to slough or eschar**, it **is coded at the higher stage (or unstageable status)** on the patient's new admission assessment for the second IRF/LTCH stay.

# M0300X2: Response Code Clarified

- The M0300X2 response code for all M0300 data elements has been clarified:
  - **Enter 0**, if ~~no~~ **the** [Stage X/Unstageable] pressure ulcer(s)/injury(ies) **present at discharge was/were not** noted at the time of admission.
  - Example from M0300B2:

## Coding Instructions for M0300B2: Number of these Stage 2 Pressure Ulcers that were present upon admission

*Complete at the time of discharge.*

Enter Number

Enter Number

**B. Stage 2:** 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.

**1. Number of Stage 2 pressure ulcers**

*If 0 → Skip to M0300C, Stage 3*

**2. Number of these Stage 2 pressure ulcers that were present upon admission** - enter how many were noted at the time of admission

# M0300E. Unstageable Pressure Ulcers/Injuries Due to Non-Removable Dressing/Device – Coding Tips



- Two coding tips were updated:
  - If a pressure ulcer/injury ~~that is~~ observed on admission does not increase in numerical stage or become unstageable due to slough/eschar during the stay, ~~but becomes and then is~~ unstageable due to non-removable dressing or device at discharge, ~~then it would be coded discharge code as the unstageable pressure ulcer/injury due to non-removeable dressing or device at on discharge assessment would be coded on the discharge assessment and would be~~ coded as “present on admission” ~~in M0300E2 on the discharge assessment~~. This is because even though the stage of the pressure ulcer/injury is unknown at discharge, there is no documentation or indication that it increased in numerical stage during the stay.

# M0300E. Unstageable Pressure Ulcers/Injuries Due to Non-Removable Dressing/Device – Coding Tips (cont.)

- If a pressure ulcer/injury ~~that is~~ observed on admission increases in numerical stage or becomes unstageable due to slough/eschar during the stay and then becomes unstageable due to non-removable dressing or device at discharge, ~~code as unstageable due to non-removable dressing or device the unstageable pressure ulcer due to non-removable dressing device would be coded~~ on the Discharge assessment ~~and would but and do not be coded~~ as “present on admission” ~~on the discharge assessment~~. This is because even though the stage of the pressure ulcer/injury is unknown at discharge, it increased in numerical stage during the stay ~~and reverse staging is not permitted~~.

# M0300F. Unstageable Pressure Ulcers Due to Slough and/or Eschar – Coding Tips



- Two coding tips were updated, and one removed:
  - ~~Once the pressure ulcer is debrided of enough~~ Even in the presence of slough and/or eschar, ~~if such that~~ the anatomic depth of soft tissue damage within the wound bed can be identified, the ulcer can then be numerically staged. The pressure ulcer does not have to be completely debrided or free of all slough and/or eschar tissue for ~~re~~classification of the ulcer to occur.



# M0300F. Unstageable Pressure Ulcers Due to Slough and/or Eschar – Coding Tips (cont.)

- The second coding tip that was updated added only the word “stageable,” which covers all pressure ulcer stages:
  - If a ~~stageable Stage 1 or Stage 2~~ pressure ulcer/injury observed at the time of admission further deteriorates and eventually becomes unstageable due to slough or eschar at discharge, the unstageable pressure ulcer would be coded on the discharge assessment and would not be considered as present on admission, so M0300F2 would be coded 0. This is because the pressure ulcer that is assessed on discharge was not present on admission at the same stage it is observed at the time of discharge.
    - ~~If a Stage 3 or 4 pressure ulcer observed on admission is unstageable due to slough or eschar on discharge, the unstageable pressure ulcer would be coded on the discharge assessment and would not be coded as present on admission, so M0300F2 would be coded 0.~~

# M0300G. Unstageable Pressure Ulcers Presenting as Deep Tissue Injury (DTI) – Coding Tips



## CODING TIPS

- A pressure ulcer/injury presenting with characteristics of a DTI is reported as a DTI unless full thickness tissue loss is present. For example, a DTI presenting as purple localized discoloration with tenderness caused by pressure, but without full thickness tissue loss would be coded as a DTI even if the wound is not completely intact.
- Once a DTI has fully opened, exposing the level of tissue damage, reassess the wound via observation and/or palpation and code based on clinical assessment and staging criteria.



# M0300G. Unstageable Pressure Ulcers Presenting as Deep Tissue Injury – Coding Tips (cont.)

- ~~Once~~ If a DTI that was observed on admission evolves and is subsequently able to be ~~has opened to an ulcer, the ulcer should be reassessed,~~ staged numerically staged, and remains coded on the ~~LTCH CARE Data Set~~ at the same appropriate stage at discharge, it would be considered and coded as “present on admission” on the discharge assessment at the stage at which it first became numerically stageable (M0300x1 = 1 and M0300x2 = 1).
- If a DTI that was observed on admission does not evolve to be numerically staged but is subsequently classified as another type of unstageable pressure ulcer/injury, it would be considered and coded as “present on admission” on the discharge assessment in that unstageable pressure ulcer/injury category (M0300x1 = 1 and M0300x2 = 1).

# Summary



- Described the revised item set and guidance language updates in Section M.
- Summarized the implications for the Section M items for both provider settings.

# Submitting Questions

- If you have questions about this presentation, please submit them to [PACTraining@Econometricalnc.com](mailto:PACTraining@Econometricalnc.com) by June 3, 2022.
- Select questions will be answered in a Q&A session during the June 2022 virtual live event.

