

# Long-Term Care Hospital Quality Reporting Program Section M

## CODING SCENARIO SHEETS



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InterContinental Dallas Hotel  
Addison, TX

### Coding Scenario 4

- A patient is admitted with documentation in the medical record of a sacral pressure ulcer/injury. This ulcer/injury is covered with a nonremovable dressing; therefore, this pressure ulcer/injury is unstageable.
- On Day 5 of the stay, the dressing is removed by the physician and assessment reveals a Stage 3 pressure ulcer.
- On Day 10 of the stay, the pressure ulcer is covered with eschar and is assessed as unstageable. The eschar-covered ulcer is unchanged at the time of discharge.

How would you code M0300?

Item	Admission Assessment	Discharge Assessment
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device		
<b>M0300E2.</b> Number of these unstageable pressure ulcers/injuries due to non-removable dressing that were present upon admission		
<b>M0300F1.</b> Number of unstageable pressure ulcers due to slough and/or eschar		
<b>M0300F2.</b> Number of these unstageable pressure ulcers due to slough and/or eschar that were present upon admission		

Refer to Presentation Slides 45–54.



## Coding Scenario 5

- Patient is admitted to the LTCH with a bruised, butterfly-shaped area on the sacrum and a blood-filled blister to the right heel.
- The sacral area, based on assessment of the surrounding tissues, is determined to be a DTI.
- The heel blister is also assessed, and based on the assessment of the surrounding tissues, it is determined that the heel blister is also a DTI.
- Four days after admission, the right heel blister is drained and conservatively debrided at the bedside.
- After debridement, the right heel is staged as a Stage 3 pressure ulcer.
- On discharge, the right heel remains at Stage 3 and the sacral area continues to be assessed as a DTI at discharge.

How would you code M0300?

Item	Admission Assessment	Discharge Assessment
<b>M0300B1.</b> Number of Stage 2 pressure ulcers		
<b>M0300B2.</b> Number of these Stage 2 pressure ulcers that were present upon admission		
<b>M0300C1.</b> Number of Stage 3 pressure ulcers		
<b>M0300C2.</b> Number of these Stage 3 pressure ulcers that were present upon admission		
<b>M0300D1.</b> Number of Stage 4 pressure ulcers		
<b>M0300D2.</b> Number of these Stage 4 pressure ulcers that were present upon admission		

## Coding Scenario 5 continued

How would you code M0300?

Item	Admission Assessment	Discharge Assessment
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device		
<b>M0300E2.</b> Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission		
<b>M0300F1.</b> Number of unstageable pressure ulcers due to slough/eschar		
<b>M0300F2.</b> Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission		
<b>M0300G1.</b> Number of unstageable pressure injuries with deep tissue injury		
<b>M0300G2.</b> Number of these unstageable pressure injuries with deep tissue injury that were present upon admission		

Refer to Presentation Slides 56–78.

## Coding Scenario 6

- The patient's skin assessment on admission reveals no pressure ulcers or injuries.
- On Day 5, the patient record identifies a Stage 2 pressure ulcer on the right elbow.
- On discharge, the patient's skin assessment reveals a healed Stage 2 pressure ulcer on the right elbow.

How would you code M0210?

Item	Admission Assessment	Discharge Assessment
M0210. Unhealed Pressure Ulcers/Injuries		

Refer to Presentation Slides 79–83.

## Coding Scenario 7

- A patient is admitted with a right ankle foot orthosis (AFO) to compensate for weakness and foot drop.
- On the initial skin assessment, the clinician notes a Stage 2 pressure ulcer at the right calf that conforms to the shape of the AFO. The orthotist is consulted and the AFO is adjusted.
- The ulcer heals before discharge and no other pressure ulcers/injuries are present.

How would you code M0210 and M0300?

Item	Admission Assessment	Discharge Assessment
<b>M0210.</b> Unhealed Pressure Ulcers/Injuries		
<b>M0300B1.</b> Number of Stage 2 pressure ulcers		
<b>M0300B2.</b> Number of these Stage 2 pressure ulcers that were present upon admission		

Refer to Presentation Slides 85–93.

## Coding Scenario 8

- A patient with a gastrostomy tube (G-tube) is admitted. The G-tube insertion site is covered with a dressing. The admitting clinician removes the dressing to complete an admission skin assessment and identifies a lesion present on the stoma.
- There are no other lesions identified at admission and throughout the stay.

How would you code M0210?

Item	Admission Assessment	Discharge Assessment
M0210: Unhealed Pressure Ulcers/Injuries		

Refer to Presentation Slides 95–99.