

Track Changes
from Chapter 3, Section M V1.10
to Chapter 3, Section M V1.11

| Chapter | Section | Page | Change |
|---------|---------|------|--|
| 3 | M0210 | M-4 | <p>Replaced screen shot.</p> <p>OLD</p> <div> <div>M0210. Unhealed Pressure Ulcer(s)</div> <div> <div>Enter Code</div> <div> <input type="checkbox"/> </div> </div> <div> <p>Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher?</p> <p>0. No → Skip to M0900, Healed Pressure Ulcers</p> <p>1. Yes → Continue to M0300, Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage</p> </div> </div> <p>NEW</p> <div> <div>M0210. Unhealed Pressure Ulcer(s)</div> <div> <div>Enter Code</div> <div> <input type="checkbox"/> </div> </div> <div> <p>Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher?</p> <p>0. No → Skip to M0900, Healed Pressure Ulcers</p> <p>1. Yes → Continue to M0300, Current Number of Unhealed Pressure Ulcers at Each Stage</p> </div> </div> |
| 3 | M0300 | M-7 | <p>Replaced screen shot.</p> <p>OLD</p> <div> <div>M0300. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage</div> <div> <div>Enter Number</div> <div> <input type="checkbox"/> </div> </div> <div> <p>A. Number of Stage 1 pressure ulcers</p> <p>Stage 1: 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</p> </div> </div> <p>NEW</p> <div> <div>M0300. Current Number of Unhealed Pressure Ulcers at Each Stage</div> <div> <div>Enter Number</div> <div> <input type="checkbox"/> </div> </div> <div> <p>A. Number of Stage 1 pressure ulcers</p> <p>Stage 1: 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</p> </div> </div> |
| 3 | M0610 | M-20 | <p>Replaced screen shot.</p> <p>OLD</p> <div> <div>M0610. Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar</div> <div>Complete only if M0300C1, M0300D1 or M0300F1 is greater than 0</div> <div>If the resident has one or more unhealed (non-epithelialized) 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 x width) and record in centimeters:</div> <div> <div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <div>cm</div> </div> </div> <div>A. Pressure ulcer length: Longest length from head to toe</div> <div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <div>cm</div> </div> </div> <div>B. Pressure ulcer width: Widest width of the same pressure ulcer, side-to-side perpendicular (90-degree angle) to length</div> <div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <div>cm</div> </div> </div> <div>C. Pressure ulcer depth: Depth of the same pressure ulcer from the visible surface to the deepest area (if depth is unknown, enter a dash in each box)</div> </div> <p>NEW</p> <div> <div>M0610. Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar</div> <div>Complete only if M0300C1, M0300D1 or M0300F1 is greater than 0</div> <div>If the resident has one or more unhealed 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 x width) and record in centimeters:</div> <div> <div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <div>cm</div> </div> </div> <div>A. Pressure ulcer length: Longest length from head to toe</div> <div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <div>cm</div> </div> </div> <div>B. Pressure ulcer width: Widest width of the same pressure ulcer, side-to-side perpendicular (90-degree angle) to length</div> <div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <div>cm</div> </div> </div> <div>C. Pressure ulcer depth: Depth of the same pressure ulcer from the visible surface to the deepest area (if depth is unknown, enter a dash in each box)</div> </div> </div></div> |

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| 3 | M0700 | M-23 | <p>Replaced screen shot.</p> <p>OLD</p> <div> <div>M0700. Most Severe Tissue Type for Any Pressure Ulcer</div> <div> <div>Enter Code</div> <div><input type="checkbox"/></div> </div> <div>Select the best description of the most severe type of tissue present in any pressure ulcer bed</div> <div> <div>1. Epithelial tissue - new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin</div> <div>2. Granulation tissue - pink or red tissue with shiny, moist, granular appearance</div> <div>3. Slough - yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous</div> <div>4. Necrotic tissue (Eschar) - black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin</div> <div>9. None of the Above</div> </div> </div> <p>NEW</p> <div> <div>M0700. Most Severe Tissue Type for Any Pressure Ulcer</div> <div> <div>Enter Code</div> <div><input type="checkbox"/></div> </div> <div>Select the best description of the most severe type of tissue present in any pressure ulcer bed</div> <div> <div>1. Epithelial tissue - new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin</div> <div>2. Granulation tissue - pink or red tissue with shiny, moist, granular appearance</div> <div>3. Slough - yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous</div> <div>4. Eschar - black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin</div> <div>9. None of the Above</div> </div> </div> |
| 3 | M0700 | M-23 | <ul style="list-style-type: none"> Code 4, Necrotic tissue (eEschar): if there is any eschar tissue present. |
| 3 | M0700 | M-23 | <p>DEFINITIONS</p> <p>EPITHELIAL TISSUE New skin that is light pink and shiny (even in person's with darkly pigmented skin). In Stage 2 pressure ulcers, epithelial tissue is seen in the center and edges of the ulcer. In full thickness Stage 3 and 4 pressure ulcers, epithelial tissue advances from the edges of the wound.</p> <p>GRANULATION TISSUE Red tissue with "cobblestone" or bumpy appearance, bleeds easily when injured.</p> <p>SLOUGH TISSUE Non-viable yellow, tan, gray, green or brown tissue; usually moist, can be soft, stringy and mucinous in texture. Slough may be adherent to the base of the wound or present in clumps throughout the wound bed.</p> <p>NECROTIC TISSUE (ESCHAR)ESCHAR Dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan in color, and may appear scab-like. Necrotic tissue and eschar are Eschar is usually firmly adherent to the base of the wound and often the sides/edges of the wound.</p> |

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| 3 | M0700 | M-24 | <p>3. A resident has a pressure ulcer on the left trochanter that has 25% black eschar tissue present, 75% granulation tissue present, and some epithelialization at the edges of the wound.</p> <p>Coding: Code M0700 as 4, Neerotic tissue (eEschar).</p> <p>Rationale: Coding is for the most severe tissue type present, which is not always the majority of type of tissue. Therefore, Coding for M0700 is Code 4, [Neerotic tissue (eEschar)].</p> |
| 3 | M1200 | M-48 | <ul style="list-style-type: none"> • M0300E1 (Unstageable: Non-removable dressing), Code 0 and skip to M0300F (Unstageable: Slough and/or eEschar). • M0300F1 (Unstageable: Slough and/or eEschar), Code 0 and skip to M0300G (Unstageable: Deep tissue). |