M1040: Other Ulcers, Wounds and Skin Problems

M1040. Other Ulcers, Wounds and Skin Problems	
↓	Check all that apply
	Foot Problems
☐	A. **Infection of the foot** (e.g., cellulitis, purulent drainage)
☐	B. **Diabetic foot ulcer(s)**
☐	C. **Other open lesion(s) on the foot**
	Other Problems
☐	D. **Open lesion(s) other than ulcers, rashes, cuts** (e.g., cancer lesion)
☐	E. **Surgical wound(s)**
☐	F. **Burn(s)** (second or third degree)
☐	G. **Skin tear(s)**
☐	H. **Moisture Associated Skin Damage (MASD)** (e.g., incontinence-associated dermatitis [IAD], perspiration, drainage)
	None of the Above
☐	Z. **None of the above** were present

Item Rationale

Health-related Quality of Life

- Skin wounds and lesions affect quality of life for residents because they may limit activity, may be painful, and may require time-consuming treatments and dressing changes.
- Many of these ulcers, wounds and skin problems can worsen or increase risk for local and systemic infections.

Planning for Care

- This list represents only a subset of skin conditions or changes that nursing homes will assess and evaluate in residents.
- The presence of wounds and skin changes should be accounted for in the interdisciplinary care plan.
- This information identifies residents at risk for further complications or skin injury.

M1040: Other Ulcers, Wounds and Skin Problems (cont.)

Steps for Assessment

1. Review the medical record, including skin care flow sheets or other skin tracking forms.
2. Speak with direct care staff and the treatment nurse to confirm conclusions from the medical record review.
3. Examine the resident and determine whether any ulcers, wounds, or skin problems are present.
    - Key areas for diabetic foot ulcers include the plantar (bottom) surface of the foot, especially the metatarsal heads (the ball of the foot).

Coding Instructions

Check all that apply *in the last 7 days. If there is no evidence of such problems in the last 7 days, check none of the above.*

Pressure ulcers/injuries coded in items M0200 through M0300 should ***not*** *be coded here.*

- **M1040A,** Infection of the foot (e.g., cellulitis, purulent drainage)
- **M1040B,** Diabetic foot ulcer(s)
- **M1040C,** Other open lesion(s) on the foot (e.g., cuts, fissures)
- **M1040D,** Open lesion(s) other than ulcers, rashes, cuts (e.g., bullous pemphigoid)
- **M1040E,** Surgical wound(s)
- **M1040F,** Burn(s)(second or third degree)
- **M1040G,** Skin tear(s)
- **M1040H,** Moisture Associated Skin Damage (MASD) (e.g., incontinence-associated dermatitis (IAD), perspiration, drainage)
- **M1040Z,** None of the above were present

DEFINITIONS

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

SURGICAL WOUNDS
Any healing and non-healing, open or closed surgical incisions, skin grafts or drainage sites.

OPEN LESION(S) OTHER THAN ULCERS, RASHES, CUTS
Most typically skin lesions that develop as a result of diseases and conditions such as syphilis and cancer.

BURNS (SECOND OR THIRD DEGREE)
Skin and tissue injury caused by heat or chemicals and may be in any stage of healing.

M1040: Other Ulcers, Wounds and Skin Problems (cont.)

Coding Tips

M1040B Diabetic Foot Ulcers

- Diabetic neuropathy affects the lower extremities of individuals with diabetes. Individuals with diabetic neuropathy can have decreased awareness of pain in their feet. This means they are at high risk for foot injury, such as burns from hot water or heating pads, cuts or scrapes from stepping on foreign objects, and blisters from inappropriate or tight-fitting shoes. Because of decreased circulation and sensation, the resident may not be aware of the wound.
- Neuropathy can also cause changes in the structure of the bones and tissue in the foot. This means the individual with diabetes experiences pressure on the foot in areas not meant to bear pressure. Neuropathy can also cause changes in normal sweating, which means the individual with diabetes can have dry, cracked skin on *their* other foot.
- Do **not** include pressure ulcers/injuries that occur on residents with diabetes mellitus here. For example, an ulcer caused by pressure on the heel of a diabetic resident is a pressure ulcer and not a diabetic foot ulcer.

M1040D Open Lesion(s) Other than Ulcers, Rashes, Cuts

- Open lesions that develop as part of a disease or condition and are not coded elsewhere on the MDS, such as wounds, boils, cysts, and vesicles, should be coded in this item.
- Do **not** code rashes, abrasions, or cuts/lacerations here. Although not recorded on the MDS assessment, these skin conditions should be considered in the plan of care.
- Do **not** code pressure ulcers/injuries, venous or arterial ulcers, diabetic foot ulcers, or skin tears here. These conditions are coded in other items on the MDS.

M1040E Surgical Wounds

- This category does not include healed surgical sites and healed stomas or lacerations that require suturing or butterfly closure as surgical wounds. PICC sites, central line sites, and peripheral IV sites are not coded as surgical wounds.
- Surgical debridement of a pressure ulcer does not create a surgical wound. Surgical debridement is used to remove necrotic or infected tissue from the pressure ulcer in order to facilitate healing. A pressure ulcer that has been surgically debrided should continue to be coded as a pressure ulcer.
- Code pressure ulcers that require surgical intervention for closure with graft and/or flap procedures in this item (e.g., excision of pressure ulcer with myocutaneous flap). Once a pressure ulcer is excised and a graft and/or flap is applied, it is no longer considered a pressure ulcer, but a surgical wound.

M1040: Other Ulcers, Wounds and Skin Problems (cont.)

M1040F Burns (Second or Third Degree)

- Do **not** include first degree burns (changes in skin color only).

M1040G Skin Tear(s)

- Skin tears are a result of shearing, friction or trauma to the skin that causes a separation of the skin layers. They can be partial or full thickness. Code all skin tears in this item, even if already coded in Item J1900B.
- Do not code cuts/lacerations or abrasions here. Although not recorded on the MDS, these skin conditions should be considered in the plan of care.

M1040H Moisture Associated Skin Damage (MASD)

- MASD is also referred to as maceration and includes incontinence-associated dermatitis, intertriginous dermatitis, periwound moisture-associated dermatitis, and peristomal moisture-associated dermatitis.
- Moisture exposure and MASD are risk factors for pressure ulcer/injury development. Provision of optimal skin care and early identification and treatment of minor cases of MASD can help avoid progression and skin breakdown.
- MASD without skin erosion is characterized by red/bright red color (hyperpigmentation), and the surrounding skin may be white (hypopigmentation). The skin damage is usually blanchable and diffuse and has irregular edges. Inflammation of the skin may also be present.
- MASD with skin erosion has superficial/partial thickness skin loss and may have hyper- or hypopigmentation; the tissue is blanchable and diffuse and has irregular edges. Inflammation of the skin may also be present. Necrosis is not found in MASD.
- If pressure and moisture are both present, code the skin damage as a pressure ulcer/injury in M0300.
- If there is tissue damage extending into the subcutaneous tissue or deeper and/or necrosis is present, code the skin damage as a pressure ulcer in M0300.

DEFINITION

MOISTURE ASSOCIATED SKIN DAMAGE

Is superficial skin damage caused by sustained exposure to moisture such as incontinence, wound exudate, or perspiration.

M1040: Other Ulcers, Wounds and Skin Problems (cont.)

Examples

1. A resident with diabetes mellitus presents with an ulcer on the heel that is due to pressure.

   Coding: This ulcer is **not checked at M1040B. This ulcer should be coded where appropriate under the Pressure Ulcers items (M0210–M0300).**
   Rationale: Persons with diabetes can still develop pressure ulcers.

2. A resident is readmitted from the hospital after myocutaneous flap surgery to excise and close *their* sacral pressure ulcer.

   Coding: Check **M1040E**, Surgical Wound.
   Rationale: A surgical flap procedure was used to close the resident's pressure ulcer. The pressure ulcer is now considered a surgical wound.

3. *Resident* J was reaching over to get a magazine off of *their* bedside table and sustained a skin tear on *their* wrist from the edge of the table when *they* pulled the magazine back towards *them*.

   Coding: Check **M1040G**, Skin Tear(s).
   Rationale: The resident sustained a skin tear while reaching for a magazine.

4. *Resident* S who is incontinent, is noted to have a large, red and excoriated area on *their* buttocks and interior thighs with serous exudate which is starting to cause skin glistening.

   Coding: Check **M1040H**, Moisture Associated Skin Damage (MASD).
   Rationale: *Resident* S skin assessment reveals characteristics of incontinence-associated dermatitis.

5. *Resident* F complained of discomfort of *their* right great toe and when *their* stocking and shoe was removed, it was noted that *their* toe was red, inflamed and had pus draining from the edge of *their* nail bed. The podiatrist determined that *Resident* F has an infected ingrown toenail.

   Coding: Check **M1040A**, Infection of the foot.
   Rationale: *Resident* F has an infected right great toe due to an ingrown toenail.

6. *Resident* G has bullous pemphigoid and requires the application of sterile dressings to the open and weeping blistered areas.

   Coding: Check **M1040D**, Open lesion other than ulcers, rashes, cuts.
   Rationale: *Resident* G has open bullous pemphigoid blisters.

7. *Resident* A was just admitted to the nursing home from the hospital burn unit after sustaining second and third degree burns in a house fire. *They are* here for continued treatment of *their* burns and for rehabilitative therapy.

   Coding: Check **M1040F**, Burns (second or third degree).
   Rationale: *Resident* A has second and third degree burns, therefore, burns (second or third degree) should be checked.