

**Wound Q&As from the OEC/OAC Training
April 2003**

Q 1. How many different types of skin lesions are there anyway?

A1. Many different types of skin lesions exist. These may be classified as primary lesions (arising from previously normal skin), such as vesicles, pustules, wheals, or as secondary lesions (resulting from changes in primary lesions), such as crusts, ulcers, or scars. Other classifications describe lesions as changes in color or texture (e.g., maceration, scale, lichenification), changes in shape of the skin surface (e.g., cyst, nodule, edema), breaks in skin surfaces (e.g., abrasion, excoriation, fissure, incision), or vascular lesions (e.g., petechiae, ecchymosis).

Q 2. Is a pacemaker considered a skin lesion?

A 2. A pacemaker itself is an implanted device but is not an implanted infusion or venous access device. The (current) surgical wound or (healed) scar created when the pacemaker was implanted is considered a skin lesion.

Q 3. How should M0440 be answered if the wound is not observable?

A 3. For the OASIS items, a "nonobservable" wound is one that is covered by a nonremovable dressing (or in the case of pressure ulcers, an ulcer that is partially or entirely covered by eschar). If you know from referral information, communication with the physician, etc. that a wound exists under a nonremovable dressing, then the wound is considered to be present, and M0440 would be answered "Yes."

Q 4. Is a new suprapubic catheter, new PEG site, or a new colostomy considered a wound or lesion?

A 4. A new suprapubic catheter site (cystostomy), new PEG site (gastrostomy) and a new colostomy have one thing in common -- they all end in "-ostomy." All such ostomies, whether new or long-standing are excluded from consideration in responding to M0440. Therefore, none of these would be considered as a wound or lesion.

Q 5. How should M0440 be answered if the wound/lesion is a burn?

A 5. M0440 should be answered "yes," since a lesion is present. Additional documentation that describes the burn should be included in the clinical record, but burns are not addressed in the OASIS items.

Q 6. Is a diabetic foot ulcer a pressure ulcer?

A 6. The clinician will have to speak with the physician who must make the determination as to whether a specific lesion is a diabetic ulcer, a pressure ulcer, stasis ulcer, or other lesion. There are some very unique coding issues to consider for ulcers in diabetic patients (vs. ulcers in non-diabetic patients), and the physician should be aware of these in his/her contact with the patient.

Q 7. How should the pressure ulcer (M0445-M0464) items be answered if a pressure ulcer is completely healed?

A 7. The healing of a pressure ulcer is never indicated by "reverse staging" of the ulcer. If this is the only ulcer which the patient has, the appropriate responses would be M0440 = yes and M0445 = yes. M0450 would be answered by indicating the stage of the healed pressure ulcer at its worst, with M0460 answered accordingly. On OASIS item M0464, the "best possible" answer for a healed pressure ulcer would be "fully granulating."

Q 8. If a Stage 3 pressure ulcer is closed with a muscle flap, what is recorded? What if the muscle flap begins to break down due to pressure?

A 8. If a pressure ulcer is closed with a muscle flap, the new tissue completely replaces the pressure ulcer. In this scenario, the pressure ulcer "goes away" and is replaced by a surgical wound. If the muscle flap healed completely, but then begins to break down due to pressure, it would be considered a new pressure ulcer. If the flap had never healed completely, it would be considered a non-healing surgical wound.

Q 9. If a pressure ulcer is debrided, does it become a surgical wound as well as a pressure ulcer?

A 9. No, as debridement is a treatment procedure applied to the pressure ulcer. The ulcer remains a pressure ulcer, and its healing status is recorded appropriately based on assessment.

Q 10. If a single pressure ulcer has partially granulated to the surface, leaving the ulcer open in more than one area, how many pressure ulcers are present?

A 10. Only one pressure ulcer is present. The healing status of the pressure ulcer (for M0464) can be described by applying WOCN's *OASIS Guidance Document*, which is found on the WOCN web site at <http://www.wocn.org>. Other objective parameters such as size, depth, drainage, etc. should also be documented in the clinical record.

Q 11. If the patient has an arterial ulcer, is this considered a stasis ulcer?

A 11. No, as venous stasis ulcers and arterial ulcers are unique disease entities. Refer to the WOCN web site (<http://www.wocn.org>) for Clinical Fact Sheets regarding the assessment of leg ulcers, information on arterial insufficiency, and information on venous insufficiency (stasis).

Q 12. How can I determine whether the patient's ulcer is a stasis ulcer or not?

A 12. The patient's physician is the best information source regarding the root cause of the ulcer.

Q 13. Is a gastrostomy that is being allowed to close on its own considered a surgical wound?

A 13. A gastrostomy that is being allowed to close would be excluded from consideration as a wound or lesion (M0440), meaning that it could not be considered as a surgical

wound. The "take-down" of an ostomy that was done as a surgical procedure however would result in both an open wound ("yes" to M0440) and a surgical wound ("yes" to M0482).

Q 14. Is a peritoneal dialysis catheter considered a surgical wound? If it is, how can the healing status of this site be determined?

A 14. A peritoneal dialysis catheter would be considered a surgical wound. The healing status of the wound can only be determined by skilled observation and assessment, utilizing the WOCN guidelines (OASIS Guidance Document) found at <http://www.wocn.org>.

Q 15. When does a wound no longer qualify as a surgical wound? When does CMS officially consider a wound to be healed?

A 15. A wound no longer qualifies as a surgical wound when it is completely healed (thus becoming a scar). Utilizing skilled observation and assessment of the wound, follow the WOCN guidelines (OASIS Guidance Document) found at <http://www.wocn.org> to determine when healing has occurred. CMS does not follow time intervals in determining when a wound has healed, since the healing status of the wound can only be determined by a skilled assessment.

Q 16. How should the surgical wound items (M0482-M0488) be marked when the patient's surgical wound is completely healed?

A 16. If the patient's surgical wound has healed completely, it no longer is considered a current surgical wound. The resulting scar would be noted as a "yes" response to M0440, but M0482 would be marked "no."

Q 17. Is a mediport "nonobservable" because it is under the skin?

A 17. Please refer to the definition of "nonobservable" used in the OASIS surgical wound items – "nonobservable" is an appropriate response when a nonremovable dressing is present. This is not the case with a mediport. As long as the mediport is present, whether it is being accessed or not, the patient is considered as having a current surgical wound.

Q 18. I've never seen a nonobservable surgical wound in my agency. Why is this item even included?

A 18. There are situations where surgeons do not want others to remove the dressings which they have placed. In such situations, agencies know there is a surgical wound present, but they are unable to describe the wound status because they cannot observe the wound. Without M0486, the responses to the surgical wound item responses might be difficult to evaluate. In the national repository data, nearly 10% (i.e., 9.8%) of patients with surgical wounds at SOC/ROC had nonobservable wounds.