

**Track Changes
from Chapter 3 Section M V1.06
to Chapter 3 Section M V1.07**

Chapter	Section	Page	Change
3	M1200	M-33	Coding Instructions <ul style="list-style-type: none"> M1200G, application of non-surgical dressings (with or without topical medications) other than to feet. Non-surgical dressings do not include Band-Aids.
3	M1200	M-33	<div style="border: 1px solid black; padding: 10px;"> <p>DEFINITIONS</p> <p>TURNING/ REPOSITIONING PROGRAM Includes a consistent program for changing the resident's position and realigning the body. "Program" is defined as a specific approach that is organized, planned, documented, monitored, and evaluated based on an assessment of the resident's needs.</p> <p>NUTRITION OR HYDRATION INTERVENTION TO MANAGE SKIN PROBLEMS Dietary measures received by the resident for the purpose of preventing or treating specific skin conditions, e.g., wheat-free diet to prevent allergic dermatitis, high calorie diet with added supplements supplementation to prevent skin breakdown, high-protein supplements supplementation for wound healing.</p> </div>
3	M1200	M-34	<p>M1200D Nutrition or Hydration Intervention to Manage Skin Problems</p> <ul style="list-style-type: none"> The determination as to whether or not one should

Track Changes
from Chapter 3 Section M V1.05
to Chapter 3 Section M V1.07

Chapter	Section	Page	Change
			<p>receive nutritional or hydration interventions for skin problems should be based on an individualized nutritional assessment. The interdisciplinary team should review the resident's diet and determine if the resident is taking in sufficient amounts of nutrients and fluids or are already taking supplements that are fortified with the US Recommended Daily Intake (US RDI) of nutrients.</p> <ul style="list-style-type: none"> • Additional supplementation above the US RDI has not been proven to provide any further benefits for management of skin problems including pressure ulcers. Vitamin and mineral supplementation should only be employed as an intervention for managing skin problems, including pressure ulcers, when nutritional deficiencies are confirmed or suspected through a thorough nutritional assessment (AMDA PU Guideline, page 6). If it is determined that nutritional supplementation, i.e. adding additional protein, calories, or nutrients is warranted, the facility should document the nutrition or hydration factors that are influencing skin problems and/or wound healing and “tailor nutritional supplementation to the individual’s intake, degree of under-nutrition, and relative impact of nutrition as a factor overall; and obtain dietary consultation as needed,” (AMDA PU Therapy Companion, page 4). • It is important to remember that additional supplementation is not automatically required for pressure ulcer management. Any interventions should be specifically tailored to the resident’s needs, condition, and prognosis (AMDA PU Therapy Companion, page 11).
3	M1200	M-35	<ul style="list-style-type: none"> • This category may include but is not limited to: dry gauze dressings, dressings moistened with saline or other solutions, transparent dressings, hydrogel dressings, and dressings with hydrocolloid or hydroactive particles used to treat a skin condition, compression bandages, etc. Non-surgical dressings do not include Band-Aids.
3	M1200	M-36	<p>Examples</p> <ol style="list-style-type: none"> 1. A resident is admitted with a Stage 3 pressure ulcer on the sacrum. Care during the last 7 days has included one debridement by the wound care consultant, application

Track Changes
from Chapter 3 Section M V1.05
to Chapter 3 Section M V1.07

Chapter	Section	Page	Change
			<p>of daily dressings with enzymatic ointment for continued debridement, use of oral liquid nutritional supplements supplementation, and use of a pressure reducing (redistribution) pad on the wheelchair. The medical record documents delivery of care and notes that the resident is on a 2-hour turning/repositioning program that is organized, planned, documented, monitored and evaluated based on an individualized assessment of her needs. The physician documents that after reviewing the resident's nutritional intake, healing progress of the resident's pressure ulcer, dietician's nutritional assessment and laboratory results, that the resident has protein-calorie undernutrition. In order to support proper wound healing, the physician orders an oral supplement that provides all recommended daily allowances for protein, calories, nutrients and micronutrients. All mattresses in the nursing home are pressure reducing (redistribution) mattresses. The nursing home has a policy that all residents with a pressure ulcer receive a multivitamin with vitamin C and zinc in recommended daily allowances and all mattresses in the nursing home are pressure reducing (redistribution) mattresses.</p> <p style="padding-left: 40px;">Rationale: Interventions include pressure reducing (redistribution) pad in the wheelchair (M1200A) and pressure reducing (redistribution) mattress on the bed (M1200B), turning and repositioning program (M1200C), nutritional supplements supplementation (M1200D), enzymatic debridement and application of dressings (M1200E).</p> <p>2. A resident has a venous ulcer on the right leg. During the past 7 days the resident has had a three layer compression bandaging system applied once (orders are to reapply the compression bandages every 5 days). The resident also has a pressure redistributing mattress and pad for the wheelchair.</p> <p>3. Mrs. S. has a diagnosis of right-sided hemiplegia from a previous stroke. As part of her assessment, it was noted that while in bed Mrs. S. is able to tolerate pressure on each side for approximately 3 hours before showing signs of the effects of pressure on her skin. Staff assist her to turn every 3 hours while in bed. When she is in her wheelchair, it is difficult for her to offload the pressure to her buttocks. Her assessment indicates that</p>

**Track Changes
from Chapter 3 Section M V1.05
to Chapter 3 Section M V1.07**

Chapter	Section	Page	Change
			<p>her skin cannot tolerate pressure for more than 1 hour without showing signs of the effect of the pressure when she is sitting, and therefore, Mrs. S. is assisted hourly by staff to stand for at least 1 full minute to relieve pressure. Staff document all of these interventions in the medical record and note the resident's response to the interventions.</p> <p>4. Mr. J. has a diagnosis of Advanced Alzheimer's and is totally dependent on staff for all of his care. His care plan states that he is to be turned and repositioned, per facility policy, every 2 hours.</p>