Pressure Ulcer Rate
Technical Specifications

Pediatric Quality Indicators #2 (PDI #2)
AHRQ Quality Indicators™, Version 4.5, May 2013
Provider-Level Indicator
Type of Score: Rate

Description

Stage III or IV pressure ulcers (secondary diagnosis) per 1,000 discharges among patients ages 17 years and younger. Includes metrics for discharges grouped by risk category. Excludes neonates; stays less than five (5) days; transfers from another facility; obstetric discharges; cases with diseases of the skin, subcutaneous tissue and breast; discharges in which debridement or pedicle graft is the only operating room procedure; discharges with debridement or pedicle graft before or on the same day as the major operating room procedure; and those discharges in which pressure ulcer is the principal diagnosis or secondary diagnosis of Stage III or IV pressure ulcer is present on admission

[NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report events per 1,000 hospital discharges.]

[NOTE: To obtain stratified results, the user must run the PDSASG2.SAS program in the SAS QI Software Version 4.5 or choose to stratify by risk category in the Windows QI Software Version 4.5]

Numerator

Overall:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for pressure ulcer and any secondary ICD-9-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable).

ICD-9-CM Pressure ulcer diagnosis codes¹:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7070</td>
<td>PRESSURE ULCER</td>
</tr>
<tr>
<td>70700</td>
<td>PRESSURE ULCER SITE NOS</td>
</tr>
<tr>
<td>70701</td>
<td>PRESSURE ULCER, ELBOW</td>
</tr>
<tr>
<td>70702</td>
<td>PRESSURE ULCER, UPR BACK</td>
</tr>
<tr>
<td>70703</td>
<td>PRESSURE ULCER, LOW BACK</td>
</tr>
<tr>
<td>70704</td>
<td>PRESSURE ULCER, HIP</td>
</tr>
<tr>
<td>70705</td>
<td>PRESSURE ULCER, BUTTOCK</td>
</tr>
<tr>
<td>70706</td>
<td>PRESSURE ULCER, ANKLE</td>
</tr>
<tr>
<td>70707</td>
<td>PRESSURE ULCER, HEEL</td>
</tr>
<tr>
<td>70709</td>
<td>PRESSURE ULCER, SITE NEC</td>
</tr>
</tbody>
</table>

¹ The procedure or diagnosis codes are continuously updated. The current list of ICD-9-CM codes is valid for October 2012 through September 2013. Italicized codes are not active in Fiscal Year 2013.
ICD-9-CM Pressure ulcer stage diagnosis codes¹:
70723 PRESSURE ULCER, STAGE III
70724 PRESSURE ULCER, STAGE IV
70725 PRESSURE ULCER, UNSTAGEBL
¹ Valid for discharges on or after 10/1/2008

High Risk Category:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for pressure ulcer (see above) and any secondary ICD-9-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable, see above).

Low Risk Category:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for pressure ulcer (see above) and any secondary ICD-9-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable, see above).

Denominator

Overall:

Surgical and medical discharges, for patients ages 17 years and younger. Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

See Pediatric Quality Indicators Appendices:
• Appendix B – Surgical DRGs
• Appendix C – Surgical MS-DRGs
• Appendix D – Medical DRGs
• Appendix E – Medical MS-DRGs

Exclude cases:
• with a principal ICD-9-CM diagnosis code for pressure ulcer (see above)
• with any secondary ICD-9-CM diagnosis codes for pressure ulcer (see above) present on admission and any secondary ICD-9-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable, see above) present on admission
• with any-listed ICD-9-CM procedure codes for debridement or pedicle graft before or on the same day as the major operating room procedure (surgical cases only)
• with any-listed ICD-9-CM procedure codes for debridement or pedicle graft as the only major operating room procedure (surgical cases only)
• neonates
• with length of stay of less than five (5) days
• transfer from a hospital (different facility)
• transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
• transfer from another health care facility
• MDC 9 (skin, subcutaneous tissue, and breast)
• MDC 14 (pregnancy, childbirth, and puerperium)
• with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year
  (YEAR=missing) or principal diagnosis (DX1=missing)

See Pediatric Quality Indicators Appendices:
• Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn
• Appendix J – Admission Codes for Transfers

ICD-9-CM Debridement or pedicle graft procedure codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8345</td>
<td>OTHER MYECTOMY</td>
<td>8671</td>
<td>CUT &amp; PREP PEDICLE GRAFT</td>
</tr>
<tr>
<td>8622</td>
<td>EXC WOUND DEBRIDEMENT</td>
<td>8672</td>
<td>PEDICLE GRAFT ADVANCEMENT</td>
</tr>
<tr>
<td>8628</td>
<td>NONEXCIS DEBRIDEMENT WND</td>
<td>8674</td>
<td>ATTACH PEDICLE GRAFT NEC</td>
</tr>
<tr>
<td>8670</td>
<td>PEDICLE GRAFT/FLAP NOS</td>
<td>8675</td>
<td>REVISION OF PEDICLE GRFT</td>
</tr>
</tbody>
</table>

High Risk Category:

Surgical and medical discharges, for patients ages 17 years and younger, with any-listed
ICD-9-CM diagnosis codes for hemiplegia, paraplegia, or quadriplegia or any-listed ICD-9-CM
diagnosis codes for spina bifida or any-listed ICD-9-CM diagnosis codes for anoxic brain
damage or any-listed ICD-9-CM procedure codes for continuous mechanical ventilation.
Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

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ICD-9-CM Hemiplegia, paraplegia, or quadriplegia diagnosis codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>33371</td>
<td>ATHETOID CEREBRAL PALSY</td>
</tr>
<tr>
<td>3341</td>
<td>HERED SPASTIC PARAPLEGIA</td>
</tr>
<tr>
<td>3420</td>
<td>FLACCID HEMIPLEGIA</td>
</tr>
<tr>
<td>34200</td>
<td>FLCCD HMIPLGA UNSPF SIDE</td>
</tr>
<tr>
<td>34201</td>
<td>FLCCD HMIPLGA DOMNT SIDE</td>
</tr>
<tr>
<td>34202</td>
<td>FLCCD HMIPLGA NONDNT SDE</td>
</tr>
<tr>
<td>3421</td>
<td>SPASTIC HEMIPLEGIA</td>
</tr>
<tr>
<td>34210</td>
<td>SPSTC HMIPLGA UNSPF SIDE</td>
</tr>
<tr>
<td>34211</td>
<td>SPSTC HMIPLGA DOMNT SIDE</td>
</tr>
<tr>
<td>34212</td>
<td>SPSTC HMIPLGA NONDNT SDE</td>
</tr>
<tr>
<td>34280</td>
<td>OT SP HMIPLGA UNSPF SIDE</td>
</tr>
<tr>
<td>34281</td>
<td>OT SP HMIPLGA DOMNT SIDE</td>
</tr>
<tr>
<td>34282</td>
<td>OT SP HMIPLGA NONDNT SDE</td>
</tr>
<tr>
<td>3429</td>
<td>HEMIPLEGIA, UNSPECIFIED</td>
</tr>
<tr>
<td>34290</td>
<td>UNSP HEMIPLGA UNSPF SIDE</td>
</tr>
<tr>
<td>34291</td>
<td>UNSP HEMIPLGA DOMNT SIDE</td>
</tr>
<tr>
<td>34292</td>
<td>UNSP HEMIPLGA NONDNT SDE</td>
</tr>
<tr>
<td>3430</td>
<td>CONGENITAL DIPLEGIA</td>
</tr>
<tr>
<td>3431</td>
<td>CONGENITAL HEMIPLEGIA</td>
</tr>
<tr>
<td>3432</td>
<td>CONGENITAL QUADRIPLEGIA</td>
</tr>
<tr>
<td>3433</td>
<td>CONGENITAL MONOPLEGIAS</td>
</tr>
<tr>
<td>3434</td>
<td>INFANTILE HEMIPLEGIA</td>
</tr>
<tr>
<td>3438</td>
<td>CEREBRAL PALSY NEC</td>
</tr>
</tbody>
</table>

1: ICD-9-CM Hemiplegia, paraplegia, or quadriplegia diagnosis codes.
The procedure or diagnosis codes are continuously updated. The current list of ICD-9-CM codes is valid for October 2012 through September 2013. Italicized codes are not active in Fiscal Year 2013.

**ICD-9-CM Spina bifida diagnosis codes**:  
74100 SPIN BIF W HYDROCEPH NOS  
74101 SPIN BIF W HYDRCEPH-CERV  
74102 SPIN BIF W HYDRCEPH-DORS  
74103 SPIN BIF W HYDRCEPH-LUMB  
74190 SPINA BIFIDA  
74191 SPINA BIFIDA-CERV  
74192 SPINA BIFIDA-DORSAL  
74193 SPINA BIFIDA-LUMBAR  
1 The procedure or diagnosis codes are continuously updated. The current list of ICD-9-CM codes is valid for October 2012 through September 2013. Italicized codes are not active in Fiscal Year 2013.

**ICD-9-CM Anoxic brain damage diagnosis codes**:  
3481 ANOXIC BRAIN DAMAGE  
7685 SEVERE BIRTH ASPHYXIA  

**ICD-9-CM Continuous mechanical ventilation procedure code**:  
9672 CONT INV MEC VEN 96+ HRS

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- with any-listed ICD-9-CM procedure codes for debridement or pedicle graft (see above) as the only major operating room procedure (surgical cases only)  
- neonates  
- with length of stay of less than five (5) days  
- transfer from a hospital (different facility)  
- transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)  
- transfer from another health care facility  
- MDC 9 (skin, subcutaneous tissue, and breast)  
- MDC 14 (pregnancy, childbirth, and puerperium)  
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)  

See *Pediatric Quality Indicators Appendices*:  
- Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn  
- Appendix J – Admission Codes for Transfers
Low Risk Category:

Surgical and medical discharges, for patients ages 17 years and younger, without any-listed ICD-9-CM diagnosis codes for hemiplegia, paraplegia, or quadriplegia (see above) and without any-listed ICD-9-CM diagnosis codes for spina bifida (see above) and without any-listed ICD-9-CM diagnosis codes for anoxic brain damage (see above) and without any-listed ICD-9-CM procedure codes for continuous mechanical ventilation (see above). Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

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