Pressure Ulcer Rate
Technical Specifications

Pediatric Quality Indicators #2 (PDI #2)
AHRQ Quality Indicators™, Version 5.0
March 2015
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 codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7070</td>
<td>DECUBITUS 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>
ICD-9-CM Pressure ulcer stage diagnosis codes:
70723 PRESSURE ULCER, STAGE III
70724 PRESSURE ULCER, STAGE IV
70725 PRESSURE ULCER, UNSTAGEBL

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>
</tr>
</thead>
<tbody>
<tr>
<td>8345</td>
<td>OTHER MYECTOMY</td>
</tr>
<tr>
<td>8622</td>
<td>EXC WOUND DEBRIDEMENT</td>
</tr>
<tr>
<td>8628</td>
<td>NONEXCIS DEBRIDEMENT WND</td>
</tr>
<tr>
<td>8670</td>
<td>PEDICLE GRAFT/FLAP NOS</td>
</tr>
<tr>
<td>8671</td>
<td>CUT &amp; PREP PEDICLE GRAFT</td>
</tr>
<tr>
<td>8672</td>
<td>PEDICLE GRAFT ADVANCEMENT</td>
</tr>
<tr>
<td>8674</td>
<td>ATTACH PEDICLE GRAFT NEC</td>
</tr>
<tr>
<td>8675</td>
<td>REVISION OF PEDICLE GRAFT</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>INFANTILE CEREBRAL PALSY, DIPLEGIC</td>
</tr>
<tr>
<td>3431</td>
<td>INFANTILE CEREBRAL PALSY,</td>
</tr>
</tbody>
</table>
HEMIPLEGIC
3432 INFANTILE CEREBRAL PALSY, QUADRIPLEGIC
43831 LATE EF-MPLGA UP LMB DOM
3433 INFANTILE CEREBRAL PALSY, MONOPLEGIC
43832 LT EF-MPLGA UPLMB NONDOM
3434 INFANTILE CEREBRAL PALSY, INFANTILE HEMIPLEGIA
43840 LTE EF-MPLGA LOW LMB NOS
3438 INFANTILE CEREBRAL PALSY OTHER SPECIFIED INFANTILE CEREBRAL PALSY
43841 LTE EF-MPLGA LOW LMB DOM
3439 INFANTILE CEREBRAL PALSY, INFANTILE CEREBRAL PALSY, UNSPECIFIED
43842 LT EF-MPLGA LOWLMB NONDM
3440 QUADRIPLEGIA AND QUADRIPARESIS
43850 LT EF OTH PARAL SIDE NOS
34400 QUADRIPLEGIA, UNSPECIFIED
43851 LT EF OTH PARAL DOM SIDE
34401 QUADRPLG C1-C4, COMPLETE
43852 LT EF OTH PARALS NON-DOM
34402 QUADRPLG C1-C4, INCOMPLT
43853 LT EF OTH PARALS-BILAT
34403 QUADRPLG C5-C7, COMPLETE
7687 HYPOXIC-ISCHEMIC ENCEPH
34404 QUADRPLG C5-C7, INCOMPLT
76870 HYPOXIC-ISCHEMIC ENCEPH NOS
34409 OTHER QUADRIPLEGIA
76872 MOD HYPOX-ISCHEM ENCEPH
3441 PARAPLEGIA
76873 SEV HYPOX-ISCHEM ENCEPH
3442 DIPLEGIA OF UPPER LIMBS

ICD-9-CM Spina bifida or anoxic brain damage diagnosis codes:
74100 SPIN BIF W HYDROCEPH NOS
74190 SPIN BIFIDA
74101 SPIN BIF W HYDRCEPH-CERV
74191 SPINA BIFIDA-CERV
74102 SPIN BIF W HYDRCEPH-DORS
74192 SPINA VFIDA-DORSAL
74103 SPIN BIF W HYDRCEPH-LUMB
74193 SPINA BIFID-LUMBAR

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
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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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