

# 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 codes<sup>1</sup>:

7070	<i>PRESSURE ULCER</i>	70704	PRESSURE ULCER, HIP
70700	PRESSURE ULCER SITE NOS	70705	PRESSURE ULCER, BUTTOCK
70701	PRESSURE ULCER, ELBOW	70706	PRESSURE ULCER, ANKLE
70702	PRESSURE ULCER, UPR BACK	70707	PRESSURE ULCER, HEEL
70703	PRESSURE ULCER, LOW BACK	70709	PRESSURE ULCER, SITE NEC

<sup>1</sup> 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 codes<sup>1</sup>:**

70723 PRESSURE ULCER, STAGE III

70725 PRESSURE ULCER, UNSTAGEBL

70724 PRESSURE ULCER, STAGE IV

<sup>1</sup> 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:**

8345	OTHER MYECTOMY	8671	CUT & PREP PEDICLE GRAFT
8622	EXC WOUND DEBRIDEMENT	8672	PEDICLE GRAFT ADVANCEMEN
8628	NONEXCIS DEBRIDEMENT WND	8674	ATTACH PEDICLE GRAFT NEC
8670	PEDICLE GRAFT/FLAP NOS	8675	REVISION OF PEDICLE GRFT

**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<sup>1</sup>:**

33371	ATHETOID CEREBRAL PALSY	3439	CEREBRAL PALSY NOS
3341	HERED SPASTIC PARAPLEGIA	3440	QUADRIPLEGIA AND QUADRIPARESIS
3420	FLACCID HEMIPLEGIA	34400	QUADRIPLEGIA, UNSPECIFD
34200	FLCCD HMIPLGA UNSPF SIDE	34401	QUADRPLG C1-C4, COMPLETE
34201	FLCCD HMIPLGA DOMNT SIDE	34402	QUADRPLG C1-C4, INCOMPLT
34202	FLCCD HMIPLG NONDMNT SDE	34403	QUADRPLG C5-C7, COMPLETE
3421	SPASTIC HEMIPLEGIA	34404	QUADRPLG C5-C7, INCOMPLT
34210	SPSTC HMIPLGA UNSPF SIDE	34409	OTHER QUADRIPLEGIA
34211	SPSTC HMIPLGA DOMNT SIDE	3441	PARAPLEGIA
34212	SPSTC HMIPLG NONDMNT SDE	3442	DIPLEGIA OF UPPER LIMBS
34280	OT SP HMIPLGA UNSPF SIDE	3443	MONOPLEGIA OF LOWER LIMB
34281	OT SP HMIPLGA DOMNT SIDE	34430	MONPLGA LWR LMB UNSP SDE
34282	OT SP HMIPLG NONDMNT SDE	34431	MONPLGA LWR LMB DMNT SDE
3429	HEMIPLEGIA, UNSPECIFIED	34432	MNPLG LWR LMB NONDMNT SD
34290	UNSP HEMIPLGA UNSPF SIDE	3444	MONOPLEGIA OF UPPER LIMB
34291	UNSP HMIPLGA DOMNT SIDE	34440	MONPLGA UPR LMB UNSP SDE
34292	UNSP HMIPLGA NONDMNT SDE	34441	MONPLGA UPR LMB DMNT SDE
3430	CONGENITAL DIPLEGIA	34442	MNPLG UPR LMB NONDMNT SD
3431	CONGENITAL HEMIPLEGIA	3445	MONOPLEGIA NOS
3432	CONGENITAL QUADRIPLEGIA	3446	CAUDA EQUINA SYNDROME
3433	CONGENITAL MONOPLEGIA	34460	CAUDA EQUINA SYND NOS
3434	INFANTILE HEMIPLEGIA	34461	NEUROGENIC BLADDER
3438	CEREBRAL PALSY NEC	3448	PARALYTIC SYNDROMES NEC

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34481	LOCKED-IN STATE	43841	LTE EF-MPLGA LOW LMB DOM
34489	OTH SPCF PARALYTIC SYND	43842	LT EF-MPLGA LOWLMB NONDM
3449	PARALYSIS NOS	43850	LT EF OTH PARAL SIDE NOS
43820	LATE EF-HEMPLGA SIDE NOS	43851	LT EF OTH PARAL DOM SIDE
43821	LATE EF-HEMPLGA DOM SIDE	43852	LT EF OTH PARALS NON-DOM
43822	LATE EF-HEMIPLGA NON-DOM	43853	LT EF OTH PARALS-BILAT
43830	LATE EF-MPLGA UP LMB NOS	76870	HYPOXC-ISCHEM ENCEPH NOS
43831	LATE EF-MPLGA UP LMB DOM	76872	MOD HYPOX-ISCHEM ENCEPH
43832	LT EF-MPLGA UPLMB NONDOM	76873	SEV HYPOX-ISCHEM ENCEPH
43840	LTE EF-MPLGA LOW LMB NOS		

<sup>1</sup>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<sup>1</sup>:**

74100	SPIN BIF W HYDROCEPH NOS	74190	SPINA BIFIDA
74101	SPIN BIF W HYDRCEPH-CERV	74191	SPINA BIFIDA-CERV
74102	SPIN BIF W HYDRCEPH-DORS	74192	SPINA BIFIDA-DORSAL
74103	SPIN BIF W HYDRCEPH-LUMB	74193	SPINA BIFIDA-LUMBAR

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**ICD-9-CM Anoxic brain damage diagnosis codes:**

3481	ANOXIC BRAIN DAMAGE	7685	SEVERE BIRTH ASPHYXIA
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**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)
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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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