



## **Pediatric Quality Indicator 02 (PDI 02) Pressure Ulcer Rate**

**August 2017**

**Provider-Level Indicator**

**Type of Score: Rate**

**Prepared by:**

Agency for Healthcare Research and Quality

U.S. Department of Health and Human Services

[www.qualityindicators.ahrq.gov](http://www.qualityindicators.ahrq.gov)

**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 three (3) days; transfers from another facility; obstetric discharges; cases with severe exfoliative 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.]*

**NUMERATOR**

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). Prior to October 1, 2008, pressure ulcer stage codes are not available, and discharges with a pressure ulcer code prior to this date are included regardless of stage.

Note: The numerator definition is identical for High-Risk and Low-Risk Categories and Overall.

***Pressure ulcer stage diagnosis codes: (DECUBID)***

7070	Decubitus Ulcer	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

***Pressure ulcer stage diagnosis codes (required for discharges October 1, 2008 or later): (DECUBVD)***

70723	Pressure Ulcer, Stage III	70725	Pressure Ulcer, Unstageabl
70724	Pressure Ulcer, Stage IV		

[Note: Pressure ulcer staging codes were introduced October 1, 2008. For discharges prior to this date, only pressure ulcer diagnosis codes 707.0x are required for inclusion in the numerator. As a result all stages of pressure ulcers are included in the numerator for data prior to October 1, 2009.]

[Note: Codes that are no longer valid may be retained for compatibility with historical data. These codes will have no impact on numerator counts in more recent data using only currently valid codes.]

**DENOMINATOR OVERALL**

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

[\*Appendix C – Surgical MS-DRGs\*](#)

[\*Appendix E – Medical MS-DRGs\*](#)

## DENOMINATOR EXCLUSIONS

Exclude cases:

- with a principal ICD-9-CM diagnosis code (or secondary diagnosis code present on admission) for pressure ulcer (see above)
- among patients otherwise qualifying for numerator, with any secondary ICD-9-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable, see above) present on admission and any secondary ICD-9-CM diagnosis codes for pressure ulcer (see above) present on admission. If more than one pressure ulcer is reported, all pressure ulcers must be present on admission for the record to be excluded.
- 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 three (3) 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
- with a principal or any secondary ICD-9-CM diagnosis codes present on admission for major skin disorders
- 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)

[NOTE: Exclusions are identical for high and low risk strata.]

[\*Appendix I - Definitions of Neonate, Newborn, Normal Newborn, and Outborn\*](#)

[\*Appendix L - Low Birth Weight Categories\*](#)

### *Debridement or pedicle graft procedure codes: (DEBRIDP)*

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

### *Major skin disorder diagnosis codes: (SKINDISD)*

6940	Dermatitis Herpetiformis	69515	Toxic Epidermal Necrosis
6942	Juvenile Dermatitis Herpetiformis	69519	Other Erythema Multiforme
6943	Impetigo Herpetiformis	69552	Exfoliation Due To Erythematous Condition Involving 20-29 Percent Of Body Surface

6944	Pemphigus	69553	Exfoliation Due To Erythematous Condition Involving 30-39 Percent Of Body Surface
6945	Pemphigoid	69554	Exfoliation Due To Erythematous Condition Involving 40-49 Percent Of Body Surface
6948	Other Specified Bullous Dermatoses	69555	Exfoliation Due To Erythematous Condition Involving 50-59 Percent Of Body Surface
6949	Unspecified Bullous Dermatoses	69556	Exfoliation Due To Erythematous Condition Involving 60-69 Percent Of Body Surface
6950	Toxic Erythema	69557	Exfoliation Due To Erythematous Condition Involving 70-79 Percent Of Body Surface
69510	Erythema Multiforme, Unspecified	69558	Exfoliation Due To Erythematous Condition Involving 80-89 Percent Of Body Surface
69511	Erythema Multiforme Minor	69559	Exfoliation Due To Erythematous Condition Involving 90 Percent Or More Of Body Surface
69512	Erythema Multiforme Major	69581	Ritter's Disease
69513	Stevens-johnson Syndrome	69589	Other Specified Erythematous Conditions
69514	Stevens-johnson Syndrome-toxic Epidermal Necrolysis Overlap Syndrome		

**DENOMINATOR HIGH RISK CATEGORY**

Among patients otherwise qualifying for overall denominator 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.

***Hemiplegia, paraplegia, or quadriplegia diagnosis codes: (HEMIPID)***

33371	Athetoid Cerebral Palsy	3443	Monoplegia Of Lower Limb
3341	Hered Spastic Paraplegia	34430	Monplga Lwr Lmb Unsp Sde
3420	Flaccid Hemiplegia	34431	Monplga Lwr Lmb Dmnt Sde
34200	Flccd Hmiplga Unspf Side	34432	Mnplg Lwr Lmb Nondmnt Sd
34201	Flccd Hmiplga Domnt Side	3444	Monoplegia Of Upper Limb
34202	Flccd Hmiplg Nondmnt Sde	34440	Monplga Upr Lmb Unsp Sde
3421	Spastic Hemiplegia	34441	Monplga Upr Lmb Dmnt Sde
34210	Spstc Hmiplga Unspf Side	34442	Mnplg Upr Lmb Nondmnt Sd
34211	Spstc Hmiplga Domnt Side	3445	Unspecified Monoplegia
34212	Spstc Hmiplg Nondmnt Sde	34460	Cauda Equina Syndrome, Without Mention Of Neurogenic Bladder
34280	Ot Sp Hmiplga Unspf Side	34461	Cauda Equina Syndrome, With Neurogenic Bladder
34281	Ot Sp Hmiplga Domnt Side	3448	Other Specified Paralytic Syndromes
34282	Ot Sp Hmiplg Nondmnt Sde	34481	Locked-in State
3429	Hemiplegia, Unspecified	34489	Oth Spcf Paralytic Synd
34290	Unsp Hemiplga Unspf Side	3449	Paralysis, Unspecified
34291	Unsp Hemiplga Domnt Side	43820	Late Ef-hemiplga Side Nos
34292	Unsp Hmiplga Nondmnt Sde	43821	Late Ef-hemiplga Dom Side
3430	Infantile Cerebral Palsy, Diplegic	43822	Late Ef-hemiplga Non-dom
3431	Infantile Cerebral Palsy, Hemiplegic	43830	Late Ef-mplga Up Lmb Nos
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, Unspecifd	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	Hypoxc-ischem Enceph Nos
34409	Other Quadriplegia	76872	Mod Hypox-ischem Enceph

3441	Paraplegia	76873	Sev Hypox-ischem Enceph
3442	Diplegia Of Upper Limbs		

***Spina bifida or anoxic brain damage diagnosis codes: (SPIBIFD)***

74100	Spina Bifida, W Hydrocephalus Unspecified Region	74190	Spina Bifida, W/o Hydrocephalus Unspecified Region
74101	Spina Bifida, W Hydrocephalus Cervical Region	74191	Spina Bifida, W/o Hydrocephalus Cervical Region
74102	Spina Bifida, W Hydrocephalus Dorsal Region	74192	Spina Bifida, W/o Hydrocephalus Dorsal Region
74103	Spina Bifida, W Hydrocephalus Lumbar Region	74193	Spina Bifida, W/o Hydrocephalus Lumbar Region

***Anoxic brain damage diagnosis codes: (ANOXBD)***

3481	Anoxic Brain Damage	7685	Severe Birth Asphyxia
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***Continuous mechanical ventilation procedure codes: (CMVENP)***

9672	Continuous Mechanical Ventilation Hours For 96 Consecutive Or More		
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**DENOMINATOR LOW RISK CATEGORY**

Among patients otherwise qualifying for overall denominator, 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).