

# Pressure Ulcer Rate Technical Specifications

## Patient Safety Indicators 03 (PSI 03) AHRQ Quality Indicator™, Version 4.5a, July 2014 Provider-Level Indicator Type of Score: Rate

### Description

Stage III or IV pressure ulcers (secondary diagnosis) per 1,000 discharges among patients ages 18 years and older. Excludes stays less than 5 days; cases with a principal diagnosis of pressure ulcer; cases with a secondary diagnosis of Stage III or IV pressure ulcer that is present on admission; cases with diseases of the skin, subcutaneous tissue and breast; obstetric cases; cases with hemiplegia, paraplegia, quadriplegia, spina bifida, or anoxic brain damage; cases 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 transfers from another facility.

*[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).

#### ICD-9-CM Pressure ulcer diagnosis codes<sup>1</sup>:

7070	<i>PRESSURE ULCER (end 2004)</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 (begin 2008)	70725	PRESSURE ULCER, UNSTAGEBL (begin 2008)
70724	PRESSURE ULCER, STAGE IV (begin 2008)		

<sup>1</sup> Valid for discharges on or after October 1, 2008

## Denominator

Surgical and medical discharges, for patients ages 18 years and older. Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

See *Patient Safety Indicators Appendices*:

- Appendix B – Medical Discharge DRGs
- Appendix C – Medical Discharge MS-DRGs
- Appendix D – Surgical Discharge DRGs
- Appendix E – Surgical Discharge MS-DRGs

Exclude cases:

- with length of stay of less than 5 days
- 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 diagnosis codes for hemiplegia, paraplegia, or quadriplegia
- with any-listed ICD-9-CM diagnosis codes for spina bifida or anoxic brain damage
- 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)
- 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 *Patient Safety Indicators Appendices*:

- Appendix A – Operating Room Procedure Codes
- Appendix J – Admission Codes for Transfers

**ICD-9-CM Hemiplegia, paraplegia, or quadriplegia diagnosis codes<sup>1</sup>:**

33371	ATHETOID CEREBRAL PALSY		
3341	HERED SPASTIC PARAPLEGIA	34430	MONPLGA LWR LMB UNSP SDE
3420	<i>FLACCID HEMIPLEGIA (end 1994)</i>	34431	MONPLGA LWR LMB DMNT SDE
34200	FLCCD HMIPLGA UNSPF SIDE	34432	MNPLG LWR LMB NONDMNT SD
34201	FLCCD HMIPLGA DOMNT SIDE	3444	<i>MONOPLGIA OF UPPER LIMB (end 1994)</i>
34202	FLCCD HMIPLG NONDMNT SDE	34440	MONPLGA UPR LMB UNSP SDE
3421	<i>SPASTIC HEMIPLEGIA (end 1994)</i>	34441	MONPLGA UPR LMB DMNT SDE
34210	SPSTC HMIPLGA UNSPF SIDE	34442	MNPLG UPR LMB NONDMNT SD
34211	SPSTC HMIPLGA DOMNT SIDE	3445	MONOPLGIA NOS
34212	SPSTC HMIPLG NONDMNT SDE	34460	CAUDA EQUINA SYND NOS
34280	OT SP HMIPLGA UNSPF SIDE	34461	NEUROGENIC BLADDER
34281	OT SP HMIPLGA DOMNT SIDE	3448	<i>OTHER SPECIFIED PARALYTIC SYNDROMES (end 1993)</i>
34282	OT SP HMIPLG NONDMNT SDE	34481	LOCKED-IN STATE
3429	<i>HEMIPLEGIA, UNSPECIFIED (end 1994)</i>	34489	OTH SPCF PARALYTIC SYND
34290	UNSP HEMIPLGA UNSPF SIDE	3449	PARALYSIS NOS
34291	UNSP HEMIPLGA DOMNT SIDE	43820	LATE EF-HEMPLGA SIDE NOS
34292	UNSP HMIPLGA NONDMNT SDE	43821	LATE EF-HEMPLGA DOM SIDE
3430	CONGENITAL DIPLEGIA	43822	LATE EF-HEMIPLGA NON-DOM
3431	CONGENITAL HEMIPLEGIA	43830	LATE EF-MPLGA UP LMB NOS
3432	CONGENITAL QUADRIPLGIA	43831	LATE EF-MPLGA UP LMB DOM
3433	CONGENITAL MONOPLGIA	43832	LT EF-MPLGA UPLMB NONDOM
3434	INFANTILE HEMIPLEGIA	43840	LTE EF-MPLGA LOW LMB NOS
3438	CEREBRAL PALSY, NEC	43841	LTE EF-MPLGA LOW LMB DOM
3439	CEREBRAL PALSY, NOS	43842	LT EF-MPLGA LOWLMB NONDM
3440	<i>QUADRIPLGIA AND QUADRIPARESIS (end 1994)</i>	43850	LT EF OTH PARAL SIDE NOS
34400	QUADRIPLGIA, 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	<i>HYPOXIC-ISCHEMIC ENCEPH (effective 2006-2009)</i>
34404	QUADRPLG C5-C7, INCOMPLT	76870	HYPOXC-ISCHEM ENCEPH NOS
34409	OTHER QUADRIPLGIA	76872	MOD HYPOS-ISCHEM ENCEPH
3441	PARAPLEGIA NOS	76873	SEV HYPOX-ISCHEM ENCEPH
3442	DIPLEGIA OF UPPER LIMBS		
3443	<i>MONOPLGIA OF LOWER LIMB (end 1994)</i>		

<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 or anoxic brain damage diagnosis codes:**

3481	ANOXIC BRAIN DAMAGE	74190	SPINA BIFIDA
74100	SPIN BIF W HYDROCEPH NOS	74191	SPINA BIFIDA-CERV
74101	SPIN BIF W HYDRCEPH-CERV	74192	SPINA BIFIDA-DORSAL
74102	SPIN BIF W HYDRCEPH-DORS	74193	SPINA BIFIDA-LUMBAR
74103	SPIN BIF W HYDRCEPH-LUMB	7685	SEVERE BIRTH ASPHYXIA

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

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