CHAPTER 12

Diseases of the Skin and Subcutaneous Tissue (L00-L99)

October 2020

Pressure Ulcer Stage Codes and Unstageable Pressure Ulcers

- Codes in category L89, Pressure ulcer, identify the site and stage of the pressure ulcer. The ICD-10-CM classifies pressure ulcer stages based on severity, which is designated by stages 1-4, deep tissue pressure injury**,** unspecified stage, and unstageable.

- Assign as many codes from category L89 as needed to identify all the pressure ulcers the patient has, if applicable. *See Section I.B.14 for pressure ulcer stage documentation by clinicians other than patient's provider***.**

- Assignment of the code for unstageable pressure ulcer (L89.--0) should be based on the clinical documentation. These codes are used for pressure ulcers whose stage cannot be clinically determined (e.g., the ulcer is covered by eschar or has been treated with a skin or muscle graft).

- This code should not be confused with the codes for unspecified stage (L89.--9). When there is no documentation regarding the stage of the pressure ulcer, assign the appropriate code for unspecified stage (L89.--9)**.**

Documented Pressure Ulcer Stage

- Assignment of the pressure ulcer stage code should be guided by clinical documentation of the stage or documentation of the terms found in the Alphabetic Index.

- For clinical terms describing the stage that are not found in the Alphabetic Index, and there is no documentation of the stage, the provider should be queried.

Patients admitted with pressure ulcers documented as healed

- No code is assigned if the documentation states that the pressure ulcer is completely healed at the time of admission.

Pressure Ulcers Documented as Healing

- Pressure ulcers described as healing should be assigned the appropriate pressure ulcer stage code based on the documentation in the medical record. If the documentation does not provide information about the stage of the healing pressure ulcer, assign the appropriate code for unspecified stage.

- If the documentation is unclear as to whether the patient has a current (new) pressure ulcer or if the patient is being treated for a healing pressure ulcer, query the provider.

- For ulcers that were present on admission but healed at the time of discharge, assign the code for the site and stage of the pressure ulcer at the time of admission.

Patient Admitted with Pressure Ulcer Evolving into Another Stage during the Admission

- If a patient is admitted to an inpatient hospital with a pressure ulcer at one stage and it progresses to a higher stage, two separate codes should be assigned:
  - one code for the site and stage of the ulcer on admission and a second code for the same ulcer site and the highest stage reported during the stay.

Pressure-Induced Deep Tissue Damage

For pressure-induced deep tissue damage or deep tissue pressure injury, assign only the appropriate code for pressure-induced deep tissue damage (L89.--6).

Non-Pressure Chronic Ulcer

- **Patients admitted with non-pressure ulcers documented as healed**

No code is assigned if the documentation states that the non-pressure ulcer is completely healed at the time of admission.

- **Non-pressure ulcers documented as healing** should be assigned the appropriate non-pressure ulcer code based on the documentation in the medical record.

- If the documentation does not provide information about the severity of the healing non-pressure ulcer, assign the appropriate code for unspecified severity.

- If the documentation is unclear as to whether the patient has a current (new) non-pressure ulcer or if the patient is being treated for a healing non-pressure ulcer, query the provider.

- For ulcers that were present on admission but healed at the time of discharge, assign the code for the site and severity of the non-pressure ulcer at the time of admission.

Patient Admitted with Non-Pressure Ulcer that Progresses to Another Severity Level During the Admission

- If a patient is admitted to an inpatient hospital with a non-pressure ulcer at one severity level and it progresses to a higher severity level, two separate codes should be assigned: one code for the site and severity level of the ulcer on admission and a second code for the same ulcer site and the highest severity level reported during the stay.

See Section I.B.14 for pressure ulcer stage documentation by clinicians other than patient's provider

Thank You

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