

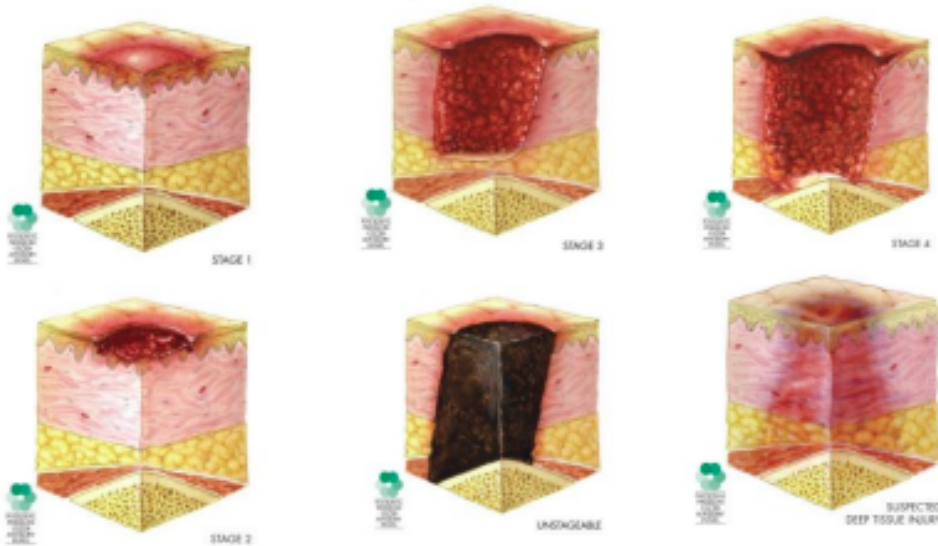
Coding and Documentation Tips: Pressure Ulcer Staging*

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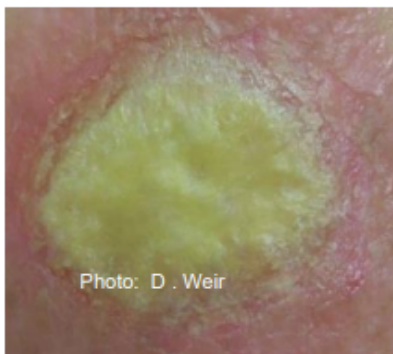
Per ICD-10-CM Guidelines-a provider must document that the patient has a pressure ulcer. If the provider does not include the stage, we are able to use the stage documented by a nurse. However, if the provider does not document the ulcer, it can't be coded.

NPUAP Pressure Ulcer – 6 stages



According to the **ICD-10-CM Official Guidelines for Coding and Reporting**, if there is no documentation regarding the stage of a pressure ulcer, assign the appropriate code for unspecified stage (L89.009) ¹. However, if a patient with an unstageable pressure ulcer has a debridement and the stage of the ulcer is then revealed and documented, only code the stage revealed and not unstageable ².

Slough Tissue



Non-viable yellow, tan, gray, green or brown tissues, usually moist, can be soft, stringy and mucinous in texture.

Slough may be adherent to the base of the wound or present in clumps throughout the wound bed.

Eschar Tissue



Dead or devitalized tissue that is hard or soft in texture, usually black, brown, or tan in color, and may appear scab like.

Eschar tissue is usually firmly adherent to the base of a wound and often the sides/edges of the wound.

How much of the wound bed covered makes it unstageable?



Is the pressure ulcer:

- Only partially covered, and can you visualize or palpate to identify the anatomical depth of tissue type damaged
- Then numerically stage the ulcer rather than classifying as unstageable.



If the pressure ulcer:

- Wound bed is completely covered with eschar, then classify as unstageable

CMS – Unstageable pressure ulcers due to non-removable dressing/device

Pressure ulcers should be coded as unstageable when the wound bed cannot be visualized due to a non-removable dressing/device and the pressure ulcer can thus not be numerically staged.

CMS – Unstageable due to non-removable dressing/device – known pressure ulcer beneath

Examples of non-removable dressing or device include a primary surgical dressing that cannot be removed, an orthopedic device or a cast.



Cast



Are these non-removable dressings?



NPUAP unstageable definition

- Full thickness tissue loss in which the actual depth of the ulcer is completely obscured by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed



- Until enough slough and/or eschar is removed to expose the base of the wound, the true depth cannot be determined but it will be either a category/stage III or IV.
- Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as “the body’s natural (biological) cover” and should not be removed

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CMS unstageable coding tips due to slough and/or eschar



Once the pressure ulcer is debrided of enough slough and/or eschar such that the anatomic depth of soft tissue damage within the wound bed can be identified, the ulcer can then be numerically staged



The pressure ulcer does not have to be completely debrided or free of all slough and/or eschar tissue for restaging of the ulcer to occur.

*All images and text courtesy of Ayello, 2014 and IFG QRP Training – Pressure Ulcer Staging PPT 05.12.2014