

Pressure Ulcer/Injury Coding Stages

Stage 1: Observable, pressure-related alteration of intact skin with non-blanchable redness of a localized area usually over a bony prominence; may include changes in skin temperature, tissue consistency and/or sensation. Darkly pigmented skin may not have a visible blanching; in dark skin tones only, it may appear with persistent blue or purple hues.

Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough or bruising. May also present as an intact or open/ruptured blister.

Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.



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Unstageable Pressure Ulcer/ Injury Coding Descriptions

Non-Removable Dressing/Device: Pressure ulcer/injury known but unstageable due to non-removable dressing/device. Includes, for example, a primary surgical dressing that cannot be removed, an orthopedic device, or cast.

Slough and/or Eschar: Pressure ulcer known but not stageable due to coverage of wound bed by slough and/or eschar.

Deep-Tissue Injury (DTI): Purple or maroon area of discolored intact skin due to damage of underlying soft tissue. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer, or cooler than adjacent tissue.

