Percutaneous Coronary Intervention (PCI) Rate
Technical Specifications

Inpatient Quality Indicators #27 (IQI #27)
AHRQ Quality Indicators^{TM}, Version 5.0
March 2015
Area-Level Indicator
Type of Score: Rate

Description

Percutaneous coronary intervention (PCI) discharges per 100,000 population, ages 40 years and older. Excludes obstetric discharges.

[NOTE: The software provides the rate per population. However, common practice reports the measure as per 100,000 population. The user must multiply the rate obtained from the software by 100,000 to report discharges per 100,000 population.]

Numerator

Discharges, for patients ages 40 years and older, with any-listed ICD-9-CM procedure codes for PCI.

ICD-9-CM PCI procedure codes:

0066	PTCA OR COR ATHERECTOMY	3602	PTCA-1 VESSEL WITH AGNT
3601	PTCA-1 VESSEL W/O AGENT	3605	PTCA-MULTIPLE VESSEL

Exclude cases:
- 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)

Denominator

Population ages 40 years and older in metropolitan area[1] or county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the

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[1] The term "metropolitan area" (MA) was adopted by the U.S. Census in 1990 and referred collectively to metropolitan statistical areas (MSAs), consolidated metropolitan statistical areas (CMSAs), and primary metropolitan statistical areas (PMSAs). In addition, "area" could refer to either 1) FIPS county, 2) modified FIPS county, 3) 1999 OMB Metropolitan Statistical Area, or 4) 2003 OMB Metropolitan Statistical Area. Micropolitan Statistical Areas are not used in the QI software.

patient residence, not the metropolitan area or county of the hospital where the discharge occurred.