Diabetes Long-Term Complications Admission Rate
Technical Specifications

Prevention Quality Indicators #3 (PQI #3)
AHRQ Quality Indicators[TM], Version 5.0
March 2015
Area-Level Indicator
Type of Score: Rate

Description

Admissions for a principal diagnosis of diabetes with long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.

[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 admissions per 100,000 population.]

Numerator

Discharges, for patients ages 18 years and older, with a principal ICD-9-CM diagnosis code for diabetes with long-term complications (renal, eye, neurological, circulatory, or complications   not otherwise specified).

[NOTE: By definition, discharges with a principal diagnosis of diabetes with long-term complications are precluded from an assignment of MDC 14 by grouper software. Thus, obstetric discharges should not be considered in the PQI rate, though the AHRQ QI[TM] software does not explicitly exclude obstetric cases.]

ICD-9-CM Diabetes with long-term complications diagnosis codes:

25040	DM RENAL COMP T2 CONT	25070	DM CIRCU DIS T2 CONT
25041	DM RENAL COMP T1 CONT	25071	DM CIRCU DIS T1 CONT
25042	DM RENAL COMP T2 UNCNT	25072	DM CIRCU DIS T2 UNCNT
25043	DM RENAL COMP T1 UNCNT	25073	DM CIRCU DIS T1 UNCNT
25050	DM EYE COMP T2 CONT	25080	DM W COMP NEC T2 CONT
25051	DM EYE COMP T1 CONT	25081	DM W COMP NEC T1 CONT
25052	DM EYE COMP T2 UNCNT	25082	DM W COMP NEC T2 UNCNT
25053	DM EYE COMP T1 UNCNT	25083	DM W COMP NEC T1 UNCNT
25060	DM NEURO COMP T2 CONT	25090	DM W COMPL NOS T2 CONT
25061	DM NEURO COMP T1 CONT	25091	DM W COMPL NOS T1 CONT
25062	DM NEURO COMP T2 UNCNT	25092	DM W COMPL NOS T2 UNCNT
25063	DM NEURO COMP T1 UNCNT	25093	DM W COMPL NOS T1 UNCNT

Exclude cases:

- transfer from a hospital (different facility)
- transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- transfer from another health care facility
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), principal diagnosis (DX1=missing), or county (PSTCO=missing)

See *Prevention Quality Indicators Appendices*:
- Appendix A – Admission Codes for Transfers

Denominator

Population ages 18 years and older in metropolitan area[†] or county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence, not the metropolitan area or county where the hospital discharge occurred.[‡]

[†] 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.

[‡] The denominator can be specified with the diabetic population only and calculated with the SAS QI software through the condition-specific denominator at the state-level feature.