Lower-Extremity Amputation among Patients with Diabetes Rate Technical Specifications

Prevention Quality Indicators #16 (PQI #16)

AHRQ Quality Indicators™, Version 5.0 March 2015

Area-Level Indicator Type of Score: Rate

Description

Admissions for any-listed diagnosis of diabetes and any-listed procedure of lower-extremity amputation per 100,000 population, ages 18 years and older. Excludes any-listed diagnosis of traumatic lower-extremity amputation admissions, toe amputation admission (likely to be traumatic), 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 any-listed ICD-9-CM procedure codes for lower-extremity amputation and any-listed ICD-9-CM diagnosis codes for diabetes.

ICD-9-CM Lower-extremity amputation procedure codes:

8410	LOWER LIMB AMPUTAT NOS	8416	DISARTICULATION OF KNEE
8412	AMPUTATION THROUGH FOOT	8417	ABOVE KNEE AMPUTATION
8413	DISARTICULATION OF ANKLE	8418	DISARTICULATION OF HIP
8414	AMPUTAT THROUGH MALLEOLI	8419	HINDQUARTER AMPUTATION
8415	BELOW KNEE AMPUTAT NEC		

ICD-9-CM Diabetes diagnosis codes:

,	3D-3-C	w Diabetes diagnosis codes.		
	25000	DMII WO CMP NT ST UNCNTR	25050	DMII OPHTH NT ST UNCNTRL
	25001	DMI WO CMP NT ST UNCNTRL	25051	DMI OPHTH NT ST UNCNTRLD
	25002	DMII WO CMP UNCNTRLD	25052	DMII OPHTH UNCNTRLD
	25003	DMI WO CMP UNCNTRLD	25053	DMI OPHTH UNCNTRLD
	25010	DMII KETO NT ST UNCNTRLD	25060	DMII NEURO NT ST UNCNTRL
	25011	DMI KETO NT ST UNCNTRLD	25061	DMI NEURO NT ST UNCNTRLD
	25012	DMII KETOACD UNCONTROLD	25062	DMII NEURO UNCNTRLD
	25013	DMI KETOACD UNCONTROLD	25063	DMI NEURO UNCNTRLD
	25020	DMII HPRSM NT ST UNCNTRL	25070	DMII CIRC NT ST UNCNTRLD
	25021	DMI HPRSM NT ST UNCNTRLD	25071	DMI CIRC NT ST UNCNTRLD
	25022	DMII HPROSMLR UNCONTROLD	25072	DMII CIRC UNCNTRLD
	25023	DMI HPROSMLR UNCONTROLD	25073	DMI CIRC UNCNTRLD
	25030	DMII O CM NT ST UNCNTRLD	25080	DMII OTH NT ST UNCNTRLD
	25031	DMI O CM NT ST UNCNTRLD	25081	DMI OTH NT ST UNCNTRLD

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25032	DMII OTH COMA UNCONTROLD	25082	DMII OTH UNCNTRLD
25033	DMI OTH COMA UNCONTROLD	25083	DMI OTH UNCNTRLD
20000	DIVILOTITI OCIVIA CINCOLVITACED	20000	DIVII OTTT ONON TINED
25040	DMII RENL NT ST UNCNTRLD	25090	DMII UNSPF NT ST UNCNTRL
23040	DIVILIA ENL INT STUNCINTALD	25090	DIVILI DINOPE IN LOT DINCINTRE
25044	DMI DENII NIT CT LINICNITDI D	25091	DMI LINIODE NE CE LINIONEDI D
2004 I	DMI RENL NT ST UNCNTRLD	25091	DMI UNSPF NT ST UNCNTRLD
05040	DAIL DENIAL LINIONIEDI D	05000	DAIL LINODE LINONEDI D
25042	DMII RENAL UNCNTRLD	25092	DMII UNSPF UNCNTRLD
25043	DMI RENAL UNCNTRLD	25093	DMI UNSPF UNCNTRLD
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Exclude cases:

- with any-listed ICD-9-CM diagnosis codes for traumatic amputation of the lower extremity
- with any-listed ICD-9-CM procedure codes for toe amputation
- transfer from a hospital (different facility)
- transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- transfer from another health care facility
- MDC 14 (pregnancy, childbirth, and puerperium)
- 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

ICD-9-CM Traumatic amputation of the lower extremity diagnosis codes:

8950	AMPUTATION TOE	8971	AMPUTAT BK, UNILAT-COMPL
8951	AMPUTATION TOE-COMPLICAT	8972	AMPUT ABOVE KNEE, UNILAT
8960	AMPUTATION FOOT, UNILAT	8973	AMPUT ABV KN, UNIL-COMPL
8961	AMPUT FOOT, UNILAT-COMPL	8974	AMPUTAT LEG, UNILAT NOS
8962	AMPUTATION FOOT, BILAT	8975	AMPUT LEG, UNIL NOS-COMP
8963	AMPUTAT FOOT, BILAT-COMP	8976	AMPUTATION LEG, BILAT
8970	AMPUT BELOW KNEE, UNILAT	8977	AMPUTAT LEG, BILAT-COMPL

ICD-9-CM Toe amputation procedure code:

8411 TOE AMPUTAION

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 of the hospital where the 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 Version 4.5 through the condition-specific denominator at the state-level feature.