

# Diabetes Long-Term Complications Admission Rate

## Prevention Quality Indicators #3 Technical Specifications

### Area-Level Indicator

### AHRQ Quality Indicators, Version 4.3, August 2011

Version 4.3a is a maintenance release of Version 4.3. The differences between the two versions are:

- Version 4.3a includes Version 29 of the Limited License edition of the 3M™ APR-DRG Grouper. This grouper corrects an issue found in Version 28 of the Limited License edition of the 3M™ APR-DRG Grouper. The grouper is only used with the Inpatient Quality Indicator (IQI) mortality measures. Version 4.3 includes Version 28 of the Limited License edition of the 3M™ APR-DRG Grouper, which was incorrectly assigning a Risk of Mortality (ROM) subclass for cases dated on or after 10/1/10.
- Version 4.3a allows users to calculate area-level indicators for years 2010 and 2011, correcting an issue previously identified in Version 4.3.

All other aspects of the software, including measure specifications, remain the same. Thus this document (related to Version 4.3) remains unchanged.

## Numerator

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

### ICD-9-CM Diabetes long-term complication 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

See *Prevention Quality Indicators Appendices*:

- Appendix A – Admission Codes for Transfers

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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
- 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), county (PSTCO=missing)

## **Denominator**

Discharges in the numerator are assigned to the denominator based on the Metro Area<sup>1</sup> or county of the patient residence, not the Metro Area or county where the hospital discharge occurred.<sup>2</sup>

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<sup>1</sup> 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 3) 2003 OMB Metropolitan Statistical Area. Micropolitan Statistical Areas are not used in the QI software.

<sup>2</sup> The denominator can be specified with the diabetic population only and calculated with the QI SAS software through the condition-specific denominator at the state level feature.