Agency for Healthcare Research and Quality Patient Safety Indicators (PSI)

ICD-9-CM and DRG Coding Updates to Version 2.1, Revision 3

January 17, 2005

The following changes were implemented in version 2.1, revision 3 of the Patient Safety Indicator (PSI) software code (both SAS and SPSS) and reflect changes to indicator definitions based on updates to ICD-9-CM and DRG codes for Fiscal Year 2005 (effective 10-1-2004). All changes noted below have been incorporated into the software syntax, software documentation and the Guide to Patient Safety Indicators. With this software update, the PSI software definitions now incorporate ICD-9-CM codes valid from October 1, 1994 through September 30, 2005.

Indicator Module	Indicator Name (#)	Component	Change
PSI	Decubitus Ulcer (PSI #3)	Numerator (inclusion, decubitus ulcer)	Added new (FY2005) codes 707.00 "unspecified site", 707.01 "elbow", 707.02 "upper back", 707.03 "lower back", 707.04 "hip", 707.05 "buttock", 707.06 "ankle", 707.07 "heel" and 707.09 "site, other" to the numerator inclusion criteria for decubitus ulcer. Expected impact on rate: negligible.
PSI	Failure to Rescue (PSI #4)	Denominator (inclusion, DVT/PE)	Added new (FY2005) codes 453.40 "unspecified site", 453.41 "proximal" and 453.42 "distal" to the denominator inclusion criteria for venous embolism and thrombosis of deep vessels of the lower extremity. Expected impact on rate: negligible.
PSI	Postoperative DVT/PE (PSI #12)	Numerator (inclusion, DVT/PE)	Added new (FY2005) codes 453.40 "unspecified site", 453.41 "proximal" and 453.42 "distal" to the numerator inclusion criteria for venous embolism and thrombosis of deep vessels of the lower extremity. Expected impact on rate: negligible.
PSI	Postoperative Wound Dehiscence (PSI #14)	Denominator (inclusion, abdominopelvic surgery)	For discharges beginning in FY 2005, ICD-9-CM code 44.99 "other gastric operation" is added to the denominator definition of abdominopelvic surgery because laparoscopic procedures that previously dominated this code were re-assigned to other codes.

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			Note: Revision 3 adds optional data elements YEAR (year of patient discharge) and DQTR (calendar quarter of patient discharge) to the input data file specifications. If available, these data elements are used to include ICD-9-CM code 44.99 in the denominator for discharges occurring on or after 10/1/2004. However, ICD-9 code 44.99 will not be retained in the denominator if the data elements year and quarter of discharge are not available or if the user selects the option not to retain code 44.99 for purposes of trending over time or to maintain historical continuity in the rate. However, users are encouraged to transition to the new definition as soon as possible. Expected impact on rate: may result in a increase in the denominator and resulting increase in the rate due to the significant risk of wound dehiscence in the open procedures retained in this code.
PSI	Multiple Indicators	Surgical discharges denominator inclusion	Added new (FY2005) DRG codes 541-543 to the surgical discharges inclusion criteria for the applicable PSIs: 1, 3, 5-13, 15-16, 21-23, and 25-26. Expected impact on rate: negligible
PSI	Multiple Indicators	Surgical discharges denominator inclusion	Added new (FY2005) major operating procedure codes to the surgical discharges inclusion criteria for the applicable PSIs (see above for the list of PSIs). See the document "Operating Room Procedure Codes" at http://www.qualityindicators.ahrq.gov/psi do wmload.htm for a list of these ICD-9 codes. The new codes can be identified locating the reference date of introduction "Oct 04" behind the ICD-9 code and description.

Indicator Module	Indicator Name (#)	Component	Change
PSI	Multiple Indicators	Co morbidity (other neurological disorders)	Added new (FY2005) codes 347.00 "narcolepsy w/o cataplexy", 347.01 "w/ cataplexy", 347.10 "narcolepsy in conditions classified elsewhere w/o cataplexy" and 347.11 "w/ cataplexy" to the co morbidity inclusion criteria for other neurological disorders. Added new (FY2005) DRG code 543 to the co morbidity exclusion criteria for other neurological disorders. Expected impact on rate: negligible