



**AHRQ Quality Indicators™ (AHRQ QI™)
ICD-9-CM and ICD-10-CM/PCS
Specification Enhanced Version 5.0**

**Pediatric Quality Indicators #15 (PDI #15)
Diabetes Short-term Complications
Admission Rate**

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Area-Level Indicator
Type of Score: Rate**

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PDI #15 Diabetes Short-term Complications Admission Rate

DESCRIPTION

Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 6 through 17 years. 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.]

PDI #15 Diabetes Short-term Complications Admission Rate

NUMERATOR			
Discharges, for patients ages 6 through 17 years, with a principal ICD-9-CM or ICD-10-CM diagnosis code for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma).			
<i>Diabetes short-term complications diagnosis codes: (ACDIASD)</i>			
ICD-9-CM	Description	ICD-10-CM	Description
25010	DM KETO T2, DM CONT	E1010	Type 1 diabetes mellitus with ketoacidosis without coma
25011	DM KETO T1, DM CONT	E1011	Type 1 diabetes mellitus with ketoacidosis with coma
25012	DM KETO T2, DM UNCONT	E10641	Type 1 diabetes mellitus with hypoglycemia with coma
25013	DM KETO T1, DM UNCONT	E1065	Type 1 diabetes mellitus with hyperglycemia
25020	DM W/ HYPROSM T2, DM CONT	E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
25021	DM W/ HYPROSM T1, DM CONT	E1101	Type 2 diabetes mellitus with hyperosmolarity with coma
25022	DM W/ HYPROSM T2, DM UNCNT	E11641	Type 2 diabetes mellitus with hypoglycemia with coma
25023	DM W/ HYPROSM T1, DM UNCNT	E1165	Type 2 diabetes mellitus with hyperglycemia
25030	DM COMA NEC TYP II, DM CNT		
25031	DM COMA NEC T1, DM CONT		
25032	DM COMA NEC T2, DM UNCONT		
25033	DM COMA NEC T1, DM UNCONT		

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NUMERATOR EXCLUSIONS

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), principal diagnosis (DX1=missing), or county (PSTCO=missing)

[Appendix J – Admission Codes for Transfers](#)

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DENOMINATOR

Population ages 6 through 17 years in metropolitan area¹ 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.

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.

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DENOMINATOR EXCLUSIONS
<i>Not Applicable</i>