



PREVENTION QUALITY INDICATORS (PQI) LOG OF CODING UPDATES AND REVISIONS Through Version v2020

Prepared for:

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1.0 Log of Coding Updates and Revisions

The following table summarizes the revisions made to the Prevention Quality Indicator (PQI) software, software documentation and the technical specification documents in the v2020 version and previous versions since the original release of QI change log documents in April 2002. It also reflects changes to indicator specifications based on updates to ICD-10-CM/PCS codes through Fiscal Year 2020 (effective October 1, 2019) and incorporates coding updates that were implemented in both versions of the PQI software (SAS and WinQI).

The table lists the version and revision number, the date the revision was made, the component(s) affected by the change and a short summary of the changes that were made. The nature of the change is categorized as:

- 1) **Fiscal Year (FY) Coding:** occurs because of changes to the most recent fiscal year codes dictated by the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) and Centers for Medicare & Medicaid Services (CMS).
- 2) **Specification/Calculation:** may impact the measure result that is something other than the most recent fiscal year coding change.
- 3) **Software/Documentation:** alteration to the software code to calculate the measure as specified, or to the documentation to clarify the measure intent or functionality.

For convenience and ease of use, the changes are listed in reverse chronological order with the most recent changes appearing first in the table. Please note that changes prior to version 4.4 are not classified according to the currently defined types of changes.

All changes noted below have been incorporated into the software programming code, software documentation and the PQI technical specifications. With this software update, the PQI software now incorporates ICD-9-CM, ICD-10 CM/PC, and DRG/MS-DRG codes valid from October 1, 1994 through September 30, 2020.

The transition from ICD-9-CM to ICD-10-CM/PCS represents substantial differences across the two code sets. Specifications have been carefully reviewed to achieve as much consistency as possible; however, differences are expected to exist between the ICD-9-CM v6.0, the last ICD-9 version of the AHRQ QI measures, and the ICD-10-CM/PCS releases - v6.0, v7.0, and v2018-v2020. A detailed explanation of the process of conversion is detailed in http://www.qualityindicators.ahrq.gov/Downloads/Resources/Publications/2013/C.14.10.D001_REVISED.pdf

Note: the change log entries for v6.0 (ICD-10) reflect the changes from v5.0 alpha version of ICD-10 software and not the changes from v5.0 ICD-9-CM version.

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VERSION/ REVISION NUMBER	DATE	COMPONENT	NATURE OF CHANGE	CHANGES
v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI All	Specification/ Calculation	<p>Description: Deleted records where DRG is assigned the value 999</p> <p>Rationale for the change: DRG 999 is assigned to records that are considered ungroupable based on information provided on the discharge record.</p>
v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI All	Specification/ Calculation	<p>Description: Added an option to specify whether observed to expected (O-E) ratio smoothing is calibrated to the reference population or the user’s data. The default and recommended option is to the reference population.</p> <p>Rationale for the change: Allows large health care systems or states to calibrate expected QI rates within the system.</p>
v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI All	Fiscal Year Coding	<p>Description: Updated MS-DRG to MDC mapping (MDCF2T)</p> <p>Rationale for the change: Annual coding update</p>
v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI All	Fiscal Year Coding	<p>Description: Updated County Poverty Deciles (POVCAT) mapping</p> <p>Rationale for the change: Annual coding update</p>
v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI 11	Software/ Documentation	<p>Description: Updated measure description to remove reference to Bacterial Pneumonia. New measure name “Community-Acquired Pneumonia Admission Rate”</p> <p>Rationale for the change: Align the measure name and description</p>
v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI 02	Software/ Documentation	<p>Description: Removed formats: ACSAP2D, ACSAPPD; measure retired in prior version</p> <p>Rationale for the change: Remove formats that are no longer relevant</p>

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v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI 05	Fiscal Year Coding	<p>Description: Revised description for J440 in Chronic obstructive pulmonary disorder - COPD (excluding acute bronchitis) diagnosis codes (ACCOPDD)</p> <p>Rationale for the change: Annual coding update</p>
v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI 07	Fiscal Year Coding	<p>Description: Updated procedure codes for dialysis access (DIALY2P)</p> <p>Rationale for the change: Annual coding update</p>
v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI 07, 08	Fiscal Year Coding	<p>Description: Updated procedure codes for cardiac procedure (ACSCARP)</p> <p>Rationale for the change: Annual coding update</p>
v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI 10	Software/ Documentation	<p>Description: Removed formats: ACPGASD, ACSDEHD, CRENLFD, HYPERID, PHYSIDB; measure retired in prior version</p> <p>Rationale for the change: Remove formats that are no longer relevant</p>
v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI 11, 12	Fiscal Year Coding	<p>Description: Updated procedure codes for immunocompromised state (IMMUNIP)</p> <p>Rationale for the change: Annual coding update</p>
v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI 11, 12	Fiscal Year Coding	<p>Description: Added codes D8130, D8131, D8132, D8139 to diagnosis codes for immunocompromised state (IMMUNID)</p> <p>Rationale for the change: Annual coding update</p>

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v2020 (ICD-10) for SAS QI & WinQI	July 2020	PQI 16	Fiscal Year Coding	Description: Added codes E1110 and E1111 to diabetes diagnosis codes (ACSLEAD) Rationale for the change: Annual coding update
v2019 (ICD-10) for SAS QI & WinQI	August 2019	PQI 02	Specification/ Calculation	Description: Indicator remove from software and documentation. Rationale for the change: Indicator retired in v2019.
v2019 (ICD-10) for SAS QI & WinQI	August 2019	PQI 02	Fiscal Year Coding	Description: Update Perforations or abscesses of appendix diagnosis codes (ACSAPPD), and Appendicitis diagnosis codes (ACSAP2D). Rationale for the change: Annual coding update.
v2019 (ICD-10) for SAS QI & WinQI	August 2019	PQI 1, 3, 5, 7, 8, 11,12, 14, 15	Software/Documentation	Description: Revised language in technical specifications regarding the reason obstetric discharges are not included in the QI rate. Rationale for the change: Measure maintenance and annual coding updates
v2019 (ICD-10) for SAS QI & WinQI	August 2019	PQI 07	Fiscal Year Coding	Description: Added Codes: 041K3JS, 041L3JS to Dialysis access procedure codes (DIALY2P) Rationale for the change: Annual coding update.

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v2019 (ICD-10) for SAS QI & WinQI	August 2019	PQI 10	Specification/ Calculation	<p>Description: Indicator remove from software and documentation.</p> <p>Rationale for the change: Indicator retired in v2019.</p>
v2019 (ICD-10) for SAS QI & WinQI	August 2019	PQI 14	Specification/ Calculation	<p>Description: Removed E1110 and E1111 from the uncontrolled diabetes without mention of a short term or long-term complication diagnosis codes (ACDIAUD) from identifying PQI 14 numerator events.</p> <p>Rationale for the change: Bug fix that may potentially decrease the PQI 14 numerator.</p>
v2019 (ICD-10) for SAS QI & WinQI	August 2019	PQI 01, 03, 14, 16	Specification/ Calculation	<p>Description: The previous version of this indicator allowed the denominator to be specified with the diabetic population only and calculated with the SAS QI software through the condition-specific denominator. However, the disease-specific denominator file has been temporarily removed from the software for further review and updates.</p> <p>Rationale for the change: Measure maintenance.</p>
v2018 (ICD-10) for SAS QI & WinQI	April 2018	PQI 01	Fiscal Year Coding	<p>Description: Added ICD10-CM codes, E11.10, E11.11, to existing numerator for inclusion for Type 2 diabetes mellitus with ketoacidosis without coma and with coma (ACDIASD).</p> <p>Rationale for the change: Annual coding update.</p>

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v2018 (ICD-10) for SAS QI & WinQI	April 2018	PQI 07	Fiscal Year Coding	<p>Description: Added ICD10-PCS codes to the existing denominator exclusion for Dialysis access procedure (DIALY2P).</p> <p>Rationale for the change: Annual coding update.</p>
v2018 (ICD-10) for SAS QI & WinQI	April 2018	PQI 07, PQI 08	Fiscal Year Coding	<p>Description: Added ICD10-PCS codes to the existing denominator exclusion for cardiac procedure (ACSCARP).</p> <p>Rationale for the change: Annual coding update.</p>
v2018 (ICD-10) for SAS QI & WinQI	April 2018	PQI 08	Fiscal Year Coding	<p>Description: Added ICD10-CM codes I50813, I50811, I5082, I50812, I5084, I5083, I5089, I50814, I50810 to existing denominator for inclusion (MRTCHFD).</p> <p>Rationale for the change: Annual coding update.</p>
v2018 (ICD-10) for SAS QI & WinQI	April 2018	PQI 11	Fiscal Year Coding	<p>Description: Added ICD10-CM code for Other mast cell neoplasms of uncertain behavior, D4709, to existing denominator for exclusion (IMMUNID).</p> <p>Rationale for the change: Annual coding update.</p>
v2018 (ICD-10) for SAS QI & WinQI	April 2018	PQI 11, PQI 12	Fiscal Year Coding	<p>Description: Added ICD10-CM codes for Cutaneous mastocytosis, D4701, and Systemic mastocytosis, D4702, to existing denominator for exclusion (IMMUNID).</p> <p>Rationale for the change: Annual coding update.</p>

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V3.0a	February 20, 2006	Congestive Heart Failure Admission Rate (PQI 08) (Exclusion)	Coding	Added new (FY2006) codes 00.66 "Percutaneous Transluminal Coronary Angioplasty" and 37.41 "Implantation of prosthetic cardiac support device around the heart" to the cardiac procedure exclusion.
V3.0a	February 20, 2006	Dehydration (PQI 10) Numerator	Coding	Added new (FY2006) codes 276.50 "Volume depletion, unspecified", 276.51 "Dehydration", and 276.52 "Hypovolemia" to the inclusion criteria.
V3.0a	February 20, 2006	Urinary Tract Infection (PQI 12) Numerator (Exclusion)	Coding	Added exclusion for any diagnosis code of kidney/urinary tract disorder and for any diagnosis code of immunocompromised state.
V3.0a	February 20, 2006	Angina without Procedure Admission Rate (PQI 13) (Exclusion)	Coding	Added new (FY2006) codes 00.66 "Percutaneous Transluminal Coronary Angioplasty" and 37.41 "Implantation of prosthetic cardiac support device around the heart" to the cardiac procedure exclusion.
V3.0a	February 20, 2006	Asthma (PQI 15) Numerator (Exclusion)	Coding	Added exclusion for any diagnosis code of cystic fibrosis and anomalies of the respiratory system.
V3.0a	February 20, 2006	Guide, SAS and SPSS Software Documentation	Software/ Documents	Removed Appendices that were copies of Change Log and Indicator Changes documents. Added Appendix of Links to all PQI documents and additional resources.
V3.0a	February 20, 2006	Guide	Software/ Documents	Added explanation of changes to area definitions and new stratification options. Changed "MSA" to "Metro Area" throughout the document. Added section "Using Different Types of QI rates."

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V3.0a	February 20, 2006	Software, Guide, and Technical Specifications	Software/ Documents	Revised denominator of PQI #9 (Low Birth Weight) to define newborn as neonate with age at admission of 0 to 28 days, with ICD-9-CM diagnosis code for in-hospital live birth. Revised numerator of PQI #12 (Urinary Tract Infection) to Add exclusion for any diagnosis code of kidney/urinary tract disorder and for any diagnosis code of immunocompromised state. Revised numerator of PQI #15 (Asthma) to Add exclusion for any diagnosis code of cystic fibrosis and anomalies of the respiratory system.
V3.0a	February 20, 2006	Software (SAS and SPSS) Software Documentation	Software/ Documents	Changed name of data element HOSPSTCO to PSTCO. Added parameter POPYEAR to specify year for Census data. Changed name of MSALEVL parameter to MALEVL to reflect the change in OMB definitions for areas, and added options to allow users to specify stratification by county level with U.S. Census FIPS or modified FIPS, or Metro Area with OMB 1999 or OMB 2003 definition.
V3.0a	February 20, 2006	Software (SAS and SPSS)	Software/ Documents	Changed the computation of the risk-adjusted rate to use a proportional formula for indirect standardization.
V3.0a	February 20, 2006	Software (SAS)	Software/ Documents	Added a computation of confidence limits.
V3.0a	February 20, 2006	Software (SAS and SPSS), Software Documentation and Covariates document	Software/ Documents	Updated the coefficients used in the calculation of expected and risk-adjusted rates to the 2003 reference population.
V3.0a	February 20, 2006	Indicator Changes	Software/ Documents	Revised to limit entries to indicator changes made because of changes to ICD-9-CM code updates for FY2006 and moved entries for specification changes into PQI Change Log.

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V3.0	November 30, 2005	Guide	Software/ Documents	Moved Appendix A into new document <i>Prevention Quality Indicators Technical Specifications</i> . Removed Appendix B.
V3.0	November 30, 2005	Software (SAS and SPSS), Software Documentation, Guide, Technical Specifications, and Analysis & Interpretation	Software/ Documents	Implemented changes associated with ICD-9-CM coding updates for Fiscal Year (FY) 2006 (effective 10-1-2005). See separate documentation on ICD-9 coding updates for specific details. The years for which the ICD-9-CM and DRG codes defining PQIs are valid was amended to be through FY 2006 instead of FY 2005, that is, the codes in the software are effective through September 30, 2006. Dropped PQI #4 and PQI #6, which are being moved into the new Pediatric Quality Indicators module. Revised PQI #2, PQI #10, PQI #11, and PQI #12 to exclude pediatric populations. Added exclusion for cystic fibrosis and anomalies of the respiratory system to PQI #15 (Asthma). Added exclusion for kidney/urinary tract disorder and immunocompromised state to PQI #12 (Urinary Tract Infection).
V3.0	November 30, 2005	Software Documentation (SAS and SPSS)	Software/ Documents	Removed section "Interpreting the Results." Table 3 was amended to include the 2004-06 census data and condition-specific module file (i.e., QICTYCy.txt).
V3.0	November 30, 2005	Software (SAS and SPSS)	Software/ Documents	Added the 2004-06 census data and condition-specific module file (e.g., QICTYCy.txt)
V2.1 R4	November 24, 2004		Coding	There were no ICD-9-CM or DRG coding changes that affected indicator definitions.
V2.1 R4	November 24, 2004	Software (SAS and SPSS), Software Documentation, and Guide	Software/ Documents	The years for which the ICD-9-CM and DRG codes defining PQIs are valid was amended to be through FY 2005 instead of FY 2004, that is, the codes in the software are effective through September 30, 2005. Added new module that calculates condition-specific rates for the diabetes PQIs across stratifiers.

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V2.1 R4	November 24, 2004	Software Documentation (SAS and SPSS)	Software/ Documents	Table 3 was amended to include the 2003 census data (i.e., QICTY03.TXT and QICTYA03.TXT) and condition-specific module files (PQSASC2 and QICTYC03.TXT).
V2.1 R4	November 24, 2004	Software (SAS and SPSS)	Software/ Documents	Added the 2003 census data (i.e., QICTY03.TXT and QICTYA03.TXT) and condition-specific module files (PQSASC2 and QICTYC03.TXT)
V2.1 R4	November 24, 2004	Guide	Software/ Documents	Rearranged the sequence of PQIs to place in numerical order.
V2.1 R4	November 24, 2004	Software (SAS)	Software/ Documents	Inserted “PQ” in format names for age aggregations in SAS programs to distinguish these formats from similarly named formats used by other indicator software.
V2.1 R3	January 9, 2004	Bacterial Pneumonia Admission Rate (PQI 11) Numerator (Exclusion, sickle cell anemia and HB-S disease)	Coding	New codes (FY 2004) 282.41, 282.42, 282.64, 282.68 were added to the numerator exclusion definition of HB-S and sickle cell anemia. This change may result in a comparability issue with previous years since 282.4 was not previously included in the sickle cell definition.
V2.1 R3	January 9, 2004	Adult Asthma Admission Rate (PQI 15) Numerator	Coding	New codes (FY 2004), 493.81 “Exercised Induced Bronchospasm” and 493.82 “Cough Variant Asthma” were added to the numerator definition of asthma
V2.1 R3	January 9, 2004	Pediatric Asthma Admission Rate (PQI 04) Numerator	Coding	New codes (FY 2004), 493.81 “Exercised Induced Bronchospasm” and 493.82 “Cough Variant Asthma” were added to the numerator definition of asthma
V2.1 R3	January 9, 2004	Congestive Heart Failure Admission Rate (PQI 08) Numerator	Coding	The new codes (FY 2003), 428.20-3, “Systolic heart failure,” 428.30-3, “Diastolic heart failure,” and 428.40-3, “Combined systolic and diastolic heart failure” were added to the including definition of congestive heart failure.

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V2.1 R3	January 9, 2004	Congestive Heart Failure Admission Rate (PQI 08) Numerator (Exclusion, cardiac procedures)	Coding	<p>The new code (FY 2003), 36.07, “Insertion of drug-eluting coronary artery stent(s) Endograft(s), Endovascular graft(s), Stent graft(s)” was added to the exclusion definition of cardiac procedures.</p> <p>The new codes (FY 2003), 00.50-00.54, “implantation or replacement of transvenous lead” were added to the exclusion definition of cardiac procedures.</p> <p>All new codes (FY 2004) in the new category heart replacement procedures (37.5), including 37.51, “heart transplantation,” 37.52 “implantation of total replacement heart system,” 37.53 “replacement or repair of thoracic unit of total replacement heart system,” and 37.54 “replacement or repair of other implantable component of total replacement heart system” were added to the numerator exclusion definition of cardiac procedure. Note that 37.5, previously used for heart transplantation procedure is invalid as of October 2003. This code was retained in the software for backward comparability.</p>
V2.1 R3	January 9, 2004	Hypertension Admission Rate (PQI 07) Numerator (Exclusion, cardiac procedures)	Coding	<p>The new code (FY 2003), 36.07, “Insertion of drug-eluting coronary artery stent(s) Endograft(s), Endovascular graft(s), Stent graft(s)” was added to the exclusion definition of cardiac procedures.</p> <p>The new codes (FY 2003), 00.50-00.54, “implantation or replacement of transvenous lead” were added to the exclusion definition of cardiac procedures.</p> <p>All new codes (FY 2004) in the new category heart replacement procedures (37.5), including 37.51, “heart transplantation,” 37.52 “implantation of total replacement heart system,” 37.53 “replacement or repair of thoracic unit of total replacement heart system,” and 37.54 “replacement or repair of other implantable component of total replacement heart system” were added to the numerator exclusion definition of cardiac procedure. Note that 37.5, previously used for heart transplantation procedure is invalid as of October 2003. This code was retained in the software for backward comparability.</p>

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V2.1 R3	January 9, 2004	Angina Admission Rate (PQI 13) Numerator (Exclusion, cardiac procedures)	Coding	<p>The new code (FY 2003), 36.07, “Insertion of drug-eluting coronary artery stent(s) Endograft(s), Endovascular graft(s), Stent graft(s)” was added to the exclusion definition of cardiac procedures.</p> <p>The new codes (FY 2003), 00.50-00.54, “implantation or replacement of transvenous lead” were added to the exclusion definition of cardiac procedures.</p> <p>All new codes (FY 2004) in the new category heart replacement procedures (37.5), including 37.51, “heart transplantation,” 37.52 “implantation of total replacement heart system,” 37.53 “replacement or repair of thoracic unit of total replacement heart system,” and 37.54 “replacement or repair of other implantable component of total replacement heart system” were added to the numerator exclusion definition of cardiac procedure. Note that 37.5, previously used for heart transplantation procedure is invalid as of October 2003. This code was retained in the software for backward comparability.</p>
V2.1 R3	January 9, 2004	Software (SAS and SPSS) and Guide	Software/ Documents	<p>Implemented changes associated with ICD-9-CM coding updates from Fiscal Year (FY) 2003 (effective 10-1-2002) and FY 2004 (effective 10-1-2003). See separate documentation on ICD-9 coding updates for specific details.</p>

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V2.1 R3	January 9, 2004	Software (SAS and SPSS)	Software/ Documents	Angina Admission Rate. The numerator exclusion for patients undergoing any surgical procedure was removed and replaced with a more restrictive exclusion of cardiac procedures, identical to the exclusion list for cardiac procedures included in the CHF Admission Rate and Hypertension Admission Rate Indicators (see below). The rate for the Angina Admission Rate indicator is expected to decrease significantly with this change. CHF Admission Rate, Hypertension Admission rate and Angina Admission Rate. The numerator exclusion of major cardiac surgery was redefined to include only surgeries that would typically be done on an elective or semi-elective basis and therefore represent the indication for admission. This would include valve repair (35.xx), angioplasty and stent placement (36.0x), coronary bypass and other revascularization surgery (36.1x-36.9x), and heart transplantation (37.5). In addition, the list was expanded to include procedures associated with angina, in conjunction with the use of this inclusion in the Angina Admission Rate Indicator. The resulting exclusion is now identical for the three indicators.
V2.1 R3	January 9, 2004	Software (SAS and SPSS)	Software/ Documents	All parameter text files were renamed to refer specifically to the PQI module (e.g., use of PQ in file name). These changes are also reflected in the software documentation. All parameter files were rerun using the updated software and Year 2000 HCUP SID data. Population files for 2000, 2001 and 2002 were re-estimated using the latest available census files
V2.1 R3	January 9, 2004	Software – SPSS	Software/ Documents	The treatment of missing data by SPSS was changed to mirror the treatment of missing data by SAS, specifically the software requires confirmation for the assignment of a poor outcome or negative event. For instance, in order to be assigned as a death, each case must actually be coded as a death. Missing data is considered neutral. Missing data for some elements results in the exclusion of that case from the denominator. For a few other elements, the case is retained. Table 5 of the Software Documentation lists the impact of missing data for each data element.

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V2.1 R2	January 10, 2003	Software Documentation (SAS and SPSS)	Software/ Documents	Updated documentation to reference the changes made to the software programs such as the change in the default number of ICD-9 diagnosis and procedure codes, the option to stratify area by MSA or county, and instructions for using the patient FIPS code. Modified the data file input specifications to standardize across software programs (SAS and SPSS) so the user would be able to run the same input data file with either statistical package.
V2.1 R2	January 10, 2003	Software (SAS and SPSS)	Software/ Documents	The county-to-MSA mapping for Waller County in Texas was corrected by assigning the value of 3362 for the Houston-Galveston MSA. The default number of ICD-9-CM diagnoses was changed from 5 to 30. The default number of ICD-9-CM procedures was changed from 4 to 30. The ICD-9 coding was updated to reflect changes through FY 2002 (September 30, 2002). Added the option for the user to select rates calculated by MSA or by county for urban areas (rates for rural areas will always be by county). Additional ASCII text files with Census residential population numbers for 2000 and 2001 were included in the module. Risk-adjustment inputs that were based on nineteen SID state data files from the year 1997 were replaced with numbers that were based on twenty-nine SID state data files from the year 2000. The formulation of smoothed rates was corrected so that missing values would be generated when appropriate, rather than zeros. Hardcopy printouts were modified to be easier to understand (intermediate means were removed, the final means were restricted to just area-level records, prints of the final results were reformatted and labeled).
V2.1 R2	October 9, 2002	Guide	Software/ Documents	The definition for the Perforated appendix admission rate was clarified in appendix A, by moving the ICD-9-CM codes for the population at risk to a separate section that defined the denominator for the rate. The definition of the Low Birthweight indicator was corrected in Appendix A, by removing references to DRG's 370-375.

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V2.1 R1	April 17, 2002	Guide	Software/ Documents	<p>The age inclusions for the populations at risk were corrected for the following indicators: bacteria pneumonia, dehydration, urinary tract infection, angina without procedure, CHF, hypertension, adult asthma, COPD, uncontrolled diabetes, diabetes short-term complications, diabetes long-term complications, and lower-extremity amputation among patients with diabetes. In all cases, the descriptions of the indicators in the Guide suggested that the indicator be applied to a specific age group, but suggested that it could be applied to other age groups as well. The software applies the indicator to all relevant age groups; therefore, the Guide was amended to reflect this.</p> <p>For the definition of Lower-Extremity Amputation among Patients with Diabetes, under Outcomes of Interest, "Discharges with ICD-9-CM <i>principal diagnosis</i> codes" was changed to "Discharges with ICD-9-CM <i>procedure</i> codes".</p>
V2.1 R1	April 17, 2002	Software documentation	Software/ Documents	<p>The years for which the ICD-9-CM codes defining PQIs are valid was amended to be through FY 2001 instead of FY 2000, that is, the codes in the software are effective through September 30, 2001.</p>