

# Angina Without Procedure Admission Rate

## Prevention Quality Indicators #13 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 of age 18 years and older with ICD-9-CM principal diagnosis code for angina.

### ICD-9-CM Angina diagnosis codes:

4111	INTERMED CORONARY SYND	4130	ANGINA DECUBITUS
41181	CORONARY OCCLSN W/O MI	4131	PRINZMETAL ANGINA
41189	AC ISCHEMIC HRT DIS NEC	4139	ANGINA PECTORIS NEC/NOS

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 a code for cardiac procedure
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing), county (PSTCO=missing)

See *Prevention Quality Indicators Appendices*:

- Appendix B – Cardiac Procedure Codes

## **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 of the hospital where the discharge occurred.

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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.