Angina Without Procedure Admission Rate
Prevention Quality Indicators #13
Technical Specifications
Area-Level Indicator
AHRQ Quality Indicators, Version 4.4, March 2012

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
41181 ACUTE COR OCCLSN W/O MI
41189 AC ISCHEMIC HRT DIS NEC
4130 ANGINA DECUBITUS
4131 PRINZMETAL ANGINA
4139 ANGINA PECTORIS NEC/NOS

The PQI reference population includes discharges with MDC 14 and age less than 18 years; however, the DRG and MS-DRG grouper logic precludes assignment of MDC 14 for discharge records with a PQI defining principal diagnosis.

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

See Prevention Quality Indicators Appendices:
- Appendix A – Admission Codes for Transfers
- Appendix B – Cardiac Procedure Codes

Denominator

Discharges in the numerator are assigned to the denominator based on the Metro Area\(^1\) or county of the patient residence, not the Metro 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 3) 2003 OMB Metropolitan Statistical Area. Micropolitan Statistical Areas are not used in the QI software.