

# Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate

## Prevention Quality Indicators #5 Technical Specifications

### Area-Level Indicator

AHRQ Quality Indicators, Version 4.4, March 2012

### Numerator

All discharges of age 40 years and older with ICD-9-CM principal diagnosis code for COPD or asthma in adults age 40 years and older.

#### ICD-9-CM COPD diagnosis codes<sup>1</sup>:

4660	ACUTE BRONCHITIS*	4919	CHRONIC BRONCHITIS NOS
490	BRONCHITIS NOS*	4920	EMPHYSEMATOUS BLEB
4910	SIMPLE CHR BRONCHITIS	4928	EMPHYSEMA NEC
4911	MUCOPURUL CHR BRONCHITIS	<i>494</i>	<i>BRONCHIECTASIS</i>
49120	OBST CHR BRONC W/O EXAC	4940	BRONCHIECTAS W/O AC EXAC
49121	OBS CHR BRONC W(AC) EXAC	4941	BRONCHIECTASIS W AC EXAC
4918	CHRONIC BRONCHITIS NEC	496	CHR AIRWAY OBSTRUCT NEC

\*Must be accompanied by a secondary diagnosis code of COPD.

<sup>1</sup> Italicized codes are not active in the current fiscal year.

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

49300	EXTRINSIC ASTHMA NOS	49321	CH OB ASTHMA W STAT ASTH
49301	EXT ASTHMA W STATUS ASTH	49322	CH OBST ASTH W (AC) EXAC
49302	EXT ASTHMA W(ACUTE) EXAC	49381	EXERCSE IND BRONCHOSPASM
49310	INTRINSIC ASTHMA NOS	49382	COUGH VARIANT ASTHMA
49311	INT ASTHMA W STATUS ASTH	49390	ASTHMA NOS
49312	INT ASTHMA W (AC) EXAC	49391	ASTHMA W STATUS ASTHMAT
49320	CHRONIC OBST ASTHMA NOS	49392	ASTHMA NOS W (AC) EXAC

- 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 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

## **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.