

Hypertension Admission Rate

Prevention Quality Indicators #7

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 hypertension (see below).

ICD-9-CM Hypertension diagnosis codes:

| | | | |
|-------|--------------------------|-------|--------------------------|
| 4010 | MALIGNANT HYPERTENSION | 40310 | BEN HY KID W CR KID I-IV |
| 4019 | HYPERTENSION NOS | 40390 | HY KID NOS W CR KID I-IV |
| 40200 | MAL HYP HT DIS W/O HF | 40400 | MAL HY HT/KD I-IV W/O HF |
| 40210 | BENIGN HYP HT DIS W/O HF | 40410 | BEN HY HT/KD I-IV W/O HF |
| 40290 | HYP HRT DIS NOS W/O HF | 40490 | HY HT/KD NOS I-IV W/O HF |
| 40300 | MAL HY KID W CR KID I-IV | | |

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- 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 cardiac procedure code
- with any diagnosis of Stage I-IV kidney disease, only if accompanied by procedure code for preparation for hemodialysis (dialysis access procedures)
- 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

ICD-9-CM Stage I-IV kidney disease diagnosis codes:

| | | | |
|-------|--------------------------|-------|--------------------------|
| 40300 | MAL HY KID W CR KID I-IV | 40400 | MAL HY HT/KD I-IV W/O HF |
| 40310 | BEN HY KID W CR KID I-IV | 40410 | BEN HY HT/KD I-IV W/O HF |
| 40390 | HY KID NOS W CR KID I-IV | 40490 | HY HT/KD NOS I-IV W/O HF |

ICD-9-CM Dialysis access procedure codes:

| | | | |
|------|--------------------------|------|--------------------------|
| 3895 | VEN CATH RENAL DIALYSIS | 3943 | REMOV REN DIALYSIS SHUNT |
| 3927 | DIALYSIS ARTERIOVENOSTOM | 3993 | INSERT VES-TO-VES CANNUL |
| 3929 | VASC SHUNT & BYPASS NEC | 3994 | REPLAC VES-TO-VES CANNUL |
| 3942 | REVIS REN DIALYSIS SHUNT | | |

Denominator

Discharges in the numerator are assigned to the denominator based on the Metro Area¹ 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.