Prevention Quality Indicator 02 (PQI 02) Perforated Appendix Admission Rate

July 2016
Area-Level Indicator
Type of Score: Rate

Prepared by:
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
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DESCRIPTION
Admissions for any-listed diagnosis of perforations or abscesses of the appendix per 1,000 admissions with any-listed appendicitis, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.

[NOTE: The software provides the rate per hospital admission. However, common practice reports the measure as per 1,000 admissions. The user must multiply the rate obtained from the software by 1,000 to report cases per 1,000 admissions.]
NUMERATOR
Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-10-CM diagnosis codes for perforations or abscesses of appendix.

*Perforations or abscesses of appendix diagnosis codes: (ACSAPPD)*

K352  Acute appendicitis with generalized peritonitis  
K353  Acute appendicitis with localized peritonitis
DENOMINATOR
Discharges, for patients ages 18 years and older, with any-listed ICD-10-CM diagnosis codes for appendicitis. Discharges are assigned to the denominator based on the metropolitan area† or county of the patient residence, not the metropolitan area or county of the hospital where the discharge occurred.
†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 4) 2003 OMB Metropolitan Statistical Area. Micropolitan Statistical Areas are not used in the QI software.

Appendicitis diagnosis codes: (ACSAP2D)

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis Description</th>
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<th>Diagnosis Description</th>
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<tbody>
<tr>
<td>K352</td>
<td>Acute appendicitis with generalized peritonitis</td>
<td>K3589</td>
<td>Other acute appendicitis</td>
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<tr>
<td>K353</td>
<td>Acute appendicitis with localized peritonitis</td>
<td>K37</td>
<td>Unspecified appendicitis</td>
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<tr>
<td>K3580</td>
<td>Unspecified acute appendicitis</td>
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DENOMINATOR EXCLUSIONS
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 missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), principal diagnosis (DX1=missing), or county (PSTCO=missing)

Appendix A – Admission Codes for Transfers