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# PSYCKES

## Preventable Hospitalization Indicators

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October 2023

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Technical Specifications

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Office of  
Mental Health

PSYCKES

### Preventable Hospitalization Summary Indicator

**Description:** The percentage of Adult Medicaid enrollees/members of all ages currently identified as having 1 or more preventable Inpatient stays in the past 13 month among enrollees currently receiving services from an OMH licensed provider.

#### Eligible Population:


**Age:** 18 years and older.

**Inclusion Criteria:** Medicaid enrollee/member who has received one or more services from an OMH licensed provider in the 9 months prior to the report date.

**Exclusion Criteria:** Transfers from another facility.

**Note:** The preventable hospitalization indicators are based on the Agency for Health Care Research and Quality (AHRQ) Prevention Quality Indicators (PQI), which are intended to identify population rates of hospitalizations for conditions that with adequate outpatient care should be preventable. The AHRQ PQIs are considered area measures (intended to describe the rate within a certain geographic area). The PSYCKES indicators are intended to identify those NYS Medicaid members/enrollees who may benefit from better coordinated care in the community. More information regarding the AHRQ PQIs can be found at the [AHRQ Quality Indicators Website](#) <sup>↗</sup>.

### Adult Asthma Preventable Hospitalization Summary Indicator

<b>Description:</b>	The percentage of Adult Medicaid enrollees/members of all ages currently identified as having 1 or more Asthma Inpatient stays (See Primary Diagnosis Codes in Table 1) in the past 13 month among enrollees currently receiving services from an OMH licensed provider.
<b>Eligible Population:</b>	
Age:	18 years and older.
Inclusion Criteria:	Medicaid enrollee/member who has received one or more services from an OMH licensed provider in the 9 months prior to the report date.
Exclusion Criteria:	Transfers from another facility and claims with major diagnostic categories of pregnancy, childbirth, or puerperium as well as cystic fibrosis and anomalies of the respiratory system in any diagnosis field.
Note:	The preventable hospitalization indicators are based on the Agency for Health Care Research and Quality (AHRQ) Prevention Quality Indicators (PQI), which are intended to identify population rates of hospitalizations for conditions that with adequate outpatient care should be preventable. The AHRQ PQIs are considered area measures (intended to describe the rate within a certain geographic area). The PSYCKES indicators are intended to identify those NYS Medicaid members/enrollees who may benefit from better coordinated care in the community. More information regarding the AHRQ PQIs can be found at the <a href="#">AHRQ Quality Indicators Website</a> 

**Numerator:**

All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of asthma

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

49300	EXT ASTHMA W/O STAT ASTH	49321	CH OB ASTHMA W STAT ASTH
49301	EXT ASTHMA W STATUS ASTH	49322	CH OBS ASTH W ACUTE EXAC OCT00-
49302	EXT ASTHMA W ACUTE EXAC OCT00-	49381	EXERCSE IND BRONCHOSPASM OCT03-
49310	INT ASTHMA W/O STAT ASTH	49382	COUGH VARIANT ASTHMA OCT03-
49311	INT ASTHMA W STATUS ASTH	49390	ASTHMA W/O STATUS ASTHM
49312	INT ASTHMA W ACUTE EXAC OCT00-	49391	ASTHMA W STATUS ASTHMAT
49320	CH OB ASTH W/O STAT ASTH	49392	ASTHMA W ACUTE EXACERBTN OCT00-

**Exclude cases:**

- MDC 14 (pregnancy, childbirth, and puerperium)
- MDC 15 (newborn and other neonates)
- with any diagnosis code of cystic fibrosis and anomalies of the respiratory system transferring from another institution (ADMISSION\_SOURCE\_CD\_E0138 Not In ('4','5','6'))

**ICD-9-CM diagnosis codes of cystic fibrosis and anomalies of the respiratory system**

277	UNSPECIFIED DISORDERS OF METABOLISM	7485	AGENESIS OF LUNG
27700	CYSTIC FIBROS W/O ILEUS	74860	LUNG ANOMALY NOS
27701	CYSTIC FIBROS W ILEUS	74861	CONGEN BRONCHIECTASIS
27702	CYSTIC FIBROS W PUL MAN	74869	LUNG ANOMALY NEC
27703	CYSTIC FIBROSIS W GI MAN	7488	RESPIRATORY ANOMALY NEC
27709	CYSTIC FIBROSIS NEC	7489	RESPIRATORY ANOMALY NOS
516	OTHER ALVEOLAR AND PARIETOALVEOLAR PNEUMONOPATHY	7503	CONG ESOPH FISTULA/ATRES
74721	ANOMALIES OF AORTIC ARCH	7593	SITUS INVERSUS
7483	LARYNGOTRACH ANOMALY NEC	7707	CHRONIC RESPIRATORY DISEASE ARISING IN THE PERINATAL PERIOD
7484	CONGENITAL CYSTIC LUNG		

Table 1: Diagnosis codes to specify Preventable Asthma Hospitalizations – based on Adult Asthma Admission Rate (PQI 15) AHRQ Quality Indicators

## Preventable Hospitalization Indicators Documentation

### Adult Asthma Preventable Hospitalization ICD-10

#### Numerator:

All non-maternal discharges of age 18 years and older with ICD-10-CM principal diagnosis code of asthma.

#### Asthma ICD-10-CM diagnosis codes:

J45	Asthma	J454	Moderate persistent asthma	J4590	Unspecified asthma
J452	Mild intermittent asthma	J4540	Moderate persistent asthma, uncomplicated	J45901	Unspecified asthma with (acute) exacerbation
J4520	Mild intermittent asthma, uncomplicated	J4541	Moderate persistent asthma with (acute) exacerbation	J45902	Unspecified asthma with status asthmaticus
J4521	Mild intermittent asthma with (acute) exacerbation	J4542	Moderate persistent asthma with status asthmaticus	J45909	Unspecified asthma, uncomplicated
J4522	Mild intermittent asthma with status asthmaticus	J455	Severe persistent asthma	J4599	Other asthma
J453	Mild persistent asthma	J4550	Severe persistent asthma, uncomplicated	J45990	Exercise induced bronchospasm
J4530	Mild persistent asthma, uncomplicated	J4551	Severe persistent asthma with (acute) exacerbation	J45991	Cough variant asthma
J4531	Mild persistent asthma with (acute) exacerbation	J4552	Severe persistent asthma with status asthmaticus	J45998	Other asthma
J4532	Mild persistent asthma with status asthmaticus	J459	Other and unspecified asthma		


#### Exclude cases:

- Certain conditions originating in the perinatal period
- Pregnancy, childbirth, and the puerperium

E84*	Cystic fibrosis	Q34*	Other congenital malformations of respiratory system
J8483	Surfactant mutations of the lung	Q390	Atresia of esophagus without fistula
J8484*	Childhood-lung/respiratory-disease-related	Q391	Atresia of esophagus with tracheo-esophageal fistula
Q254	Other congenital malformations of aorta	Q392	Congenital tracheo-esophageal fistula without atresia
Q31*	Congenital malformations of larynx	Q393	Congenital stenosis and stricture of esophagus
Q32*	Congenital malformations of trachea and bronchus	Q394	Esophageal web
Q33*	Congenital malformations of lung	Q893	Situs inversus

Table 2: Diagnosis codes to specify Preventable Asthma Hospitalizations

### Adult Diabetes Preventable Hospitalization Indicator

<b>Description:</b>	The percentage of Adult Medicaid enrollees/members of all ages currently identified as having 1 or more preventable Diabetes Inpatient stays (See Primary Diagnosis Codes in Table 2) in the past 13 month among enrollees currently receiving services from an OMH licensed provider.
<b>Eligible Population:</b>	
Age:	18 years and older.
Inclusion Criteria:	Medicaid enrollee/member who has received one or more services from an OMH licensed provider in the 9 months prior to the report date.
Exclusion Criteria:	Transfers from another facility and claims with major diagnostic categories of pregnancy, childbirth, or puerperium in any diagnosis field.
Note:	The preventable hospitalization indicators are based on the Agency for Health Care Research and Quality (AHRQ) Prevention Quality Indicators (PQI), which are intended to identify population rates of hospitalizations for conditions that with adequate outpatient care should be preventable. The AHRQ PQIs are considered area measures (intended to describe the rate within a certain geographic area). The PSYCKES indicators are intended to identify those NYS Medicaid members/enrollees who may benefit from better coordinated care in the community. More information regarding the AHRQ PQIs can be found at the <a href="#">AHRQ Quality Indicators Website</a>  .

**Numerator:**

All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma) or with ICD-9-CM principal diagnosis code for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) or uncontrolled diabetes (see below).

**Diabetes Short-term Complications ICD-9-CM diagnosis codes:**

25010	DM KETO T2, DM CONT	25022	DM W/ HYPROSM T2, DM UNCNT
25011	DM KETO T1, DM CONT	25023	DM W/ HYPROSM T1, DM UNCNT
25012	DM KETO T2, DM UNCONT	25030	DM COMA NEC TYP II, DM CNT
25013	DM KETO T1, DM UNCONT	25031	DM COMA NEC T1, DM CONT
25020	DM W/ HYPROSM T2, DM CONT	25032	DM COMA NEC T2, DM UNCONT
25021	DM W/ HYPROSM T1, DM CONT	25033	DM COMA NEC T1, DM UNCONT

**Diabetes Long-term Complications ICD-9-CM diagnosis codes:**

25040	DM RENAL COMP T2 CONT	25070	DM CIRCU DIS T2 CONT
25041	DM RENAL COMP T1 CONT	25071	DM CIRCU DIS T1 CONT
25042	DM RENAL COMP T2 UNCNT	25072	DM CIRCU DIS T2 UNCNT
25043	DM RENAL COMP T1 UNCNT	25073	DM CIRCU DIS T1 UNCNT
25050	DM EYE COMP T2 CONT	25080	DM W COMP NEC T2 CONT
25051	DM EYE COMP T1 CONT	25081	DM W COMP NEC T1 CONT
25052	DM EYE COMP T2 UNCNT	25082	DM W COMP NEC T2 UNCNT
25053	DM EYE COMP T1 UNCNT	25083	DM W COMP NEC T1 UNCNT
25060	DM NEURO COMP T2 CONT	25090	DM W COMPL NOS T2 CONT
25061	DM NEURO COMP T1 CONT	25091	DM W COMPL NOS T1 CONT
25062	DM NEURO COMP T2 UNCNT	25092	DM W COMPL NOS T2 UNCNT
25063	DM NEURO COMP T1 UNCNT	25093	DM W COMPL NOS T1 UNCNT

**Uncontrolled Diabetes ICD-9-CM diagnosis codes:**

25002	DM, T2, UNCONT
25003	DM, T1, UNCONT

**Exclude cases:**

- transferring from another institution (ADMISSION\_SOURCE\_CD\_E0138 Not In ('4','5','6'))
- MDC 14 (pregnancy, childbirth, and puerperium)
- MDC 15 (newborn and other neonates)
- Traumatic amputation unrelated to diabetes

Table 3: Diagnosis codes to specify Preventable Diabetes Hospitalizations – based on AHRQ Indicators: Diabetes Short-term Complications Admission Rate (PQI 1), Diabetes Long-term Complications Admission Rate (PQI 2), Uncontrolled Diabetes Admission Rate (PQI 14)

## Preventable Hospitalization Indicators Documentation

### Adult Diabetes Preventable Hospitalization ICD-10

#### Numerator:

All non-maternal/non-neonatal discharges of age 18 years and older with ICD-10-CM diabetes diagnosis code as a principal diagnosis, or ICD-10-CM diabetes diagnosis code as a secondary diagnosis with a procedure code as a first procedure.

#### Diabetes ICD-10-CM diagnosis codes:

- E10\* Type 1 diabetes mellitus
- E11\* Type 2 diabetes mellitus
- E13\* Other specified diabetes mellitus

#### Diabetes ICD-10-CM procedure codes:

0Y620ZZ	DETACHMENT AT RIGHT HINDQUARTER, OPEN APPROACH	0Y6N0Z*	DETACHMENT AT LEFT FOOT
0Y630ZZ	DETACHMENT AT LEFT HINDQUARTER, OPEN APPROACH	0Y6P0Z*	DETACHMENT AT RIGHT 1ST TOE, OPEN APPROACH
0Y640ZZ	DETACHMENT AT BILATERAL HINDQUARTER, OPEN APPROACH	0Y6Q0Z*	DETACHMENT AT LEFT 1ST TOE, OPEN APPROACH
0Y670ZZ	DETACHMENT AT RIGHT FEMORAL REGION, OPEN APPROACH	0Y6R0Z*	DETACHMENT AT RIGHT 2ND TOE, OPEN APPROACH
0Y680ZZ	DETACHMENT AT LEFT FEMORAL REGION, OPEN APPROACH	0Y6S0Z*	DETACHMENT AT LEFT 2ND TOE, OPEN APPROACH
0Y6C0Z*	DETACHMENT AT RIGHT UPPER LEG, OPEN APPROACH	0Y6T0Z*	DETACHMENT AT RIGHT 3RD TOE, OPEN APPROACH
0Y6D0Z*	DETACHMENT AT LEFT UPPER LEG, OPEN APPROACH	0Y6U0Z*	DETACHMENT AT LEFT 3RD TOE, OPEN APPROACH
0Y6F0ZZ	DETACHMENT AT RIGHT KNEE REGION, OPEN APPROACH	0Y6V0Z*	DETACHMENT AT RIGHT 4TH TOE, OPEN APPROACH
0Y6G0ZZ	DETACHMENT AT LEFT KNEE REGION, OPEN APPROACH	0Y6W0Z*	DETACHMENT AT LEFT 4TH TOE, OPEN APPROACH
0Y6H0Z*	DETACHMENT AT RIGHT LOWER LEG, OPEN APPROACH	0Y6X0Z*	DETACHMENT AT RIGHT 5TH TOE, OPEN APPROACH
0Y6J0Z*	DETACHMENT AT LEFT LOWER LEG, OPEN APPROACH	0Y6Y0Z*	DETACHMENT AT LEFT 5TH TOE, OPEN APPROACH
0Y6M0Z*	DETACHMENT AT RIGHT FOOT		


#### Exclude cases:

- Certain conditions originating in the perinatal period
- Pregnancy, childbirth, and the puerperium
- Injury, poisoning and certain other consequences of external causes

Table 4: Diagnosis codes and procedure codes to specify Preventable Diabetes Hospitalizations



### Adult Dehydration Preventable Hospitalization Indicator

<b>Description:</b>	The percentage of Adult Medicaid enrollees/members of all ages currently identified as having 1 or more Inpatient stays due to dehydration in the past 13 month among enrollees currently receiving services from an OMH licensed provider.
<b>Eligible Population:</b>	
Age:	18 years and older.
Inclusion Criteria:	Medicaid enrollee/member who has received one or more services from an OMH licensed provider in the 9 months prior to the report date.
Exclusion Criteria:	Transfers from another facility and claims with major diagnostic categories of pregnancy, childbirth, or puerperium in any diagnosis field.
Note:	The preventable hospitalization indicators are based on the Agency for Health Care Research and Quality (AHRQ) Prevention Quality Indicators (PQI), which are intended to identify population rates of hospitalizations for conditions that with adequate outpatient care should be preventable. The AHRQ PQIs are considered area measures (intended to describe the rate within a certain geographic area). The PSYCKES indicators are intended to identify those NYS Medicaid members/enrollees who may benefit from better coordinated care in the community. More information regarding the AHRQ PQIs can be found at the <a href="#">AHRQ Quality Indicators Website</a> 

## Preventable Hospitalization Indicators Documentation

### Adult Dehydration Preventable Hospitalization ICD-9

#### Numerator:

All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM dehydration diagnosis code (2765\*) as a principal diagnosis, or ICD-9-CM dehydration diagnosis code (2765\*) as a secondary diagnosis with one of the below specific diagnosis codes as a principal diagnosis.

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

2765	HYPOVOLEMIA	0092	Infectious diarrhea
27650	VOL DEPLETION, UNSPECIFIED OCT06-	0093	Diarrhea of presumed infectious origin
27651	DEHYDRATION OCT06-	0086*	Enteritis due to specified virus
27652	HYPOVOLEMIA OCT06-	5845	Acute kidney failure with lesion of tubular necrosis
2760	Hyperosmolality and/or hypernatremia	5846	Acute kidney failure with lesion of renal cortical necrosis
0088	Intestinal infection due to other organism, not elsewhere classified	5847	Acute kidney failure with lesion of renal medullary [papillary] necrosis
009	Ill-defined intestinal infections	5848	Acute kidney failure with other specified pathological lesion in kidney
0090	Infectious colitis, enteritis, and gastroenteritis	5849	Acute kidney failure, unspecified
0091	Colitis, enteritis, and gastroenteritis of presumed infectious origin		

#### Other specific diagnosis codes:

5589	Other and unspecified noninfectious gastroenteritis and colitis
586	Renal failure, unspecified
9975	Urinary complications, not elsewhere classified

#### Exclude cases:

- Certain conditions originating in the perinatal period
- Pregnancy, childbirth, and the puerperium
- Injury, poisoning and certain other consequences of external causes
- chronic kidney disease as a secondary diagnosis

Table 5: Diagnosis codes to specify Preventable Dehydration Hospitalizations – based on Adult Based on Dehydration Admission Rate (PQI 10)

## Preventable Hospitalization Indicators Documentation

### Adult Dehydration Preventable Hospitalization ICD-10

#### Numerator:

All non-maternal/non-neonatal discharges of age 18 years and older with ICD-10-CM dehydration diagnosis code (E86\*) as a principal diagnosis, or ICD-10-CM dehydration diagnosis code (E86\*) as a secondary diagnosis with one of the below specific diagnosis codes as a principal diagnosis.

#### Dehydration ICD-10-CM diagnosis codes:

E86	Volume depletion	A083*	Other viral enteritis
E860	Dehydration	A084	Viral intestinal infection, unspecified
E861	Hypovolemia	A088	Other specified intestinal infections
E869	Volume depletion, unspecified	A09	Infectious gastroenteritis and colitis, unspecified
E870	Hyperosmolality and hypernatremia	K5289	Other specified noninfective gastroenteritis and colitis
A08	Viral and other specified intestinal infections	K529	Noninfective gastroenteritis and colitis, unspecified
A080	Rotaviral enteritis	N17*	Acute kidney failure
A081*	Acute gastroenteropathy due to Norwalk agent and other small round viruses	N19	Unspecified kidney failure
A082	Adenoviral enteritis	N99	Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified

#### Exclude cases:

- Certain conditions originating in the perinatal period
- Pregnancy, childbirth, and the puerperium
- Injury, poisoning and certain other consequences of external causes
- chronic kidney disease as a secondary diagnosis

Table 6: Diagnosis codes to specify Preventable Dehydration Hospitalization

Production SAS/SQL syntax available upon request.