

AHRQ Avoidable Admissions for Medicaid Children, SFY 2009							
Time Period	FY 2009						
Age In Years	Subset	Admits Acute	Admits Per 1000 Acute	Days LOS Admit Acute	Days Per 1000 Adm Acute	Est. Payments for Avoidable Admissions	Avg. Payment per Avoidable Admission
Age 0 thru 20	Avoidable Admit Asthma	1,404	1.49	2.03	3.02	\$7,639,922.16	\$5,441.54
	Avoidable Admit Low Birth Weight	7,446	6.78	15.27	103.59	\$156,110,544.28	\$20,965.69
	Avoidable Admit Pediatric Gastroenteritis	1,271	1.29	2.32	3.00	\$7,685,046.37	\$6,046.46
	Avoidable Admit Perforated Appendix	318	0.31	5.08	1.59	\$2,517,296.00	\$7,916.03
	Avoidable Admit Urinary Tract Infection	759	0.71	3.18	2.25	\$4,270,681.13	\$5,626.72
DSS: 25Jan2011, Incurred data. drh							
Definitions							
Avoidable Admit Asthma	Avoidable Admit Asthma identifies admissions with a principal diagnosis code of asthma and no secondary diagnosis code of cystic fibrosis or respiratory anomaly, for patients aged 2 years and older. Avoidable admissions are those conditions on admission claims that generally would not have resulted in inpatient admission if appropriate prior treatment had occurred. Source: AHRQ Prevention Quality Indicators, Version 3.0b, May 2006						
	Note: Cost data has been updated by calculating FFS payments and applying it to MCP data to reflect hospitalization costs only.						
Avoidable Admit Low Birth Weight	Avoidable Admit Low Birth Weight identifies admissions with a diagnosis code of low birth weight, for neonates less than 2 months of age. Admissions for newborns with a missing age are included. Avoidable admissions are those conditions on admission claims that generally would not have resulted in inpatient admission if appropriate prior treatment had occurred. Source: AHRQ Prevention Quality Indicators, Version 3.0b, May 2006						
	Any DRG Grouper Diagnosis Code = 76400-76408, 76410-76418, 76420-76428, 76490-76498, 76500-76508, or 76510-76518.						
	Note: Cost data has been updated by calculating FFS payments and applying it to MCP data to reflect hospitalization costs only.						
Avoidable Admit Pediatric Gastroenteritis	Avoidable Admit Pediatric Gastroenteritis identifies admissions with a principal diagnosis code of gastroenteritis or a secondary diagnosis of gastroenteritis and a principal diagnosis of dehydration, for patients over the age of 90 days and under the age of 18 years. Avoidable admissions are those conditions on admission claims that generally would not have resulted in inpatient admission if appropriate prior treatment had occurred. Source: AHRQ Prevention Quality Indicators, Version 3.0b, May 2006						
	Note: Cost data has been updated by calculating FFS payments and applying it to MCP data to reflect hospitalization costs only.						
Avoidable Admit Perforated Appendix	Avoidable Admit Perforated Appendix identifies admissions with a diagnosis code of perforated or abscessed appendix, for patients aged 1 year and older. Avoidable admissions are those conditions on admission claims that generally would not have resulted in inpatient admission if appropriate prior treatment had occurred. Source: AHRQ Prevention Quality Indicators, Version 3.0b, May 2006						
	Note: Cost data has been updated by calculating FFS payments and applying it to MCP data to reflect hospitalization costs only.						
Avoidable Admit Urinary Tract Infection	Avoidable Admit Urinary Tract Infection identifies admissions with a principal diagnosis code of urinary tract infection (UTI), for patients over the age of 90 days. Avoidable admissions are those conditions on admission claims that generally would not have resulted in inpatient admission if appropriate prior treatment had occurred. Source: AHRQ Prevention Quality Indicators, Version 3.0b, May 2006						
	Note: Cost data has been updated by calculating FFS payments and applying it to MCP data to reflect hospitalization costs only.						