

## Inclusion/Exclusion Criteria for CMS Readmission Measures

Updated June, 2010

### Heart Failure Criteria

The HF readmission measure includes the fee-for-service Medicare enrollees with a principle discharge diagnosis of HF at least 65 years of age at the time of their admission who were enrolled in Medicare for at least one year prior to their admission.

ICD-9- CM HF Codes	Description
402.01	Malignant hypertensive heart disease with congestive heart failure (CHF)
402.11	Benign hypertensive heart disease with CHF
402.91	Hypertensive heart disease with CHF
404.01	Malignant hypertensive heart and renal disease with CHF
404.03	Malignant hypertensive heart and renal disease with CHF & renal failure (RF)
404.11	Benign hypertensive heart and renal disease with CHF
404.13	Benign hypertensive heart and renal disease with CHF & RF
404.91	Unspecified hypertensive heart and renal disease with CHF
404.93	Hypertension and non-specified heart and renal disease with CHF & RF
428.xx	Heart failure codes

The following admissions are excluded from each hospital's report and risk standardized readmission rate (RSRR) calculation for HF:

- Admissions for patients less than 65 years old;
- Admissions for patients who died during the index hospitalization (no opportunity for readmission);
- Admissions for patients with incomplete administrative data for the period 12 months prior to the index admission date or for the 30 days following discharge from the index hospitalization;
- Hospitalizations in which patients are transferred to another acute care facility (focus is on hospitals that discharge patients to a non-acute setting; index hospitalization occurs at the hospital to which the patient is transferred);

- Additional HF readmissions within 30 days of discharge from an index HF admission (no admission can be considered both an index and a readmission, so additional HF admissions within 30 days of discharge from an index HF readmission can only be considered as potential readmissions).

### Acute Myocardial Infarction Criteria

The AMI readmission measure includes the fee-for-service Medicare enrollees with a principle discharge diagnosis of AMI at least 65 years of age at the time of their admission who were enrolled in Medicare for at least one year prior to their admission.

<b>ICD-9-CM AMI Codes</b>	<b>Description</b>
410.00	AMI (anterolateral wall) – episode of care unspecified
410.01	AMI (anterolateral wall) – initial episode of care
410.10	AMI (other anterior wall) – episode of care unspecified
410.11	AMI (other anterior wall) – initial episode of care
410.20	AMI (inferolateral wall) – episode of care unspecified
410.21	AMI (inferolateral wall) – initial episode of care
410.30	AMI (inferoposterior wall) – episode of care unspecified
410.31	AMI (inferoposterior wall) – initial episode of care
410.40	AMI (other inferior wall) – episode of care unspecified
410.41	AMI (other inferior wall) – initial episode of care
410.50	AMI (other lateral wall) – episode of care unspecified
410.51	AMI (other lateral wall) – initial episode of care
410.60	AMI (true posterior wall) – episode of care unspecified
410.61	AMI (true posterior wall) – initial episode of care
410.70	AMI (subendocardial) – episode of care unspecified
410.71	AMI (subendocardial) – initial episode of care
410.80	AMI (other specified site) – episode of care unspecified
410.81	AMI (other specified site) – initial episode of care
410.90	AMI (unspecified site) – episode of care unspecified
410.91	AMI (unspecified site) – initial episode of care

The following admissions are excluded from each hospital's report and risk standardized readmission rate (RSRR) calculation for AMI:

- Admissions for patients less than 65 years old;
- Admissions for patients who died during the index hospitalization (no opportunity for readmission);
- Admissions for patients with incomplete administrative data for the period 12 months prior to the index admission date or for the 30 days following discharge from the index hospitalization;
- Hospitalizations in which patients are transferred to another acute care facility (focus is on hospitals that discharge patients to a non-acute setting; index hospitalization occurs at the hospital to which the patient is transferred);
- Excludes same-day discharges (AMI admissions with same-day discharge are unlikely to have been admitted for a true AMI);
- Additional AMI readmissions within 30 days of discharge from an index AMI admission (no admission can be considered both an index and a readmission, so additional AMI admissions within 30 days of discharge from an index AMI readmission can only be considered as potential readmissions).