



**Pneumonia ECR Playbook  
ECR Definition Summary**

	<b>Definition</b>
Trigger Codes*	The patient has an <u>inpatient facility claim</u> with any of these ICD-9-CM diagnosis codes as the principal diagnosis: 481, 482.2, 482.3x, 482.84, 483.y, y=0,1, 482.0, 482.1, 482.4y, y=0,1,9, 482.42 482.81, 482.8y, y=2,3,9, 482.9, 483.8, 48y.xx, y=5,6, 487.0
Episode Time Window	From the index admission date to 30 days after index discharge date
Enrollment / eligibility requirement	Duration of episode (duration of index hospital stay and 30-day look-forward period) without any gaps
Patient Exclusions	<ol style="list-style-type: none"> <li>1. Continuous enrollment requirement not met</li> <li>2. Age &lt; 18 or Age &gt;= 65 years</li> <li>3. Discharge status is left against medical advice</li> <li>4. In-hospital death</li> <li>5. Does not have both an inpatient and professional index claim at the relevant case level (orphan episode)</li> </ol>
Claim/Episode charge exclusions	<ol style="list-style-type: none"> <li>1. Remove PFO<sup>†</sup> claims if the claim charges are missing, &lt; \$10, or &gt;\$1,000,000</li> <li>2. Remove Stay claims if claim charges are missing, &lt; \$50, or &gt;\$1,000,000</li> <li>3. Remove Pharmacy claims if claim charges are missing, &lt; \$1, or &gt;\$1,000,000</li> <li>4. Remove episode if total medical charges for the episode are &lt; \$20 or &gt; \$1,000,000</li> <li>5. Remove episode if total pharmacy charges for the episode are &lt; \$1 or &gt; \$1,000,000</li> </ol>
Medical exclusions	HIV, cancer, suicide, end-stage renal disease (ESRD), pregnancy and newborn conditions
Procedural exclusions	Exclude claims with select major or irrelevant surgical procedures such as transplants etc., as indicated in the “all codes” workbook
Potentially Avoidable Complications (PACs) – this includes CMS defined hospital acquired conditions (HACs), AHRQ’s patient safety indicators and more	<p>Index hospitalizations are considered to have a PACs if they are one of three types:</p> <ol style="list-style-type: none"> <li>1. PACs related to the index condition: The index stay is regarded as having a PAC if during the index hospitalization the patient develops one or more complications such as respiratory failure, pneumothorax, pulm collapse, need for mechanical ventilation, tracheostomy etc. that may be a result directly of pneumonia or its management.</li> <li>2. PACs due to Comorbidities: The index stay is also regarded as having a PAC if one or more of the patient’s controlled comorbid conditions is exacerbated during the hospitalization (i.e. it was not present on admission). Examples of these PACs are diabetic emergency with hypo- or hyperglycemia, gastritis, ulcer, GI hemorrhage etc.</li> <li>3. PACs suggesting Patient Safety Failures: The index stay is regarded as having a PAC if there are one or more complications related to patient safety issues. Examples of these PACs are septicemia, meningitis, other infections, phlebitis, deep vein thrombosis, pulmonary embolism or any of the CMS-defined hospital acquired conditions (HACs).</li> </ol> <p>All readmissions during the one-month episode time window are considered as PACs.</p>
Type of model(s) developed	<ol style="list-style-type: none"> <li>1. Inpatient facility model: Model for age &lt;65</li> <li>2. Professional, outpatient facility, pharmacy &amp; all other claims model: Model for age &lt;65</li> </ol>

\* x = any digit from 0-9 inclusive or blank, y is as indicated.

†PFO: Professional, outpatient facility, ancillary and other claims.