

Postoperative Wound Dehiscence Rate

Pediatric Quality Indicators #11

Technical Specifications

Provider-Level Indicator

AHRQ Quality Indicators, Version 4.3, August 2011

Version 4.3a is a maintenance release of Version 4.3. The differences between the two versions are:

- Version 4.3a includes Version 29 of the Limited License edition of the 3M™ APR-DRG Grouper. This grouper corrects an issue found in Version 28 of the Limited License edition of the 3M™ APR-DRG Grouper. The grouper is only used with the Inpatient Quality Indicator (IQI) mortality measures. Version 4.3 includes Version 28 of the Limited License edition of the 3M™ APR-DRG Grouper, which was incorrectly assigning a Risk of Mortality (ROM) subclass for cases dated on or after 10/1/10.
- Version 4.3a allows users to calculate area-level indicators for years 2010 and 2011, correcting an issue previously identified in Version 4.3.

All other aspects of the software, including measure specifications, remain the same. Thus this document (related to Version 4.3) remains unchanged.

Numerator

Discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM procedure code for reclosure of postoperative disruption of abdominal wall.

ICD-9-CM Abdominal wall reclosure procedure codes:

5461 RECLOSURE OF POSTOPERATIVE
DISRUPTION OF ABDOMINAL WALL

Denominator

All abdominopelvic surgical discharges under age 18.

ICD-9-CM Abdominopelvic procedure codes:

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| 1731 | LAPAROSCOPIC MULTIPLE SEGMENTAL RESECTION OF LARGE INTESTINE (OCT08) | 3804 | INCISION OF AORTA |
| | | 3806 | INCISION OF ABDOMINAL ARTERIES |
| | | 3807 | INCISION OF ABDOMINAL VEINS |
| 1732 | LAPAROSCOPIC CECECTOMY (OCT08) | 3814 | ENDARTERECTOMY OF AORTA |
| 1733 | LAPAROSCOPIC RIGHT HEMICOLECTOMY (OCT08) | 3816 | ENDARTERECTOMY OF ABDOMINAL ARTERIES |
| 1734 | LAPAROSCOPIC RESECTION OF TRANSVERSE COLON (OCT08) | 3834 | RESECTION OF AORTA W/ ANASTOMOSIS |
| 1735 | LAPAROSCOPIC LEFT HEMICOLECTOMY (OCT08) | 3836 | RESECTION OF ABDOMINAL ARTERIES W/ ANASTOMOSIS |
| 1736 | LAPAROSCOPIC SIGMOIDECTOMY (OCT08) | 3837 | RESECTION OF ABDOMINAL VEINS W/ ANASTOMOSIS |
| 1739 | OTHER LAPAROSCOPIC PARTIAL EXCISION OF LARGE INTESTINE (OCT08) | 3844 | RESECTION OF AORTA, ABDOMINAL W/ REPLACEMENT |

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| 3846 | RESECTION OF ABDOMINAL ARTERIES W/ REPLACEMENT | 4266 | OTHER ANTESTERNAL ESOPHAGOCOLOSTOMY |
| 3847 | RESECTION OF ABDOMINAL VEINS W/ REPLACEMENT | 4291 | LIGATION OF ESOPHAGEAL VARICES |
| 3857 | LIGATION AND STRIPPING OF VARICOSE VEINS, ABDOMINAL VEINS | 430 | GASTROTOMY |
| 3864 | OTHER EXCISION OF AORTA, ABDOMINAL | 433 | PYLOROMYOTOMY |
| 3866 | OTHER EXCISION OF ABDOMINAL ARTERIES | 4342 | LOCAL EXCISION OF OTHER LESION OR TISSUE OF STOMACH |
| 3867 | OTHER EXCISION OF ABDOMINAL VEINS | 4349 | OTHER DESTRUCTION OF LESION OR TISSUE OF STOMACH |
| 3884 | OTHER SURGICAL OCCLUSION OF AORTA, ABDOMINAL | 435 | PARTIAL GASTRECTOMY W/ ANASTOMOSIS TO ESOPHAGUS |
| 3886 | OTHER SURGICAL OCCLUSION OF ABDOMINAL ARTERIES | 436 | PARTIAL GASTRECTOMY W/ ANASTOMOSIS TO DUODENUM |
| 3887 | OTHER SURGICAL OCCLUSION OF ABDOMINAL VEINS | 437 | PARTIAL GASTRECTOMY W/ ANASTOMOSIS TO JEJUNUM |
| 391 | INTRA-ABDOMINAL VENOUS SHUNT | 4381 | PARTIAL GASTRECTOMY W/ JEJUNA TRANSPOSITION |
| 3924 | AORTA-RENAL BYPASS | 4389 | OTHER PARTIAL GASTRECTOMY |
| 3925 | AORTA-ILIAC-FEMORAL BYPASS | 4391 | TOTAL GASTRECTOMY W/ INTESTINAL INTERPOSITION |
| 3926 | OTHER INTRA-ABDOMINAL VASCULAR SHUNT OR BYPASS | 4399 | OTHER TOTAL GASTRECTOMY |
| 4052 | RADICAL EXCISION OF PERIAORTIC LYMPH NODES | 4400 | VAGOTOMY, NOS |
| 4053 | RADICAL EXCISION OF ILIAC LYMPH NODES | 4401 | TRUNCAL VAGOTOMY |
| 412 | SPLENOTOMY | 4402 | HIGHLY SELECTIVE VAGOTOMY |
| 4133 | OPEN BIOPSY OF SPLEEN | 4403 | OTHER SELECTIVE VAGOTOMY |
| 4141 | MARSUPIALIZATION OF SPLENIC CYST | 4411 | TRANSABDOMINAL GASTROSCOPY |
| 4142 | EXCISION OF LESION OR TISSUE OF SPLEEN | 4415 | OPEN BIOPSY OF STOMACH |
| 4143 | PARTIAL SPLENECTOMY | 4421 | DILATION OF PYLORUS BY INCISION |
| 415 | TOTAL SPLENECTOMY | 4429 | OTHER PYLOROPLASTY |
| 4193 | EXCISION OF ACCESSORY SPLEEN | 4431 | HIGH GASTRIC BYPASS |
| 4194 | TRANSPLANTATION OF SPLEEN | 4439 | OTHER GASTROENTEROSTOMY |
| 4195 | REPAIR AND PLASTIC OPERATIONS ON SPLEEN | 4440 | SUTURE OF PEPTIC ULCER, NOS |
| 4199 | OTHER OPERATIONS ON SPLEEN | 4441 | SUTURE OF GASTRIC ULCER SITE |
| 4240 | ESOPHAGECTOMY, NOS | 4442 | SUTURE OF DUODENAL ULCER SITE |
| 4241 | PARTIAL ESOPHAGECTOMY | 445 | REVISION OF GASTRIC ANASTOMOSIS |
| 4242 | TOTAL ESOPHAGECTOMY | 4461 | SUTURE OF LACERATION OF STOMACH |
| 4253 | INTRATHORACIC ESOPHAGEAL ANASTOMOSIS W/ INTERPOSITION OF SMALL BOWEL | 4463 | CLOSURE OF OTHER GASTRIC FISTULA |
| 4254 | OTHER INTRATHORACIC ESOPHAGOENTEROSTOMY | 4464 | GASTROPEXY |
| 4255 | INTRATHORACIC ESOPHAGEAL ANASTOMOSIS W/ INTERPOSITION OF COLON | 4465 | ESOPHAGOGASTROPLASTY |
| 4256 | OTHER INTRATHORACIC ESOPHAGOCOLOSTOMY | 4466 | OTHER PROCEDURES FOR CREATION OF ESOPHAGOGASTRIC SPHINCTERIC COMPETENCE |
| 4263 | ANTESTERNAL ESOPHAGEAL ANASTOMOSIS W/ INTERPOSITION OF SMALL BOWEL | 4469 | OTHER REPAIR OF STOMACH |
| 4264 | OTHER ANTESTERNAL ESOPHAGOENTEROSTOMY | 4491 | LIGATION OF GASTRIC VARICES |
| 4265 | ANTESTERNAL ESOPHAGEAL ANASTOMOSIS W/ INTERPOSITION OF COLON | 4492 | INTRAOPERATIVE MANIPULATION OF STOMACH |
| | | 4499** | GASTRIC OPERATION NEC (OCT 04) |
| | | 4500 | INCISION OF INTESTINE, NOS |
| | | 4501 | INCISION OF DUODENUM |
| | | 4502 | OTHER INCISION OF SMALL INTESTINE |
| | | 4503 | INCISION OF LARGE INTESTINE |
| | | 4531 | OTHER LOCAL EXCISION OF LESION OF DUODENUM |
| | | 4532 | OTHER DESTRUCTION OF LESION OF DUODENUM |
| | | 4533 | LOCAL EXCISION OF LESION OR TISSUE OF SMALL INTESTINE, EXCEPT DUODENUM |
| | | 4534 | OTHER DESTRUCTION OF LESION OF SMALL INTESTINE, EXCEPT DUODENUM |

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| 4541 | EXCISION OF LESION OR TISSUE OF LARGE INTESTINE | 4651 | CLOSURE OF STOMA OF SMALL INTESTINE |
| 4549 | OTHER DESTRUCTION OF LESION OF LARGE INTESTINE | 4652 | CLOSURE OF STOMA OF LARGE INTESTINE |
| 4550 | ISOLATION OF INTESTINAL SEGMENT, NOS | 4660 | FIXATION OF INTESTINE, NOS |
| 4551 | ISOLATION OF SEGMENT OF SMALL INTESTINE | 4661 | FIXATION OF SMALL INTESTINE TO ABDOMINAL WALL |
| 4552 | ISOLATION OF SEGMENT OF LARGE INTESTINE | 4662 | OTHER FIXATION OF SMALL INTESTINE |
| 4561 | MULTIPLE SEGMENTAL RESECTION OF SMALL INTESTINE | 4663 | FIXATION OF LARGE INTESTINE TO ABDOMINAL WALL |
| 4562 | OTHER PARTIAL RESECTION OF SMALL INTESTINE | 4664 | OTHER FIXATION OF LARGE INTESTINE |
| 4563 | TOTAL REMOVAL OF SMALL INTESTINE | 4672 | CLOSURE OF FISTULA OF DUODENUM |
| 4571 | MULTIPLE SEGMENTAL RESECTION OF LARGE INTESTINE | 4674 | CLOSURE OF FISTULA OF SMALL INTESTINE, EXCEPT DUODENUM |
| 4572 | CESECTOMY | 4676 | CLOSURE OF FISTULA OF LARGE INTESTINE |
| 4573 | RIGHT HEMICOLECTOMY | 4680 | INTRA-ABDOMINAL MANIPULATION OF INTESTINE, NOS |
| 4574 | RESECTION OF TRANSVERSE COLON | 4681 | INTRA-ABDOMINAL MANIPULATION OF SMALL INTESTINE |
| 4575 | LEFT HEMICOLECTOMY | 4682 | INTRA-ABDOMINAL MANIPULATION OF LARGE INTESTINE |
| 4576 | SIGMOIDECTOMY | 4691 | MYOTOMY OF SIGMOID COLON |
| 4579 | OTHER PARTIAL EXCISION OF LARGE INTESTINE | 4692 | MYOTOMY OF OTHER PARTS OF COLON |
| 458 | TOTAL INTRA-ABDOMINAL COLECTOMY | 4693 | REVISION OF ANASTOMOSIS OF SMALL INTESTINE |
| 4581 | LAPAROSCOPIC TOTAL INTRA-ABDOMINAL COLECTOMY (OCT08) | 4694 | REVISION OF ANASTOMOSIS OF LARGE INTESTINE |
| 4582 | OPEN TOTAL INTRA-ABDOMINAL COLECTOMY (OCT08) | 4699 | OTHER OPERATIONS ON INTESTINES |
| 4583 | OTHER AND UNSPECIFIED TOTAL INTRA-ABDOMINAL COLECTOMY (OCT08) | 4709 | OTHER APPENDECTOMY |
| 4590 | INTESTINAL ANASTOMOSIS, NOS | 4719 | OTHER INCIDENTAL APPENDECTOMY |
| 4591 | SMALL-TO-SMALL INTESTINAL ANASTOMOSIS | 472 | DRAINAGE OF APPENDICEAL ABSCESS |
| 4592 | ANASTOMOSIS OF SMALL INTESTINE TO RECTAL STUMP | 4791 | APPENDECTOMY |
| 4593 | OTHER SMALL-TO-LARGE INTESTINAL ANASTOMOSIS | 4792 | CLOSURE OF APPENDICEAL FISTULA |
| 4594 | LARGE-TO-LARGE INTESTINAL ANASTOMOSIS | 4799 | OTHER OPERATIONS ON APPENDIX, OTHER |
| 4595 | ANASTOMOSIS TO ANUS | 4840 | PULL-THROUGH RESECTION OF RECTUM, NOT OTHERWISE SPECIFIED (OCT08) |
| 4601 | EXTERIORIZATION OF SMALL INTESTINE | 4841 | SUBMUCOSAL RESECTION OF RECTUM |
| 4603 | EXTERIORIZATION OF LARGE INTESTINE | 4843 | OPEN PULL-THROUGH RESECTION OF RECTUM (OCT08) |
| 4610 | COLOSTOMY, NOS | 4849 | OTHER PULL-THROUGH RESECTION OF RECTUM |
| 4611 | TEMPORARY COLOSTOMY | 4850 | ABDOMINOPERINEAL RESECTION OF THE RECTUM, NOS (OCT08) |
| 4613 | PERMANENT COLOSTOMY | 4852 | OPEN ABDOMINOPERINEAL RESECTION OF THE RECTUM (OCT08) |
| 4620 | ILEOSTOMY, NOS | 4859 | OTHER ABDOMINOPERINEAL RESECTION OF THE RECTUM (OCT08) |
| 4621 | TEMPORARY ILESOSTOMY | 4875 | ABDOMINAL PROCTOPEXY |
| 4622 | CONTINENT ILEOSTOMY | 500 | HEPATOTOMY |
| 4623 | OTHER PERMANENT ILEOSTOMY | 5012 | OPEN BIOPSY OF LIVER |
| 4640 | REVISION OF INTESTINAL STOMA, NOS | 5021 | MARSUPIALIZATION OF LESION OF LIVER |
| 4641 | REVISION OF STOMA OF SMALL INTESTINE | 5022 | PARTIAL HEPATECTOMY |
| 4642 | REPAIR OF PERICOLESTOMY HERNIA | 5023 | OPN ABLTN LIVER LES/TISS (OCT06) |
| 4643 | OTHER REVISION OF STOMA OF LARGE INTESTINE | 5026 | ABLTN LIVER LES/TISS NEC (OCT06) |
| 4650 | CLOSURE OF INTESTINAL STOMA, NOS | 5029 | OTHER DESTRUCTION OF LESION OF LIVER |

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| 503 | LOBECTOMY OF LIVER | 5222 | OTHER EXCISION OR DESTRUCTION OF LESION OR TISSUE OF PANCREAS OR PANCREATIC DUCT |
| 504 | TOTAL HEPATECTOMY | | |
| 5051 | AUXILIARY LIVER TRANSPLANT | 523 | MARSUPIALIZATION OF PANCREATIC CYST |
| 5059 | OTHER TRANSPLANT OF LIVER | | |
| 5069 | OTHER REPAIR OF LIVER | 524 | INTERNAL DRAINAGE OF PANCREATIC CYST |
| 5103 | OTHER CHOLECYSTOSTOMY | | |
| 5104 | OTHER CHOLECYSTOTOMY | 5251 | PROXIMAL PANCREATECTOMY |
| 5113 | OPEN BIOPSY OF GALLBLADDER OR BILE DUCTS | 5252 | DISTAL PANCREATECTOMY |
| 5121 | OTHER PARTIAL CHOLECYSTECTOMY | 5253 | RADICAL SUBTOTAL PANCREATECTOMY |
| 5122 | CHOLECYSTECTOMY | | |
| 5131 | ANASTOMOSIS OF GALLBLADDER TO HEPATIC DUCTS | 5259 | OTHER PARTIAL PANCREATECTOMY |
| 5132 | ANASTOMOSIS OF GALLBLADDER TO INTESTINE | 526 | TOTAL PANCREATECTOMY |
| 5133 | ANASTOMOSIS OF GALLBLADDER TO PANCREAS | 527 | RADICAL PANCREATICODUODENECTOMY |
| 5134 | ANASTOMOSIS OF GALLBLADDER TO STOMACH | 5280 | PANCREATIC TRANSPLANT, NOS |
| 5135 | OTHER GALLBLADDER ANASTOMOSIS | 5281 | REIMPLANTATION |
| 5136 | CHOLEDOCHOENTEROSTOMY | 5282 | HOMOTRANSPLANT OF PANCREAS |
| 5137 | ANASTOMOSIS OF HEPATIC DUCT TO GASTROINTESTINAL TRACT | 5283 | HETEROTRANSPLANT OF PANCREAS |
| 5139 | OTHER BILE DUCT ANASTOMOSIS | 5292 | CANNULATION OF PANCREATIC DUCT |
| 5141 | COMMON DUCT EXPLORATION FOR REMOVAL OF CALCULUS | 5295 | OTHER REPAIR OF PANCREAS |
| 5142 | COMMON DUCT EXPLORATION FOR RELIEF OF OTHER OBSTRUCTION | 5296 | ANASTOMOSIS OF PANCREAS |
| 5143 | INSERTION OF CHOLEDOCHOHEPATIC TUBE FOR DECOMPRESSION | 5299 | OTHER OPERATIONS ON PANCREAS |
| 5149 | INCISION OF OTHER BILE DUCTS FOR RELIEF OF OBSTRUCTION | 5300 | UNILATERAL REPAIR OF INGUINAL HERNIA, NOS |
| 5151 | EXPLORATION OF COMMON DUCT | 5301 | REPAIR OF DIRECT INGUINAL HERNIA |
| 5159 | INCISION OF OTHER BILE DUCT | 5302 | REPAIR OF INDIRECT INGUINAL HERNIA |
| 5161 | EXCISION OF CYSTIC DUCT REMNANT | 5303 | REPAIR OF DIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS |
| 5162 | EXCISION OF AMPULLA OF VATER W/ REIMPLANTATION OF COMMON DUCT | 5304 | REPAIR OF INDIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS |
| 5163 | OTHER EXCISION OF COMMON DUCT | 5305 | REPAIR OF INGUINAL HERNIA W/ GRAFT OR PROSTHESIS, NOS |
| 5169 | EXCISION OF OTHER BILE DUCT | 5310 | BILATERAL REPAIR OF INGUINAL HERNIA, NOS |
| 5171 | SIMPLE SUTURE OF COMMON BILE DUCT | 5311 | BILATERAL REPAIR OF DIRECT INGUINAL HERNIA |
| 5172 | CHOLEDOCHOPLASTY | 5312 | BILATERAL REPAIR OF INDIRECT INGUINAL HERNIA |
| 5179 | REPAIR OF OTHER BILE DUCTS | 5313 | BILATERAL REPAIR OF INGUINAL HERNIA, ONE DIRECT AND ONE INDIRECT |
| 5181 | DILATION OF SPHINCTER OF ODDI | 5314 | BILATERAL REPAIR OF DIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS |
| 5182 | PANCREATIC SPHINCTEROTOMY | | |
| 5183 | PANCREATIC SPHINCTEROPLASTY | 5315 | BILATERAL REPAIR OF INDIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS |
| 5189 | OTHER OPERATIONS ON SPHINCTER OF ODDI | | |
| 5192 | CLOSURE OF CHOLECYSTOSTOMY | 5316 | BILATERAL REPAIR OF INGUINAL HERNIA, ONE DIRECT AND ONE INDIRECT, W/ GRAFT OR PROSTHESIS |
| 5193 | CLOSURE OF OTHER BILIARY FISTULA | | |
| 5194 | REVISION OF ANASTOMOSIS OF BILIARY TRACT | 5317 | BILATERAL INGUINAL HERNIA REPAIR W/ GRAFT OR PROSTHESIS, NOS |
| 5195 | REMOVAL OF PROSTHETIC DEVICE FROM BILE DUCT | 5321 | UNILATERAL REPAIR OF FEMORAL HERNIA |
| 5199 | OTHER OPERATIONS ON BILIARY TRACT | 5329 | OTHER UNILATERAL FEMORAL HERNIORRHAPHY |
| 5201 | DRAINAGE OF PANCREATIC CYST BY CATHETER | 5331 | BILATERAL REPAIR OF FEMORAL HERNIA W/ GRAFT OR PROSTHESIS |
| 5209 | OTHER PANCREATOTOMY | | |
| 5212 | OPEN BIOPSY OF PANCREAS | 5339 | OTHER BILATERAL FEMORAL HERNIORRHAPHY |

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| 5341 | REPAIR OF UMBILICAL HERNIA W/ PROSTHESIS | 5591 | DECAPSULATION OF KIDNEY |
| 5349 | OTHER UMBILICAL HERNIORRHAPHY | 5597 | IMPLANTATION OR REPLACEMENT OF MECHANICAL KIDNEY |
| 5351 | INCISIONAL HERNIA REPAIR | 5598 | REMOVAL OF MECHANICAL KIDNEY |
| 5359 | REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL | 5651 | FORMATION OF CUTANEOUS URETERO-ILEOSTOMY |
| 5361 | INCISIONAL HERNIA REPAIR W/ PROSTHESIS | 5652 | REVISION OF CUTANEOUS URETERO- ILEOSTOMY |
| 5369 | REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL W/ PROSTHESIS | 5661 | FORMATION OF OTHER CUTANEOUS URETEROSTOMY |
| 537 | REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH | 5662 | REVISION OF OTHER CUTANEOUS URETEROSTOMY |
| 5375 | REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH, NOS (OCT08) | 5671 | URINARY DIVERSION TO INTESTINE |
| 540 | INCISION OF ABDOMINAL WALL | 5672 | REVISION OF URETEROINTESTINAL ANASTOMOSIS |
| 5411 | EXPLORATORY LAPAROTOMY | 5673 | NEPHROCYSTANASTOMOSIS, NOS |
| 5419 | OTHER LAPAROTOMY | 5674 | URETERONEOXYSTOSTOMY |
| 5422 | BIOPSY OF ABDOMINAL WALL OR UMBILICUS | 5675 | TRANSURETEROURETEROSTOMY |
| 5423 | BIOPSY OF ABDOMINAL WALL OR UMBILICUS | 5683 | CLOSURE OF URETEROSTOMY |
| 543 | EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ABDOMINAL WALL OR UMBILICUS | 5684 | CLOSURE OF OTHER FISTULA OF URETER |
| 544 | EXCISION OR DESTRUCTION OF PERITONEAL TISSUE | 5685 | URETEROPEXY |
| 5459 | OTHER LYSIS OF PERITONEAL ADHESIONS | 5686 | REMOVAL OF LIGATURE FROM URETER |
| 5463 | OTHER SUTURE OF ABDOMINAL WALL | 5689 | OTHER REPAIR OF URETER |
| 5464 | SUTURE OF PERITONEUM | 5695 | LIGATION OF URETER |
| 5471 | REPAIR OF GASTROSCHISIS | 5771 | RADICAL CYSTECTOMY |
| 5472 | OTHER REPAIR OF ABDOMINAL WALLS | 5779 | OTHER TOTAL CYSTECTOMY |
| 5473 | OTHER REPAIR OF PERITONEUM | 5782 | CLOSURE OF CYSTOSTOMY |
| 5474 | OTHER REPAIR OF OMENTUM | 5787 | RECONSTRUCTION OF URINARY BLADDER |
| 5475 | OTHER REPAIR OF MESENTERY | 5900 | RETROPERITONEAL DISSECTION, NOS |
| 5492 | REMOVAL OF FOREIGN BODY FROM PERITONEAL CAVITY | 5902 | OTHER LYSIS OF PERIRENAL OR PERIURETERAL ADHESIONS |
| 5493 | CREATION OF CUTANEOPERITONEAL FISTULA | 5909 | OTHER INCISION OF PERIRENAL OR PERIURETERAL TISSUE |
| 5494 | CREATION OF PERITONEOVASCULAR SHUNT | 6012 | OPEN BIOPSY OF PROSTATE |
| 5495 | INCISION OF PERITONEUM | 6014 | OPEN BIOPSY OF SEMINAL VESICLES |
| 5532 | OPN ABLTN RENAL LES/TISS (OCT06) | 6015 | BIOPSY OF PERIPROSTATIC TISSUE |
| 5535 | ABLTN RENAL LES/TISS NEC (OCT06) | 603 | SUPRAPUBIC PROSTATECTOMY |
| 5551 | NEPHROURETERECTOMY | 604 | RETROPUBIC PROSTATECTOMY |
| 5552 | NEPHRECTOMY OF REMAINING KIDNEY | 605 | RADICAL PROSTATECTOMY |
| 5553 | REMOVAL OF TRANSPLANTED OR REJECTED KIDNEY | 6061 | LOCAL EXCISION OF LESION OF PROSTATE |
| 5554 | BILATERAL NEPHRECTOMY | 6072 | INCISION OF SEMINAL VESICLE |
| 5561 | RENAL AUTOTRANSPLANTATION | 6073 | EXCISION OF SEMINAL VESICLE |
| 5569 | OTHER KIDNEY TRANSPLANTATION | 6079 | OTHER OPERATIONS ON SEMINAL VESICLES |
| 557 | NEPHROPEXY | 6093 | REPAIR OF PROSTATE |
| 5583 | CLOSURE OF OTHER FISTULA OF KIDNEY | 6509 | OTHER OOPHORECTOMY |
| 5584 | REDUCTION OF TORSION OF RENAL | 6512 | OTHER BIOPSY OF OVARY |
| 5585 | SYMPHYSIOTOMY FOR HOESHOE KIDNEY | 6521 | MARSUPIALIZATION OF OVARIAN CYST |
| 5586 | ANASTOMOSIS OF KIDNEY | 6522 | WEDGE RESECTION OF OVARY |
| 5587 | CORRECTION OF URETEROPELVIC JUNCTION | 6529 | OTHER LOCAL EXCISION OR DESTRUCTION OF OVARY |
| | | 6539 | OTHER UNLILATERAL OOPHORECTOMY |
| | | 6549 | OTHER UNILATERAL SALPINGOOPHORECTOMY |
| | | 6551 | OTHER REMOVAL OF BOTH OVARIES AT SAME OPERATIVE EPISODE |
| | | 6552 | OTHER REMOVAL OF REMAINING OVARY |

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| 6561 | OTHER REMOVAL OF BOTH OVARIES AND TUBES AT SAME OPERATIVE EPISODE | 6663 | BILATERAL PARTIAL SALPINGECTOMY, NOS |
| 6562 | OTHER REMOVAL OF REMAINING OVARY AND TUBE | 6669 | OTHER PARTIAL SALPINGECTOMY |
| 6571 | OTHER SIMPLE SUTURE OF OVARY | 6671 | SIMPLE SUTURE OF FALLOPIAN TUBE |
| 6572 | OTHER REIMPLANTATION OF OVARY | 6672 | SALPINGO-OOPHOROSTOMY |
| 6573 | OTHER SALPINGO OOPHOROPLASTY | 6673 | SALPINGO-SALPINGOSTOMY |
| 6579 | OTHER REPAIR OF OVARY | 6674 | SALPINGO-UTEROSTOMY |
| 6589 | OTHER LYSIS OF ADHESIONS OF OVARY AND FALLOPIAN TUBE | 6679 | OTHER REPAIR OF FALLOPIAN TUBE |
| 6592 | TRANSPLANTATION OF OVARY | 6692 | UNILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBE |
| 6593 | MANUAL RUPTURE OF OVARIAN CYST | 6697 | BURYING OF FIMBRIAE IN UTERINE WALL |
| 6594 | OVARIAN DENERVATION | 680 | OTHER INCISION AND EXCISION OF UTERUS |
| 6595 | RELEASE OF TORSION OF OVARY | 6813 | OPEN BIOPSY OF UTERUS |
| 6599 | OTHER OPERATIONS ON OVARY | 6814 | OPEN BIOPSY OF UTERINE LIGAMENTS |
| 6601 | SALPINGOTOMY | 683 | SUBTOTAL ABDOMINAL HYSTERECTOMY |
| 6602 | SALPINGOSTOMY | 6839 | OTHER SUBTOTAL ABDOMINAL HYSTERECTOMY |
| 6631 | OTHER BILATERAL LIGATION AND CRUSHING OF FALLOPIAN TUBES | 684 | TOTAL ABDOMINAL HYSTERECTOMY |
| 6632 | OTHER BILATERAL LIGATION AND DIVISION OF FALLOPIAN TUBES | 6841 | LAP TOTAL ABDOMINAL HYST (OCT06) |
| 6639 | OTHER BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES | 6849 | TOTAL ABD HYST NEC/NOS (OCT06) |
| 664 | TOTAL UNILATERAL SALPINGECTOMY | 686 | RADICAL ABDOMINAL HYSTERECTOMY |
| 6651 | REMOVAL OF BOTH FALLOPIAN TUBES AT SAME OPERATIVE EPISODE | 6861 | LAP RADICAL ABDOMNL HYST (OCT06) |
| 6652 | REMOVAL OF REMAINING FALLOPIAN TUBE | 6869 | RADICAL ABD HYST NEC/NOS (OCT06) |
| 6661 | EXCISION OR DESTRUCTION OF LESION OF FALLOPIAN TUBE | 688 | PELVIC EVISCERATION |
| 6662 | SALPINGECTOMY W/ REMOVAL OF TUBAL PREGNANCY | 6922 | OTHER UTERINE SUSPENSION |
| | | 693 | PARACERVICAL UTERINE DENERVATION |
| | | 6941 | SUTURE OF LACERATION OF UTERUS |
| | | 6942 | CLOSURE OF FISTULA OF UTERUS |
| | | 6949 | OTHER REPAIR OF UTERUS |

Exclude cases:

- where a procedure for reclosure of postoperative disruption of abdominal wall occurs before or on the same day as the first abdominopelvic surgery procedure

Note: If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available

- where length of stay is less than 2 days
- with any diagnosis of high- or intermediate-risk immunocompromised state
- with any procedure code for transplant
- with hepatic failure consisting of any diagnosis of cirrhosis plus a code for hepatic coma or hepatorenal syndrome in any diagnosis field
- with procedure code for gastroschisis or umbilical hernia repair in newborns (omphalacele repair) performed before reclosure
- MDC 14 (pregnancy, childbirth, and puerperium)
- neonates with birth weight less than 500 grams (Birth Weight Category 1)
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

See *Pediatric Quality Indicators Appendices*:

- Appendix F – High-risk Immunocompromised States
- Appendix G – Intermediate-risk Immunocompromised States

- Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn
- Appendix L – Low Birth Weight Categories

ICD-9-CM Transplant procedure codes:

| | | | |
|------|--|------|--|
| 335 | LUNG TRANSPLANT | 4107 | AUTO HEM STEM CT W PURG |
| 3350 | LUNG TRANSPLANT NOS | 4108 | ALLO HEM STEM CT W PURG |
| 3351 | UNILAT LUNG TRANSPLANT | 4109 | AUTO BONE MT W PURGING |
| 3352 | BILAT LUNG TRANSPLANT | 5051 | AUXILIARY LIVER TRANSPL |
| 336 | COMBINED HEART-LUNG TRANSPLANTATION | 5059 | LIVER TRANSPLANT NEC |
| 375 | HEART TRANSPLANTATION | 5280 | PANCREATIC TRANSPLANT, NOS |
| 3751 | HEART TRANSPLANTATION | 5281 | REIMPLANTATION OF PANCREATIC TISSUE |
| 410 | OPERATIONS ON BONE MAROW AND SPLEEN | 5282 | REIMPLANTATION OF PANCREATIC TISSUE |
| 4100 | BONE MARROW TRNSPLNT NOS | 5283 | HETEROTRANSPLANT OF PANCREAS |
| 4101 | AUTO BONE MT W/O PURG | 5285 | ALLOTRANSPLANTATION OF CELLS OF ISLETS OF LINGERHANS |
| 4102 | ALO BONE MARROW TRNSPLNT | 5286 | TRANSPLANTATION OF CELLS OF ISLETS OF LANGERHANS, NOS |
| 4103 | ALLOGRFT BONE MARROW NOS | 5569 | OTHER KIDNEY TRANSPLANTATION |
| 4104 | AUTO HEM STEM CT W/O PUR | | |
| 4105 | ALLO HEM STEM CT W/O PUR | | |
| 4106 | CORD BLD STEM CELL TRANS | | |

ICD-9-CM Hepatic failure diagnosis codes – part I:

| | | | |
|------|--|------|-------------------|
| 5712 | ALCOHOLIC CIRRHOSIS OF LIVER CIRRHOSIS OF LIVER WITHOUT | 5716 | BILIARY CIRRHOSIS |
| 5715 | MENTION OF ALCOHOL | | |

ICD-9-CM Hepatic failure diagnosis codes – part II:

| | | | |
|------|--------------|------|----------------------|
| 5722 | HEPATIC COMA | 5724 | HEPATORENAL SYNDROME |
|------|--------------|------|----------------------|

ICD-9-CM Gastroschisis or umbilical hernia repair procedure codes:

| | | | |
|------|---|------|-------------------------------|
| 5341 | REPAIR OF UMBILICAL HERNIA WITH PROSTHESIS | 5349 | OTHER UMBILICAL HERNIORRHAPHY |
| | | 5471 | REPAIR OF GASTROSCHISIS |

Stratification

Clinical stratification for PDIs 10 and 11 is divided into four categories based on surgical class associated with the DRG or MS-DRG and whether or not the admission type is elective (SID ATYPE=3), as shown in the table below.

PDI 10 and PDI 11 Clinical Stratification Categories

| Clinical Stratification | Surgical Class DRG | Admission Type |
|---|--------------------|----------------|
| Strata 1. Clean Procedures Elective | 1 | Elective |
| Strata 2. Clean Procedures Non-Elective | 1 | Not Elective |
| Strata 3. Potentially Contaminated Elective | 2, 3, or 9 | Elective |
| Strata 4. Potentially Contaminated Non-Elective | 2, 3, or 9 | Not Elective |

Surgical Class 1 DRG codes

For discharges using DRGs (before October 1, 2007)

| | | | |
|-----|---|-----|--|
| 003 | CRANIOTOMY AGE 0-17 | 038 | PRIMARY IRIS PROCEDURES |
| 006 | CARPAL TUNNEL RELEASE | 039 | LENS PROCEDURES WITH OR WITHOUT VITRECTOMY |
| 007 | PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC | 041 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17 |
| 008 | PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC | 042 | INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS |
| 036 | RETINAL PROCEDURES | 049 | MAJOR HEAD & NECK PROCEDURES |
| 037 | ORBITAL PROCEDURES | | |

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| | | | |
|-----|---|------------|---|
| 050 | SIALOADENECTOMY | 223 | MAJOR SHOULDER/ELBOW PROC, OR |
| 051 | SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY | | OTHER UPPER EXTREMITY PROC W CC |
| 052 | CLEFT LIP & PALATE REPAIR | 224 | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/O CC |
| 054 | SINUS & MASTOID PROCEDURES AGE 0-17 | | |
| 055 | MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES | 225 | FOOT PROCEDURES |
| 056 | RHINOPLASTY | 226 | SOFT TISSUE PROCEDURES W CC |
| 058 | T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17 | 227 228 | SOFT TISSUE PROCEDURES W/O CC MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC |
| 060 | TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17 | 229 | HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC |
| 062 | MYRINGOTOMY W TUBE INSERTION AGE 0-17 | 230 | LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR |
| 063 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES | 232 233 | ARTHROSCOPY OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC |
| 103 | HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM | 234 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC |
| 104 | CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH | 257 | TOTAL MASTECTOMY FOR MALIGNANCY W CC |
| 105 | CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH | 258 | TOTAL MASTECTOMY FOR MALIGNANCY W/O CC |
| 106 | CORONARY BYPASS W PTCA | 259 | SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC |
| 108 | OTHER CARDIOTHORACIC PROCEDURES | 260 | SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC |
| 110 | MAJOR CARDIOVASCULAR PROCEDURES W CC | 261 | BREAST PROC FOR NON- MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION |
| 111 | MAJOR CARDIOVASCULAR PROCEDURES W/O CC | 262 | BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY |
| 113 | AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE | 285 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS |
| 114 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS | 286 287 | ADRENAL & PITUITARY PROCEDURES SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS |
| 117 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT | 289 | PARATHYROID PROCEDURES |
| 118 | CARDIAC PACEMAKER DEVICE REPLACEMENT | 290 | THYROID PROCEDURES |
| 119 | VEIN LIGATION & STRIPPING | 291 | THYROGLOSSAL PROCEDURES |
| 120 | OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 292 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC |
| 163 | HERNIA PROCEDURES AGE 0-17 | 293 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC |
| 168 | MOUTH PROCEDURES W CC | 338 | TESTES PROCEDURES, FOR MALIGNANCY |
| 169 | MOUTH PROCEDURES W/O CC | | |
| 212 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17 | 340 | TESTES PROCEDURES, NON- MALIGNANCY AGE 0-17 |
| 213 | AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS | 393 394 | SPLENECTOMY AGE 0-17 OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS |
| 216 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE | 471 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY |
| 217 | WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS | 479 | OTHER VASCULAR PROCEDURES W/O CC |
| 220 | LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17 | 481 491 | BONE MARROW TRANSPLANT MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY |

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| | | | |
|-----|--|-----|--|
| 496 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION | 543 | CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS |
| 497 | SPINAL FUSION EXCEPT CERVICAL W CC | 544 | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY |
| 498 | SPINAL FUSION EXCEPT CERVICAL W/O CC | 545 | REVISION OF HIP OR KNEE REPLACEMENT |
| 499 | BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC | 546 | SPINAL FUSION EXC CERV WITH CURVATURE OF THE SPINE OR MALIG |
| 500 | BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC | 547 | CORONARY BYPASS W CARDIAC CATH W MAJOR CV DX |
| 501 | KNEE PROCEDURES W PDX OF INFECTION W CC | 548 | CORONARY BYPASS W CARDIAC CATH W/O MAJOR CV DX |
| 502 | KNEE PROCEDURES W PDX OF INFECTION W/O CC | 549 | CORONARY BYPASS W/O CARDIAC CATH W MAJOR CV DX |
| 503 | KNEE PROCEDURES W/O PDX OF INFECTION | 550 | CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX |
| 515 | CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH | 551 | PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR |
| 518 | PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI | 552 | OTHER PERMANENT CARDIAC PACEMAKER IMPLANT W/O MAJOR CV DX |
| 519 | CERVICAL SPINAL FUSION W CC | 553 | OTHER VASCULAR PROCEDURES W CC W MAJOR CV DX |
| 520 | CERVICAL SPINAL FUSION W/O CC | 554 | OTHER VASCULAR PROCEDURES W CC W/O MAJOR CV DX |
| 525 | OTHER HEART ASSIST SYSTEM IMPLANT | 555 | PERCUTANEOUS CARDIOVASCULAR PROC W MAJOR CV DX |
| 528 | INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE | 556 | PERCUTANEOUS CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MAJ CV DX |
| 529 | VENTRICULAR SHUNT PROCEDURES W CC | 557 | PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W MAJOR CV DX |
| 530 | VENTRICULAR SHUNT PROCEDURES W/O CC | 558 | PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W/O MAJ CV DX |
| 531 | SPINAL PROCEDURES W CC | 577 | CAROTID ARTERY STENT PROCEDURE |
| 532 | SPINAL PROCEDURES W/O CC | | |
| 533 | EXTRACRANIAL PROCEDURES W CC | | |
| 534 | EXTRACRANIAL PROCEDURES W/O CC | | |
| 535 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK | | |
| 536 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK | | |
| 537 | LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W CC | | |
| 538 | LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O CC | | |

Surgical Class 1 MS-DRG codes

For discharges using MS-DRGs (on or after October 1, 2007)

| | | | |
|-----|--|-----|--|
| 001 | HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 023 | W/O CC/MCC CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT |
| 002 | HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 024 | CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC |
| 009 | BONE MARROW TRANSPLANT | 027 | CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC |
| 020 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 028 | SPINAL PROCEDURES W MCC |
| 021 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 029 | SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS |
| 022 | INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE | 030 | SPINAL PROCEDURES W/O CC/MCC |

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|-----|--|--|-----|---|
| 031 | VENTRICULAR SHUNT PROCEDURES W MCC | | 220 | CATH W MCC CARDIAC VALVE & OTH MAJ |
| 032 | VENTRICULAR SHUNT PROCEDURES W CC | | | CARDIOTHORACIC PROC W/O CARD CATH W CC |
| 033 | VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | | 221 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD |
| 034 | CAROTID ARTERY STENT PROCEDURE W MCC | | 222 | CATH W/O CC/MCC CARDIAC DEFIB IMPLANT W CARDIAC |
| 035 | CAROTID ARTERY STENT PROCEDURE W CC | | 223 | CATH W AMI/HF/SHOCK W MCC CARDIAC DEFIB IMPLANT W CARDIAC |
| 036 | CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | | 224 | CATH W AMI/HF/SHOCK W/O MCC CARDIAC DEFIB IMPLANT W CARDIAC |
| 037 | EXTRACRANIAL PROCEDURES W MCC | | 225 | CATH W/O AMI/HF/SHOCK W MCC CARDIAC DEFIB IMPLANT W CARDIAC |
| 038 | EXTRACRANIAL PROCEDURES W CC | | 226 | CATH W/O AMI/HF/SHOCK W/O MCC CARDIAC DEFIBRILLATOR IMPLANT W/O |
| 039 | EXTRACRANIAL PROCEDURES W/O CC/MCC | | 227 | CARDIAC CATH W MCC CARDIAC DEFIBRILLATOR IMPLANT W/O |
| 040 | PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W MCC | | 228 | CARDIAC CATH W/O MCC OTHER CARDIOTHORACIC |
| 041 | PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | | 229 | PROCEDURES W MCC OTHER CARDIOTHORACIC |
| 042 | PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | | 230 | PROCEDURES W CC OTHER CARDIOTHORACIC |
| 113 | ORBITAL PROCEDURES W CC/MCC | | 231 | PROCEDURES W/O CC/MCC CORONARY BYPASS W PTCA W MCC |
| 114 | ORBITAL PROCEDURES W/O CC/MCC | | 232 | CORONARY BYPASS W PTCA W/O MCC CORONARY BYPASS W CARDIAC CATH |
| 115 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT | | 233 | W MCC CORONARY BYPASS W CARDIAC CATH |
| 116 | INTRAOCULAR PROCEDURES W CC/MCC | | 234 | W/O MCC CORONARY BYPASS W/O CARDIAC |
| 117 | INTRAOCULAR PROCEDURES W/O CC/MCC | | 235 | CATH W MCC CORONARY BYPASS W/O CARDIAC |
| 129 | MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE | | 236 | CATH W/O MCC CORONARY BYPASS W/O CARDIAC |
| 130 | MAJOR HEAD & NECK PROCEDURES W/O CC/MCC | | 237 | MAJOR CARDIOVASC PROCEDURES W MCC OR THORACIC AORTIC ANUERYSM |
| 131 | CRANIAL/FACIAL PROCEDURES W CC/MCC | | 238 | REPAIR MAJOR CARDIOVASCULAR |
| 132 | CRANIAL/FACIAL PROCEDURES W/O CC/MCC | | 239 | PROCEDURES W/O MCC AMPUTATION FOR CIRC SYS |
| 133 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC | | 240 | DISORDERS EXC UPPER LIMB & TOE W MCC AMPUTATION FOR CIRC SYS |
| 134 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC | | 241 | DISORDERS EXC UPPER LIMB & TOE W CC AMPUTATION FOR CIRC SYS |
| 136 | SINUS & MASTOID PROCEDURES W/O CC/MCC | | 242 | DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC PERMANENT CARDIAC PACEMAKER |
| 137 | MOUTH PROCEDURES W CC/MCC | | 243 | IMPLANT W MCC PERMANENT CARDIAC PACEMAKER |
| 138 | MOUTH PROCEDURES W/O CC/MCC | | 244 | IMPLANT W CC PERMANENT CARDIAC PACEMAKER |
| 139 | SALIVARY GLAND PROCEDURES | | 245 | IMPLANT W/O CC/MCC AICD LEAD & GENERATOR |
| 215 | OTHER HEART ASSIST SYSTEM IMPLANT | | 246 | PROCEDURES PERC CARDIOVASC PROC W DRUG- |
| 216 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | | 247 | ELUTING STENT W MCC OR 4+ VESSELS/STENTS PERC CARDIOVASC PROC W DRUG- |
| 217 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | | | |
| 218 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | | | |
| 219 | CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD | | | |

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| 248 | ELUTING STENT W/O MCC PERC CARDIOVASC PROC W NON- DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS | 463 | MCC WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC |
| 249 | PERC CARDIOVASC PROC W NON- DRUG-ELUTING STENT W/O MCC | 464 | WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC |
| 250 | PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI W MCC | 465 | WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC |
| 251 | PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI W/O MCC | 466 | REVISION OF HIP OR KNEE REPLACEMENT W MCC |
| 252 | OTHER VASCULAR PROCEDURES W MCC | 467 | REVISION OF HIP OR KNEE REPLACEMENT W CC |
| 253 | OTHER VASCULAR PROCEDURES W CC | 468 | REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC |
| 254 | OTHER VASCULAR PROCEDURES W/O CC/MCC | 469 | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC |
| 255 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 470 | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC |
| 256 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 471 | CERVICAL SPINAL FUSION W MCC |
| 257 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 472 | CERVICAL SPINAL FUSION W CC |
| 258 | CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 473 | CERVICAL SPINAL FUSION W/O CC/MCC |
| 259 | CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 474 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC |
| 260 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 475 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC |
| 261 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 476 | AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC |
| 262 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 477 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC |
| 263 | VEIN LIGATION & STRIPPING | 478 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC |
| 264 | OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 479 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC |
| 352 | INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 482 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC |
| 453 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 483 | MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC |
| 454 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 484 | MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC |
| 455 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 485 | KNEE PROCEDURES W PDX OF INFECTION W MCC |
| 456 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC | 486 | KNEE PROCEDURES W PDX OF INFECTION W CC |
| 457 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC | 487 | KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC |
| 458 | SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC | 488 | KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC |
| 459 | SPINAL FUSION EXCEPT CERVICAL W MCC | 489 | KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC |
| 460 | SPINAL FUSION EXCEPT CERVICAL W/O MCC | 490 | BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM |
| 461 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 491 | BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC |
| 462 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O | 494 | LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC |

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| 495 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | | OTHER BREAST PROCEDURES W CC/MCC |
| 496 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 585 | BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC |
| 497 | LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 614 | ADRENAL & PITUITARY PROCEDURES W CC/MCC |
| 498 | LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 615 | ADRENAL & PITUITARY PROCEDURES W/O CC/MCC |
| 499 | LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 616 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC |
| 500 | SOFT TISSUE PROCEDURES W MCC | 617 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC |
| 501 | SOFT TISSUE PROCEDURES W CC | 618 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC |
| 502 | SOFT TISSUE PROCEDURES W/O CC/MCC | 622 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC |
| 503 | FOOT PROCEDURES W MCC | 623 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC |
| 504 | FOOT PROCEDURES W CC | 624 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC |
| 505 | FOOT PROCEDURES W/O CC/MCC | 625 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC |
| 506 | MAJOR THUMB OR JOINT PROCEDURES | 626 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC |
| 507 | MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 627 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC |
| 508 | MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 628 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC |
| 509 | ARTHROSCOPY | 629 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC |
| 510 | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC | 630 | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC |
| 511 | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC | 711 | TESTES PROCEDURES W CC/MCC |
| 512 | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC | 712 | TESTES PROCEDURES W/O CC/MCC |
| 513 | HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 800 | SPLENECTOMY W CC |
| 514 | HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 801 | SPLENECTOMY W/O CC/MCC |
| 515 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 802 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC |
| 516 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 803 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC |
| 517 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 804 | OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC |
| 582 | MASTECTOMY FOR MALIGNANCY W CC/MCC | | |
| 583 | MASTECTOMY FOR MALIGNANCY W/O CC/MCC | | |
| 584 | BREAST BIOPSY, LOCAL EXCISION & | | |

Surgical Class 2 DRG codes

For discharges using DRGs (before October 1, 2007)

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| 075 | MAJOR CHEST PROCEDURES | 149 | MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC |
| 076 | OTHER RESP SYSTEM O.R. PROCEDURES W CC | 150 | PERITONEAL ADHESIOLYSIS W CC |
| 077 | OTHER RESP SYSTEM O.R. PROCEDURES W/O CC | 151 | PERITONEAL ADHESIOLYSIS W/O CC |
| 146 | RECTAL RESECTION W CC | 152 | MINOR SMALL & LARGE BOWEL PROCEDURES W CC |
| 147 | RECTAL RESECTION W/O CC | | |

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| 153 | MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC | 315 | OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES |
| 156 | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17 | 334 | MAJOR MALE PELVIC PROCEDURES W CC |
| 157 | ANAL & STOMAL PROCEDURES W CC | 335 | MAJOR MALE PELVIC PROCEDURES W/O CC |
| 158 | ANAL & STOMAL PROCEDURES W/O CC | 336 | TRANSURETHRAL PROSTATECTOMY W CC |
| 166 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC | 337 | TRANSURETHRAL PROSTATECTOMY W/O CC |
| 167 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC | 341 | PENIS PROCEDURES |
| 170 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 343 | CIRCUMCISION AGE 0-17 |
| 171 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC | 344 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY |
| 191 | PANCREAS, LIVER & SHUNT PROCEDURES W CC | 345 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY |
| 192 | PANCREAS, LIVER & SHUNT PROCEDURES W/O CC | 353 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY |
| 193 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 354 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC |
| 194 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC | 355 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC |
| 195 | CHOLECYSTECTOMY W C.D.E. W CC | 356 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES |
| 196 | CHOLECYSTECTOMY W C.D.E. W/O CC | 357 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY |
| 197 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 358 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC |
| 198 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC | 359 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC |
| 199 | HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY | 360 | VAGINA, CERVIX & VULVA PROCEDURES |
| 200 | HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY | 361 | LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION |
| 201 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES | 362 | ENDOSCOPIC TUBAL INTERRUPTION |
| 265 | SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC | 363 | D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY |
| 266 | SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC | 364 | D&C, CONIZATION EXCEPT FOR MALIGNANCY |
| 267 | PERIANAL & PILONIDAL PROCEDURES | 365 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES |
| 268 | SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES | 370 | CESAREAN SECTION W CC |
| 269 | OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 371 | CESAREAN SECTION W/O CC |
| 270 | OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC | 372 | VAGINAL DELIVERY W COMPLICATING DIAGNOSES |
| 288 | O.R. PROCEDURES FOR OBESITY | 373 | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES |
| 302 | KIDNEY TRANSPLANT | 374 | VAGINAL DELIVERY W STERILIZATION &/OR D&C |
| 303 | KIDNEY AND URETER PROCEDURES FOR NEOPLASM | 375 | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C |
| 304 | KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC | 377 | POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE |
| 305 | KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC | 381 | ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY |
| 306 | PROSTATECTOMY W CC | 468 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS |
| 307 | PROSTATECTOMY W/O CC | 476 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS |
| 308 | MINOR BLADDER PROCEDURES W CC | | |
| 309 | MINOR BLADDER PROCEDURES W/O CC | | |
| 310 | TRANSURETHRAL PROCEDURES W CC | | |
| 311 | TRANSURETHRAL PROCEDURES W/O CC | | |
| 314 | URETHRAL PROCEDURES, AGE 0-17 | | |

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| 477 | NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 541 | ECMO OR TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. |
| 480 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT | 542 | TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. |
| 482 | TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES | 559 | ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT |
| 493 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 569 | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX |
| 494 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC | 570 | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX |
| 495 | LUNG TRANSPLANT | 573 | MAJOR BLADDER PROCEDURES |
| 512 | SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | | |
| 513 | PANCREAS TRANSPLANT | | |

Surgical Class 2 MS-DRG codes

For discharges using MS-DRGs (on or after October 1, 2007)

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| 003 | ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 332 | RECTAL RESECTION W MCC |
| 004 | TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 333 | RECTAL RESECTION W CC |
| 005 | LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 334 | RECTAL RESECTION W/O CC/MCC |
| 006 | LIVER TRANSPLANT W/O MCC | 335 | PERITONEAL ADHESIOLYSIS W MCC |
| 007 | LUNG TRANSPLANT | 336 | PERITONEAL ADHESIOLYSIS W CC |
| 008 | SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 337 | PERITONEAL ADHESIOLYSIS W/O CC/MCC |
| 010 | PANCREAS TRANSPLANT | 341 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC |
| 011 | TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W MCC | 342 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC |
| 012 | TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W CC | 343 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC |
| 013 | TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W/O CC/MCC | 344 | MINOR SMALL & LARGE BOWEL PROCEDURES W MCC |
| 061 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC | 345 | MINOR SMALL & LARGE BOWEL PROCEDURES W CC |
| 062 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC | 346 | MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC |
| 063 | ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC | 347 | ANAL & STOMAL PROCEDURES W MCC |
| 163 | MAJOR CHEST PROCEDURES W MCC | 348 | ANAL & STOMAL PROCEDURES W CC |
| 164 | MAJOR CHEST PROCEDURES W CC | 349 | ANAL & STOMAL PROCEDURES W/O CC/MCC |
| 165 | MAJOR CHEST PROCEDURES W/O CC/MCC | 356 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC |
| 166 | OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 357 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC |
| 167 | OTHER RESP SYSTEM O.R. PROCEDURES W CC | 358 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC |
| 168 | OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 405 | PANCREAS, LIVER & SHUNT PROCEDURES W MCC |
| 327 | STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 406 | PANCREAS, LIVER & SHUNT PROCEDURES W CC |
| 329 | MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 407 | PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC |
| 330 | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 408 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC |
| 331 | MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 409 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC |
| | | 410 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC |

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| 411 | CHOLECYSTECTOMY W C.D.E. W MCC | 661 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC |
| 412 | CHOLECYSTECTOMY W C.D.E. W CC | 662 | MINOR BLADDER PROCEDURES W MCC |
| 413 | CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 663 | MINOR BLADDER PROCEDURES W CC |
| 414 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 664 | MINOR BLADDER PROCEDURES W/O CC/MCC |
| 415 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 665 | PROSTATECTOMY W MCC |
| 416 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 666 | PROSTATECTOMY W CC |
| 417 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 667 | PROSTATECTOMY W/O CC/MCC |
| 418 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 668 | TRANSURETHRAL PROCEDURES W MCC |
| 419 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 669 | TRANSURETHRAL PROCEDURES W CC |
| 420 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC | 670 | TRANSURETHRAL PROCEDURES W/O CC/MCC |
| 421 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC | 672 | URETHRAL PROCEDURES W/O CC/MCC |
| 422 | HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 673 | OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC |
| 423 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC | 674 | OTHER KIDNEY & URINARY TRACT PROCEDURES W CC |
| 424 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC | 675 | OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC |
| 425 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 707 | MAJOR MALE PELVIC PROCEDURES W CC/MCC |
| 576 | SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W MCC | 708 | MAJOR MALE PELVIC PROCEDURES W/O CC/MCC |
| 577 | SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W CC | 709 | PENIS PROCEDURES W CC/MCC |
| 578 | SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 710 | PENIS PROCEDURES W/O CC/MCC |
| 579 | OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 713 | TRANSURETHRAL PROSTATECTOMY W CC/MCC |
| 580 | OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 714 | TRANSURETHRAL PROSTATECTOMY W/O CC/MCC |
| 581 | OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 715 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC |
| 619 | O.R. PROCEDURES FOR OBESITY W MCC | 716 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC |
| 620 | O.R. PROCEDURES FOR OBESITY W CC | 717 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC |
| 621 | O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 718 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC |
| 652 | KIDNEY TRANSPLANT | 734 | PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC |
| 653 | MAJOR BLADDER PROCEDURES W MCC | 735 | PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC |
| 654 | MAJOR BLADDER PROCEDURES W CC | 736 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC |
| 655 | MAJOR BLADDER PROCEDURES W/O CC/MCC | 737 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC |
| 656 | KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 738 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC |
| 657 | KIDNEY & URETER PROCEDURES FORNEOPLASM W CC | 739 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC |
| 658 | KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | | |
| 659 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | | |
| 660 | KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | | |

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| 740 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 774 | VAGINAL DELIVERY W COMPLICATING DIAGNOSES |
| 741 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 775 | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES |
| 742 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 981 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |
| 743 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 982 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 744 | D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 983 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC |
| 745 | D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 984 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |
| 746 | VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 985 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 747 | VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 986 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC |
| 748 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 987 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC |
| 749 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 988 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC |
| 750 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 989 | NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC |
| 765 | CESAREAN SECTION W CC/MCC | | |
| 766 | CESAREAN SECTION W/O CC/MCC | | |
| 767 | VAGINAL DELIVERY W STERILIZATION &/OR D&C | | |
| 768 | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | | |
| 769 | POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | | |
| 770 | ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | | |

Surgical Class 3 DRG codes

For discharges using DRGs (before October 1, 2007)

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| 263 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC | 485 | LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA |
| 264 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC | 486 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA |
| 439 | SKIN GRAFTS FOR INJURIES | 504 | EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/SKIN GFT |
| 440 | WOUND DEBRIDEMENTS FOR INJURIES | 506 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA |
| 441 | HAND PROCEDURES FOR INJURIES | 507 | FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA |
| 442 | OTHER O.R. PROCEDURES FOR INJURIES W CC | | |
| 443 | OTHER O.R. PROCEDURES FOR INJURIES W/O CC | | |
| 484 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | | |

Surgical Class 3 MS-DRG codes

For discharges using MS-DRGs (on or after October 1, 2007)

| | | | |
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| 573 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W MCC | 575 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC/MCC |
| 574 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC | 901 | WOUND DEBRIDEMENTS FOR INJURIES W MCC |

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| 902 | WOUND DEBRIDEMENTS FOR INJURIES W CC | 928 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC |
| 903 | WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 929 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC |
| 904 | SKIN GRAFTS FOR INJURIES W CC/MCC | 955 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA |
| 905 | SKIN GRAFTS FOR INJURIES W/O CC/MCC | 956 | LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA |
| 906 | HAND PROCEDURES FOR INJURIES | 957 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC |
| 907 | OTHER O.R. PROCEDURES FOR INJURIES W MCC | 958 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC |
| 908 | OTHER O.R. PROCEDURES FOR INJURIES W CC | 959 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC |
| 909 | OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | | |
| 927 | EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT | | |

Surgical Class 9 DRG codes

For discharges using DRGs (before October 1, 2007)

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| 401 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC | 424 | O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS |
| 402 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC | 461 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES |
| 406 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC | 488 | HIV W EXTENSIVE O.R. PROCEDURE |
| 407 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC | 539 | LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W CC |
| 408 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC | 540 | LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W/O CC |

Surgical Class 9 MS-DRG codes

For discharges using MS-DRGs (on or after October 1, 2007)

| | | | |
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| 820 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 829 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC |
| 821 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 830 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC |
| 822 | LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 876 | O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS |
| 823 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC | 939 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC |
| 824 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC | 940 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC |
| 825 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC | 941 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC |
| 826 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 969 | HIV W EXTENSIVE O.R. PROCEDURE W MCC |
| 827 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 970 | HIV W EXTENSIVE O.R. PROCEDURE W/O MCC |
| 828 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | | |