

# Accidental Puncture or Laceration Rate

## Pediatric Quality Indicators #1

### 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 code denoting accidental cut, puncture, perforation, or laceration during a procedure in any secondary diagnosis field.

#### ICD-9-CM Accidental puncture or laceration diagnosis codes:

E8700	SURGICAL OPERATION	E8706	HEART CATHETERIZATION
E8701	INFUSION OR TRANSFUSION	E8707	ADMINISTRATION OF ENEMA
E8702	KIDNEY DIALYSIS OR OTHER PERFUSION	E8708	OTHER SPECIFIED MEDICAL CARE
E8703	INJECTION OR VACCINATION	E8709	UNSPECIFIED MEDICAL CARE
E8704	ENDOSCOPIC EXAMINATION	9982	ACCIDENTAL PUNCTURE OR LACERATION DURING A PROCEDURE
E8705	ASPIRATION OF FLUID OR TISSUE, PUNCTURE, AND CATHETERIZATION		

## Denominator

All surgical and medical discharges under age 18 defined by specific DRGs or MS-DRGs. See *Pediatric Quality Indicators Appendices*:

- Appendix B – Surgical Discharge DRGs
  - Appendix C – Surgical Discharge MS-DRGs
  - Appendix D – Medical Discharge DRGs
  - Appendix E – Medical Discharge MS-DRGs
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Exclude cases:

- with principal diagnosis denoting accidental cut, puncture, perforation, or laceration or secondary diagnosis present on admission
- normal newborn
- neonate with birth weight less than 500 grams (Birth Weight Category 1)
- MDC 14 (pregnancy, childbirth, and puerperium)
- with ICD-9-CM code for spine surgery
- with missing discharge gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

See *Pediatric Quality Indicators Appendices*:

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

**ICD-9-CM Spine surgery procedure codes:**

0301	REMOVAL OF FOREIGN BODY FROM SPINAL CANAL	8136	REFUSION OF LUMBAR AND LUMBOSACRAL SPINE, ANTERIOR TECHNIQUE
0302	REOPENING OF LAMINECTOMY SITE		
0309	OTHER EXPLORATION AND DECOMPRESSION OF SPINAL CANAL	8137	REFUSION OF LUMBAR AND LUMBOSACRAL SPINE, LATERAL TRANSVERSE PROCESS TECHNIQUE
0353	REPAIR OF VERTEBRAL FRACTURE		
036	LYSIS OF ADHESIONS OF SPINAL CORD AND NERVE ROOTS	8138	REFUSION OF LUMBAR AND LUMBOSACRAL SPINE, POSTERIOR TECHNIQUE
8053	REPAIR OF THE ANULUS FIBROSUS WITH GRAFT OR PROSTHESIS (OCT08)	8139	REFUSION OF SPINE, NOT ELSEWHERE CLASSIFIED
8054	OTHER AND UNSPECIFIED REPAIR OF THE ANULUS FIBROSUS (OCT08)	8162	FUSION OR REFUSION OF 2-3 VERTEBRAE*
8100	SPINAL FUSION, NOT OTHERWISE SPECIFIED	8163	FUSION OR REFUSION OF 4-8 VERTEBRAE*
8101	ATLAS-AXIS SPINAL FUSION		
8102	OTHER CERVICAL FUSION, ANTERIOR TECHNIQUE	8164	FUSION OR REFUSION OF 9 OR MORE VERTEBRAE*
8103	OTHER CERVICAL FUSION, POSTERIOR TECHNIQUE	8165	VERTEBROPLASTY
8104	DORSAL AND DORSOLUMBAR FUSION, ANTERIOR TECHNIQUE	8166	KYPHOPLASTY
8105	DORSAL AND DORSOLUMBAR FUSION, POSTERIOR TECHNIQUE	8451	INSERTION OF INTERBODY SPINAL FUSION DEVICE*
8106	LUMBAR AND LUMBOSACRAL FUSION, ANTERIOR TECHNIQUE	8452	INSERTION OF RECOMBINANT BONE MORPHOGENETIC PROTEIN*
8107	LUMBAR AND LUMBOSACRAL FUSION, LATERAL TRANSVERSE PROCESS TECHNIQUE	8458	IMPLANTATION OF INTERSPINOUS PROCESS DECOMPRESSION DEVICE (PRIOR TO OCT 1, 2007)
8108	LUMBAR AND LUMBOSACRAL FUSION, POSTERIOR TECHNIQUE	8459	INSERTION OF OTHER SPINAL DEVICES
8130	REFUSION OF SPINE, NOT OTHERWISE SPECIFIED	8460	INSERTION OF SPINAL DISC PROSTHESIS, NOT OTHERWISE SPECIFIED
8131	REFUSION OF ATLAS-AXIS SPINE	8461	INSERTION OF PARTIAL SPINAL DISC PROSTHESIS, CERVICAL
8132	REFUSION OF OTHER CERVICAL SPINE, ANTERIOR TECHNIQUE	8462	INSERTION OF TOTAL SPINAL DISC PROSTHESIS, CERVICAL
8133	REFUSION OF OTHER CERVICAL SPINE, POSTERIOR TECHNIQUE	8463	INSERTION OF SPINAL DISC PROSTHESIS, THORACIC
8134	REFUSION OF DORSAL AND DORSOLUMBAR SPINE, ANTERIOR TECHNIQUE	8464	INSERTION OF PARTIAL SPINAL DISC PROSTHESIS, LUMBOSACRAL
8135	REFUSION OF DORSAL AND DORSOLUMBAR SPINE, POSTERIOR TECHNIQUE	8465	INSERTION OF TOTAL SPINAL DISC PROSTHESIS, LUMBOSACRAL
		8466	REVISION OR REPLACEMENT OF ARTIFICIAL SPINAL DISC PROSTHESIS, CERVICAL

8467	REVISION OR REPLACEMENT OF ARTIFICIAL SPINAL DISC PROSTHESIS, THORACIC	8481	REVISION OF INTERSPINOUS PROCESS DEVICE(S)
8468	REVISION OR REPLACEMENT OF ARTIFICIAL SPINAL DISC PROSTHESIS, LUMBOSACRAL	8482	INSERTION OR REPLACEMENT OF PEDICLE-BASED DYNAMIC STABILIZATION DEVICE(S)
8469	REVISION OR REPLACEMENT OF ARTIFICIAL SPINAL DISC PROSTHESIS, NOT OTHERWISE SPECIFIED	8483	REVISION OF PEDICLE-BASED DYNAMIC STABILIZATION DEVICE(S)
8480	INSERTION OR REPLACEMENT OF INTERSPINOUS PROCESS DEVICE(S)	8485	REVISION OF FACET REPLACEMENT DEVICE(S)

\* code has *code also* instructions

## **Stratification**

Clinical categories for PDI 1 are based on Major Diagnostic Categories (MDC).

- Stratum 1. Eye, ear, nose, mouth, throat, skin, breast, and other low-risk procedures (MDC 2, 3, 9, 19, 22, 23)
- Stratum 2. Thoracic, cardiovascular, and specified neoplastic procedures (MDC 4, 5, 17)
- Stratum 3. Kidney, and male/female reproductive procedures (MDC 11, 12, 13)
- Stratum 4. Infectious, immunological, hematological, and ungroupable procedures (MDC 0/99, 16, 18, 25)
- Stratum 5. Trauma, orthopedic, and neurologic procedures (MDC 1, 8, 21, 24)
- Stratum 6. Gastrointestinal, hepatobiliary, and endocrine procedures (MDC 6, 7, 10)