

Perioperative Hemorrhage or Hematoma Rate Technical Specifications

Pediatric Quality Indicators #8 (PDI #8)

AHRQ Quality Indicators™, Version 4.5, May 2013

Provider-Level Indicator

Type of Score: Rate

Description

Perioperative hemorrhage or hematoma cases with control of perioperative hemorrhage, drainage of hematoma, or a miscellaneous hemorrhage- or hematoma-related procedure following surgery per 1,000 surgical discharges for patients ages 17 years and younger. Includes metrics for discharges grouped by high and low risk. Excludes cases with a diagnosis of coagulation disorder; cases with a principal diagnosis of perioperative hemorrhage or hematoma; cases with a secondary diagnosis of perioperative hemorrhage or hematoma present on admission; cases where the only operating room procedure is control of perioperative hemorrhage, drainage of hematoma, or a miscellaneous hemorrhage- or hematoma-related procedure; obstetric cases; and neonates with birth weight less than 500 grams.

[NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report events per 1,000 hospital discharges.]

[NOTE: To obtain stratified results, the user must run the PDSASG2.SAS program in the SAS QI Software Version 4.5 or choose to stratify by risk category in the Windows QI Software Version 4.5]

Numerator

Overall:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with either:

- any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage; or
- any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage and any-listed ICD-9-CM procedure codes for drainage of hematoma; or
- any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage- or hematoma-related procedure; or

- any secondary ICD-9-CM diagnosis codes for perioperative hematoma and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage; or
- any secondary ICD-9-CM diagnosis codes for perioperative hematoma and any-listed ICD-9-CM procedure codes for drainage of hematoma; or
- any secondary ICD-9-CM diagnosis codes for perioperative hematoma and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage or hematoma-related procedure

ICD-9-CM Perioperative hemorrhage diagnosis code:

99811 HEMORRHAGE COMPLIC PROC

ICD-9-CM Perioperative hematoma diagnosis code:

99812 HEMATOMA COMPLIC PROC

ICD-9-CM Control of perioperative hemorrhage procedure codes:

287	HEMORR CONTRL POST T & A	3887	OCCLUDE ABD VEIN NEC
3880	SURG VESSEL OCCLUS NEC	3888	OCCLUDE LEG ARTERY NEC
3881	OCCLUS INTRACRAN VES NEC	3889	OCCLUDE LEG VEIN NEC
3882	OCCLUS HEAD/NECK VES NEC	3941	POSTOP VASC OP HEM CONTR
3883	OCCLUDE ARM VESSEL NEC	3998	HEMORRHAGE CONTROL NOS
3884	OCCLUDE AORTA NEC	4995	CONTROL ANAL HEMORRHAGE
3885	OCCLUDE THORACIC VES NEC	5793	CONTROL BLADD HEMORRHAGE
3886	OCCLUDE ABD ARTERY NEC	6094	CONTROL PROSTATE HEMORR

ICD-9-CM Drainage of hematoma procedure codes:

1809	EXTERNAL EAR INCIS NEC	7014	VAGINOTOMY NEC
540	ABDOMINAL WALL INCISION	7109	INCIS VULVA/PERINEUM NEC
5412	REOPEN RECENT LAP SITE	7591	EVAC OB INC HEMAT PERIN
5919	PERIVESICAL INCISION NEC	7592	EVAC OB HEMAT VULVA/VAG
610	SCROTUM & TUNICA I & D	8604	OTHER SKIN & SUBQ I & D
6998	UTERINE SUPPORT OP NEC		

ICD-9-CM Miscellaneous hemorrhage- or hematoma-related procedure codes:

0121	CRANIAL SINUS I & D	0791	THYMUS FIELD EXPLORATION
0124	OTHER CRANIOTOMY	0792	OTHER INCISION OF THYMUS
0131	INCISE CEREBRAL MENINGES	0795	THORAC INCISION THYMUS
0139	OTHER BRAIN INCISION	0809	OTHER EYELID INCISION
0213	MENINGE VESSEL LIGATION	090	LACRIMAL GLAND INCISION
0239	VENT SHUNT EXTRACRAN NEC	0953	LACRIMAL SAC INCISION
0241	IRRIGATE/EXPL VENT SHUNT	1244	EXCISE CILIARY BODY LES
0309	SPINAL CANAL EXPLOR NEC	1289	SCLERAL OPERATION NEC
0401	EXCISION ACOUSTC NEUROMA	149	OTHER POST SEGMENT OPS
0404	PERIPH NERVE INCIS NEC	1609	ORBITOTOMY NEC
0443	CARPAL TUNNEL RELEASE	1802	EXT AUDITORY CANAL INCIS
0444	TARSAL TUNNEL RELEASE	1809	EXTERNAL EAR INCIS NEC
0602	REOPEN THYROID FIELD WND	1811	OTOSCOPY
0609	INCIS THYROID FIELD NEC	2001	MYRINGOTOMY W INTUBATION
0692	THYROID VESSEL LIGATION	2009	MYRINGOTOMY NEC
0700	ADRENAL EXPLORATION NOS	2021	MASTOID INCISION
0701	UNILAT ADRENAL EXPLORAT	2022	PETRUS PYRAM AIR CEL INC
0702	BILAT ADRENAL EXPLORAT	2023	MIDDLE EAR INCISION
0741	ADRENAL INCISION	2079	INC/EXC/DESTR IN EAR NEC
0743	ADRENAL VESSEL LIGATION	2100	CONTROL OF EPISTAXIS NOS
0751	PINEAL FIELD EXPLORATION	2101	ANT NASAL PACK FOR EPIST
0752	PINEAL GLAND INCISION	2102	POST NASAL PAC FOR EPIST
0771	PITUITARY FOSSA EXPLORAT	2103	CAUTERY TO STOP EPISTAX
0772	PITUITARY GLAND INCISION	2104	ETHMOID ART LIGAT-EPIST

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2105	MAX ART LIG FOR EPISTAX	398	CARTD BODY/SINUS/VASC OP#
2106	EXT CAROT ART LIG-EPIST	400	INCIS LYMPHATIC STRUCTUR
2107	NASAL SEPT GRFT-EPISTAX	412	SPLENOTOMY
2109	EPISTAXIS CONTROL NEC	4209	ESOPHAGEAL INCISION NEC
211	INCISION OF NOSE	4221	ESOPHAGOSCOPY BY INCIS
2121	RHINOSCOPY	4222	ESOPHAGOSCOPY THRU STOMA
2219	NASAL SINUS DX PROC NEC	4223	ESOPHAGOSCOPY NEC
2239	EXT MAXILLARY ANTROT NEC	4233	ENDOSC DESTRUC ESOPH LES
2241	FRONTAL SINUSOTOMY	4239	DESTRUCT ESOPHAG LES NEC
2251	ETHMOIDOTOMY	4291	LIGATION ESOPH VARIX
2252	SPHENOIDOTOMY	430	GASTROTOMY
260	INCIS SALIVARY GLND/DUCT	4341	ENDOSC DESTR STOMACH LES
270	DRAIN FACE & MOUTH FLOOR	4411	TRANSABDOMIN GASTROSCOPY
280	PERITONSILLAR I & D	4412	GASTROSCOPY THRU STOMA
2911	PHARYNGOSCOPY	4413	GASTROSCOPY NEC
313	INCIS LARYNX TRACHEA NEC	4440	SUTURE PEPTIC ULCER NOS
3141	TRACHEOSCOPY THRU STOMA	4441	SUT GASTRIC ULCER SITE
3142	LARYGNOSCOPY/TRACHEOSCOPI	4442	SUTURE DUODEN ULCER SITE
330	INCISION OF BRONCHUS	4443	ENDOSC CONTROL GAST HEM
331	INCISION OF LUNG	4444	TRANSCATH EMBO GAST HEM
3321	BRONCHOSCOPY THRU STOMA	4449	OTHER CONTROL GAST HEM
3322	FIBER-OPTIC BRONCHOSCOPY	4491	LIGATE GASTRIC VARICES
3323	OTHER BRONCHOSCOPY	4500	INTESTINAL INCISION NOS
3324	CLOSED BRONCHIAL BIOPSY	4501	DUODENAL INCISION
3402	EXPLORATORY THORACOTOMY	4502	SMALL BOWEL INCISION NEC
3403	REOPEN THORACOTOMY SITE	4503	LARGE BOWEL INCISION
3409	OTHER PLEURAL INCISION	4511	TRANSAB SM BOWEL ENDOSC
341	INCISION OF MEDIASTINUM	4512	ENDOSC SM BOWEL THRU ST
3421	TRANSPLEURA THORACOSCOPY	4513	SM BOWEL ENDOSCOPY NEC
3422	MEDIASTINOSCOPY	4516	EGD WITH CLOSED BIOPSY
3582	TOTAL REPAIR OF TAPVC	4521	TRANSAB LG BOWEL ENDOSC
3639	OTH HEART REVASCULAR	4522	ENDOSC LG BOWEL THRU ST
3699	HEART VESSEL OP NEC	4523	COLONOSCOPY
370	PERICARDIOCENTESIS	4524	FLEXIBLE SIGMOIDOSCOPY
3711	CARDIOTOMY	4543	ENDOSC DESTRU LG INT LES
3799	OTHER HEART/PERICARD OPS	4549	DESTRUC LG BOWEL LES NEC
3800	INCISION OF VESSEL NOS	480	PROCTOTOMY
3801	INTRACRAN VESSEL INCIS	4821	TRANSAB PROCTOSIGMOIDOSC
3802	HEAD/NECK VES INCIS NEC	4822	PROCTOSIGMOIDOSC THRU ST
3803	UPPER LIMB VESSEL INCIS	4823	RIGID PROCTOSIGMOIDOSCPY
3804	INCISION OF AORTA	4921	ANOSCOPY
3805	THORACIC VESSEL INC NEC	4945	HEMORRHOID LIGATION
3806	ABDOMEN ARTERY INCISION	500	HEPATOTOMY
3807	ABDOMINAL VEIN INCISION	5110	ENDOSC RETRO CHOLANGIOPA
3808	LOWER LIMB ARTERY INCIS	5111	ENDOSC RETRO CHOLANGIO
3809	LOWER LIMB VEIN INCISION	5141	CDE FOR CALCULUS REMOV
3850	VARICOSE V LIG-STRIP NOS	5142	CDE FOR OBSTRUCTION NEC
3851	INTCRAN VAR V LIG-STRIP	5149	INCIS OBSTR BILE DUC NEC
3852	HEAD/NECK VAR V LIG-STR	5151	COMMON DUCT EXPLORATION
3853	ARM VARICOSE V LIG-STRIP	5159	BILE DUCT INCISION NEC
3855	THORAC VAR V LIG-STRIP	5184	ENDOSC DILATION AMPULLA
3857	ABD VARICOS V LIGA-STRIP	5188	ENDOSC REMOVE BILE STONE
3859	LEG VARICOS V LIGA-STRIP	5196	PERC EXTRAC COM DUC CALC
387	INTERRUPTION VENA CAVA	5198	OTH PERC PROC BIL TRCT
3930	SUTURE OF VESSEL NOS	5209	PANCREATOTOMY NEC
3931	SUTURE OF ARTERY	5213	ENDOSC RETRO PANCREATOG
3932	SUTURE OF VEIN	5411	EXPLORATORY LAPAROTOMY
3952	ANEURYSM REPAIR NEC	5419	LAPAROTOMY NEC
3953	ARTERIOVEN FISTULA REP	5421	LAPAROSCOPY
3972	ENDOVASC EMBOL HD/NK VES	5495	PERITONEAL INCISION
3979	OTH ENDO PROC OTH VESSEL	5501	NEPHROTOMY

5511	PYELOTOMY	6812	HYSTEROSCOPY
5521	NEPHROSCOPY	6995	INCISION OF CERVIX
5522	PYELOSCOPY	700	CULDOCENTESIS
562	URETEROTOMY	7012	CULDOTOMY
5631	URETEROSCOPY	7021	VAGINOSCOPY
5719	CYSTOTOMY NEC	7022	CULDOSCOPY
5731	CYSTOSCOPY THRU STOMA	757	MANUAL EXPLOR UTERUS P/P
5732	CYSTOSCOPY NEC	7710	OTHER BONE INCISION NOS
580	URETHROTOMY	8010	OTHER ARTHROTOMY NOS
5822	URETHROSCOPY NEC	8201	EXPLOR TEND SHEATH-HAND
5909	PERIREN/URETER INCIS NEC	8202	MYOTOMY OF HAND
600	INCISION OF PROSTATE	8203	BURSOTOMY OF HAND
6081	PERIPROSTATIC INCISION	8204	I & D PALMAR/THENAR SPAC
620	INCISION OF TESTES	8209	INC SOFT TISSUE HAND NEC
631	EXC SPERMATIC VARICOCELE	8301	TENDON SHEATH EXPLORAT
636	VASOTOMY	8302	MYOTOMY
6372	SPERMATIC CORD LIGATION	8303	BURSOTOMY
6392	EPIDIDYMYOTOMY	8309	SOFT TISSUE INCISION NEC
6393	SPERMATIC CORD INCISION	850	MASTOTOMY
6492	INCISION OF PENIS	8603	INCISION PILONIDAL SINUS
6501	LAPAROSCOPIC OOPHOROTOMY	8609	SKIN & SUBQ INCISION NEC
6509	OTHER OOPHOROTOMY	9621	DILAT FRONTONASAL DUCT
6601	SALPINGOTOMY	9925	INJECT CA CHEMOTHER NEC
680	HYSTEROTOMY	9929	INJECT/INFUSE NEC
6811	DIGITAL EXAM OF UTERUS		

High Risk Category:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with either:

- any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage (see above); or
- any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for drainage of hematoma (see above); or
- any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage- or hematoma-related procedure (see above); or
- any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage (see above); or
- any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for drainage of hematoma (see above); or
- any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage or hematoma-related procedure (see above)

Low Risk Category:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with either:

- any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage (see above); or
- any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for drainage of hematoma (see above); or
- any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage- or hematoma-related procedure (see above); or
- any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage (see above); or
- any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for drainage of hematoma (see above); or
- any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage or hematoma-related procedure (see above)

Denominator

Overall:

Elective surgical discharges, for patients ages 17 years and under, with any-listed ICD-9-CM procedure code for an operating room procedure. Elective surgical discharges are defined by specific DRG or MS-DRG codes with admission type recorded as elective (SID ATYPE=3).

See *Pediatric Quality Indicators Appendices*:

- Appendix A – Operating Room Procedure Codes
- Appendix B – Surgical DRGs
- Appendix C – Surgical MS-DRGs

Exclude cases:

- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission[†]) for perioperative hemorrhage (see above)
- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission[†]) for perioperative hematoma (see above)
- with any-listed ICD-9-CM diagnosis codes for coagulation disorder
- where the only operating room procedure is control of perioperative hemorrhage (see above), drainage of hematoma (see above), or miscellaneous hemorrhage- or hematoma-related procedure (see above)

[†] Only for cases that otherwise qualify for the numerator.

- with any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for drainage of hematoma (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage- or hematoma-related procedure (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for drainage of hematoma (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage- or hematoma-related procedure (see above) occurring before the first operating room procedure[‡]
- neonates with birth weight less than 500 grams (Birth Weight Category 1)
- MDC 14 (pregnancy, childbirth, and puerperium)
- 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 I – Definitions of Neonate, Newborn, Normal, and Outborn
- Appendix L – Low Birth Weight Categories

ICD-9-CM Coagulation disorder diagnosis codes:

2860	CONG FACTOR VIII DISORDER	28652	ACQUIRED HEMOPHILIA
2861	CONG FACTOR IX DISORDER	28659	OT HEM D/T CIRC ANTICOAG
2862	CONG FACTOR XI DISORDER	2866	DEFIBRINATION SYNDROME
2863	CONG DEF CLOT FACTOR NEC	2867	ACQ COAGUL FACTOR DEF
2864	VON WILLEBRAND'S DISEASE	2869	COAGUL DEFECT NEC NOS

High Risk Category:

Elective surgical discharges, for patients ages 17 years and under, with any-listed ICD-9-CM procedure code for an operating room procedure and either any-listed ICD-9-CM diagnosis codes for coagulopathy or any-listed ICD-9-CM procedure codes for extracorporeal membrane oxygenation (ECMO). Elective surgical discharges are defined by specific DRG or MS-DRG codes with admission type recorded as elective (SID ATYPE=3).

See *Pediatric Quality Indicators Appendices*:

- Appendix A – Operating Room Procedure Codes

[‡] If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available.

- Appendix B – Surgical DRGs
- Appendix C – Surgical MS-DRGs

ICD-9-CM Coagulopathy diagnosis codes¹:

2860	CONG FACTOR VIII DIORD	2871	THROMBOCYTOPATHY
2861	CONG FACTOR IX DISORDER	2873	<i>PRIMARY THROMBOCYTOPENIA</i>
2862	CONG FACTOR XI DISORDER	28730	PRIM THROMBOCYTOPEN NOS
2863	CONG DEF CLOT FACTOR NEC	28731	IMMUNE THROMBOCYT PURPRA
2864	VON WILLEBRAND'S DISEASE	28732	EVANS' SYNDROME
2865	<i>CIRCULATING ANTICOAG DIS</i>	28733	CONG/HERID THROMB PURPRA
28652	ACQUIRED HEMOPHILIA	28739	PRIM THROMBOCYTOPEN NEC
28653	ANTIIPHOSPHOLIPID W HEMOR	2874	<i>SECOND THROMBOCYTOPENIA</i>
28659	OT HEM D/T CIRC ANTICOAG	28741	POSTTRANSFUSION PURPURA
2866	DEFIBRATION SYNDROME	2875	THROMBOCYTOPENIA NOS
2867	ACQ COAGUL FACTOR DEFIC	2878	HEMORRHAGIC COND NEC
2869	COAGULAT DEFECT NEC NOS	2879	HEMORRHAGIC COND NOS

¹The procedure or diagnosis codes are continuously updated. The current list of ICD-9-CM codes is valid for October 2012 through September 2013. Italicized codes are not active in Fiscal Year 2013.

ICD-9-CM Extracorporeal membrane oxygenation (ECMO) procedure code:

3965 EXTRACORPOREAL MEMB OXY

Exclude cases:

- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission[†]) for perioperative hemorrhage (see above)
- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission[†]) for perioperative hematoma (see above)
- with any-listed ICD-9-CM diagnosis codes for coagulation disorder (see above)
- where the only operating room procedure is control of perioperative hemorrhage (see above), drainage of hematoma (see above), or miscellaneous hemorrhage- or hematoma-related procedure (see above)
- with any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for drainage of hematoma (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage- or hematoma-related procedure (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for drainage of hematoma (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage- or hematoma-related procedure (see above) occurring before the first operating room procedure[‡]
- neonates with birth weight less than 500 grams (Birth Weight Category 1)

- MDC 14 (pregnancy, childbirth, and puerperium)
- 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 I – Definitions of Neonate, Newborn, Normal, and Outborn
- Appendix L – Low Birth Weight Categories

Low Risk Category:

Elective surgical discharges, for patients ages 17 years and under, with any-listed ICD-9-CM procedure code for an operating room procedure and without any-listed ICD-9-CM diagnosis codes for coagulopathy (see above) and without any-listed ICD-9-CM procedure codes for ECMO (see above). Elective surgical discharges are defined by specific DRG or MS-DRG codes with admission type recorded as elective (SID ATYPE=3).

See *Pediatric Quality Indicators Appendices*:

- Appendix A – Operating Room Procedure Codes
- Appendix B – Surgical DRGs
- Appendix C – Surgical MS-DRGs

Exclude cases:

- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission[†]) for perioperative hemorrhage (see above)
- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission[†]) for perioperative hematoma (see above)
- with any-listed ICD-9-CM diagnosis codes for coagulation disorder (see above)
- where the only operating room procedure is control of perioperative hemorrhage (see above), drainage of hematoma (see above), or miscellaneous hemorrhage- or hematoma-related procedure (see above)
- with any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for drainage of hematoma (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hemorrhage (see above) and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage- or hematoma-related procedure (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for control of perioperative hemorrhage (see above) occurring before the first operating room procedure[‡]
- with any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for drainage of hematoma (see above) occurring before the first operating room procedure[‡]

- with any secondary ICD-9-CM diagnosis codes for perioperative hematoma (see above) and any-listed ICD-9-CM procedure codes for miscellaneous hemorrhage- or hematoma-related procedure (see above) occurring before the first operating room procedure[‡]
- neonates with birth weight less than 500 grams (Birth Weight Category 1)
- MDC 14 (pregnancy, childbirth, and puerperium)
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

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