

# Postoperative Sepsis Rate Technical Specifications

## Pediatric Quality Indicators #10 (PDI #10) AHRQ Quality Indicators™, Version 4.5, May 2013 Provider-Level Indicator Type of Score: Rate

### Description

Postoperative sepsis cases (secondary diagnosis) per 1,000 surgery discharges for patients ages 17 years and younger. Includes metrics for discharges grouped by risk category. Excludes cases with a principal diagnosis of sepsis, cases with a secondary diagnosis of sepsis present on admission, cases with a principal diagnosis of infection, cases in which the procedure belongs to surgical class 4, neonates, obstetric discharges, and cases with stays less than four (4) days.

*[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 any secondary ICD-9-CM diagnosis codes for sepsis.

#### ICD-9-CM Sepsis diagnosis codes<sup>1</sup>:

0380	STREPTOCOCCAL SEPTICEMIA	99802	POSTOP SHOCK, SEPTIC
<i>0381</i>	<i>STAPHYLOCOCCAL SEPTICEMIA</i>	03840	GRAM-NEG SEPTICEMIA NOS
03810	STAPHYLOCOCC SEPTICEM NOS	03841	H. INFLUENAE SEPTICEMIA
03811	METH SUSC STAPH AUR SEPT	03842	E COLI SEPTICEMIA
03812	MRSA SEPTICEMIA	03843	PSEUDOMONAS SEPTICEMIA
03819	STAPHYLOCOCC SEPTICEM NEC	03844	SERRATIA SEPTICEMIA
0382	PNEUMOCOCCAL SEPTICEMIA	03849	GRAM-NEG SEPTICEMIA NEC
0383	ANAEROBIC SEPTICEMIA	0388	SEPTICEMIA NEC
78552	SEPTIC SHOCK	0389	SEPTICEMIA NOS
<i>78559</i>	<i>SHOCK W/O TRAUMA NEC</i>	99591	SEPSIS
<i>9980</i>	<i>POSTOPERATIVE SHOCK</i>	99592	SEVERE SEPSIS
99800	POSTOPERATIVE SHOCK, NOS		

<sup>1</sup> The 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.

### **Risk Category 1:**

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for sepsis (see above).

### **Risk Category 2:**

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for sepsis (see above).

### **Risk Category 3:**

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for sepsis (see above).

### **Risk Category 4:**

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for sepsis (see above).

### **Risk Category 9:**

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for sepsis (see above).

## **Denominator**

### **Overall:**

Surgical discharges, for patients ages 17 years and younger, with any-listed ICD-9-CM procedure codes for an operating room procedure. Surgical discharges are defined by specific DRG or MS-DRG codes.

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 sepsis (see above)
- with a principal ICD-9-CM diagnosis code for infection
- with DRG or MS-DRG code for surgical class 4
- with length of stay of less than four (4) days

- neonates
- 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 H – Infection Diagnosis Codes
- Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn

**DRG codes for surgical class 4:**

164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	578	INFECTIOUS & PARASITIC DISEASES W OR PROCEDURE
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	579	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W OR PROCEDURE
415	OR PROCEDURE FOR INFECTIOUS AND PARASITIC DISEASES		

**MS-DRG codes for surgical class 4:**

338	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	855	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC
339	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC
340	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC
853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC
854	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC		

**Risk Category 1:**

Elective surgical class 1 discharges, for patients ages 17 years and younger, with any-listed ICD-9-CM procedure codes for an operating room procedure. Elective surgical class 1 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

**DRG codes for surgical class 1:**

003	CRANIOTOMY AGE 0-17	042	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
006	CARPAL TUNNEL RELEASE		
007	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	049	MAJOR HEAD & NECK PROCEDURES
008	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	050	SIALOADENECTOMY
036	RETINAL PROCEDURES	051	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY
037	ORBITAL PROCEDURES	052	CLEFT LIP & PALATE REPAIR
038	PRIMARY IRIS PROCEDURES	054	SINUS & MASTOID PROCEDURES AGE 0-17
039	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	055	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
041	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	056	RHINOPLASTY

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058	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	228	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	ARTHROSCOPY
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
104	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH	234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC
105	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH	257	TOTAL MASTECTOMY FOR MALIGNANCY W CC
106	CORONARY BYPASS W PTCA	258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
108	OTHER CARDIOTHORACIC PROCEDURES	259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC
110	MAJOR CARDIOVASCULAR PROCEDURES W CC	260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE	262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	286	ADRENAL & PITUITARY PROCEDURES
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC,NUTRIT & METAB DISORDERS
119	VEIN LIGATION & STRIPPING	289	PARATHYROID PROCEDURES
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	290	THYROID PROCEDURES
163	HERNIA PROCEDURES AGE 0-17	291	THYROGLOSSAL PROCEDURES
168	MOUTH PROCEDURES W CC	292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
169	MOUTH PROCEDURES W/O CC	293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	338	TESTES PROCEDURES, FOR MALIGNANCY
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS	340	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	393	SPLENECTOMY AGE 0-17
217	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS	394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS
220	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17	471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC	479	OTHER VASCULAR PROCEDURES W/O CC
224	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC	481	BONE MARROW TRANSPLANT
225	FOOT PROCEDURES	491	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY
226	SOFT TISSUE PROCEDURES W CC	496	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
227	SOFT TISSUE PROCEDURES W/O CC	497	SPINAL FUSION EXCEPT CERVICAL W CC
		498	SPINAL FUSION EXCEPT CERVICAL W/O CC
		499	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC

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

**MS-DRG codes for surgical class 1<sup>1</sup>**

001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC		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	<i>BONE MARROW TRANSPLANT</i>	027	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC
014	ALLOGENIC BONE MARROW TRANSPLANT	028	SPINAL PROCEDURES W MCC
016	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC	029	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS
017	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	030	SPINAL PROCEDURES W/O CC/MCC
020	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	031	VENTRICULAR SHUNT PROCEDURES W MCC
021	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	032	VENTRICULAR SHUNT PROCEDURES W CC
022	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	033	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC
023	CRANIO W MAJOR DEV IMPL/ACUTE	034	CAROTID ARTERY STENT PROCEDURE W MCC
		035	CAROTID ARTERY STENT PROCEDURE W CC

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036	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	224	CATH W AMI/HF/SHOCK W/O MCC
037	EXTRACRANIAL PROCEDURES W MCC	225	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC
038	EXTRACRANIAL PROCEDURES W CC	226	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC
039	EXTRACRANIAL PROCEDURES W/O CC/MCC	227	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC
040	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W MCC	228	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC
041	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	229	OTHER CARDIOTHORACIC PROCEDURES W MCC
042	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	230	OTHER CARDIOTHORACIC PROCEDURES W CC
113	ORBITAL PROCEDURES W CC/MCC	231	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC
114	ORBITAL PROCEDURES W/O CC/MCC	232	CORONARY BYPASS W PTCA W MCC
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	233	CORONARY BYPASS W PTCA W/O MCC
116	INTRAOCULAR PROCEDURES W CC/MCC	234	CORONARY BYPASS W CARDIAC CATH W MCC
117	INTRAOCULAR PROCEDURES W/O CC/MCC	235	CORONARY BYPASS W/O CARDIAC CATH W MCC
129	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC
130	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	237	MAJOR CARDIOVASC PROCEDURES W MCC
131	CRANIAL/FACIAL PROCEDURES W CC/MCC	238	MAJOR CARDIOVASCULAR PROCEDURES W/O MCC
132	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC
133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	240	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC
134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	241	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC
136	SINUS & MASTOID PROCEDURES W/O CC/MCC	242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC
137	MOUTH PROCEDURES W CC/MCC	243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC
138	MOUTH PROCEDURES W/O CC/MCC	244	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC
139	SALIVARY GLAND PROCEDURES	245	AICD GENERATOR PROCEDURES
215	OTHER HEART ASSIST SYSTEM IMPLANT	246	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS
216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC
217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	248	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS
218	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	249	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC
219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI W MCC
220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	251	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI W/O MCC
221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC		
222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC		
223	CARDIAC DEFIB IMPLANT W CARDIAC		

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252	OTHER VASCULAR PROCEDURES W MCC	468	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC
253	OTHER VASCULAR PROCEDURES W CC	469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC
254	OTHER VASCULAR PROCEDURES W/O CC/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
		473	CERVICAL SPINAL FUSION W/O CC/MCC
		474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC
258	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC
259	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC
260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC
261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC
262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC
263	VEIN LIGATION & STRIPPING		
264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC
352	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	483	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC
453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	484	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC
454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC		
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 MCC	494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC
463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC
464	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC
465	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC
466	REVISION OF HIP OR KNEE REPLACEMENT W MCC	498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC
467	REVISION OF HIP OR KNEE REPLACEMENT W CC	499	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC
		500	SOFT TISSUE PROCEDURES W MCC

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501	SOFT TISSUE PROCEDURES W CC		W/O CC/MCC
502	SOFT TISSUE PROCEDURES W/O CC/MCC	616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC
503	FOOT PROCEDURES W MCC		
504	FOOT PROCEDURES W CC	617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC
505	FOOT PROCEDURES W/O CC/MCC		
506	MAJOR THUMB OR JOINT PROCEDURES	618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC
507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC		
508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC
509	ARTHROSCOPY	623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC
510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	624	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC
511	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC		
512	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC
513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC
514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC
515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC
516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC
582	MASTECTOMY FOR MALIGNANCY W CC/MCC	711	TESTES PROCEDURES W CC/MCC
583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	712	TESTES PROCEDURES W/O CC/MCC
584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	799	SPLENECTOMY W MCC
585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	800	SPLENECTOMY W CC
614	ADRENAL & PITUITARY PROCEDURES W CC/MCC	801	SPLENECTOMY W/O CC/MCC
615	ADRENAL & PITUITARY PROCEDURES	802	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC
		803	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC
		804	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC

<sup>1</sup>The DRG/MS-DRG codes are continuously updated. The current list of DRG/MS-DRG codes is valid for October 2012 through September 2013. Italicized codes are not active in Fiscal Year 2013.

Exclude cases:

- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission) for sepsis (see above)
- with a principal ICD-9-CM diagnosis code for infection
- with DRG or MS-DRG code for surgical class 4 (see above)
- with length of stay of less than four (4) days
- neonates
- 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 H – Infection Diagnosis Codes
- Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn

## **Risk Category 2:**

Non-elective surgical class 1 discharges, for patients ages 17 years and younger, with any-listed ICD-9-CM procedure codes for an operating room procedure. Non-elective surgical class 1 discharges are defined by specific DRG or MS-DRG codes (see above) with admission type recorded as non-elective (SID ATYPE not equal to 3).

See *Pediatric Quality Indicators Appendices*:

- Appendix A – Operating Room Procedure Codes

Exclude cases:

- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission) for sepsis (see above)
- with a principal ICD-9-CM diagnosis code for infection
- with DRG or MS-DRG code for surgical class 4 (see above)
- with length of stay of less than four (4) days
- neonates
- 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 H – Infection Diagnosis Codes
- Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn

## **Risk Category 3:**

Elective surgical class 2, 3, or 9 discharges, for patients ages 17 years and younger, with any-listed ICD-9-CM procedure codes for an operating room procedure. Elective surgical class 2, 3, or 9 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

**DRG codes for surgical class 2**

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

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373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	493	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	494	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	495	LUNG TRANSPLANT
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	512	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	513	PANCREAS TRANSPLANT
468	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.
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	542	TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	559	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT
480	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT	569	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX
482	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES	570	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX
		573	MAJOR BLADDER PROCEDURES

**MS-DRG codes for surgical class 2**

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

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408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	658	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC
409	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC
410	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC
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 EXC FOR SKIN ULCER OR CELLULITIS W MCC	708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC
577	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	709	PENIS PROCEDURES W CC/MCC
578	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MC	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		
657	KIDNEY & URETER PROCEDURES FORNEOPLASM W CC		

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

**DRG codes for surgical class 3**

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		

**MS-DRG codes for surgical class 3**

570	SKIN DEBRIDEMENT W MCC	575	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC
571	SKIN DEBRIDEMENT W CC	901	WOUND DEBRIDEMENTS FOR INJURIES W MCC
572	SKIN DEBRIDEMENT W/O CC/MCC	902	WOUND DEBRIDEMENTS FOR INJURIES W CC
573	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	903	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC
574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC		

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

**DRG codes for surgical class 9**

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

**MS-DRG codes for surgical class 9**

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		

Exclude cases:

- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission) for sepsis (see above)
- with a principal ICD-9-CM diagnosis code for infection
- with DRG or MS-DRG code for surgical class 4 (see above)
- with length of stay of less than four (4) days
- neonates
- 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 H – Infection Diagnosis Codes
- Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn

## **Risk Category 4:**

Non-elective surgical class 2, 3, or 9 discharges, for patients ages 17 years and younger, with any-listed ICD-9-CM procedure codes for an operating room procedure. Non-elective surgical class 2, 3, or 9 discharges are defined by specific DRG or MS-DRG codes with admission type recorded as non-elective (SID ATYPE not equal to 3).

See *Pediatric Quality Indicators Appendices*:

- Appendix A – Operating Room Procedure Codes

Exclude cases:

- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission) for sepsis (see above)
- with a principal ICD-9-CM diagnosis code for infection
- with DRG or MS-DRG code for surgical class 4 (see above)
- with length of stay of less than four (4) days
- neonates
- 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 H – Infection Diagnosis Codes
- Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn

## **Risk Category 9:**

Surgical discharges not meeting the inclusion rules for Risk Category 1 through Risk Category 4, for patients ages 17 years and younger, with any-listed ICD-9-CM procedure codes for an operating room procedure. Surgical discharges are defined by specific DRG or MS-DRG codes.

See *Pediatric Quality Indicators Appendices*:

- Appendix A – Operating Room Procedure Codes

Exclude cases:

- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission) for sepsis (see above)
- with a principal ICD-9-CM diagnosis code for infection
- with DRG or MS-DRG code for surgical class 4 (see above)
- with length of stay of less than four (4) days
- neonates
- 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 H – Infection Diagnosis Codes
- Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn