

Postoperative Wound Dehiscence Rate

Technical Specifications

Pediatric Quality Indicators #11 (PDI #11)

AHRQ Quality Indicators™, Version 5.0

March 2015

Provider-Level Indicator

Type of Score: Rate

Description

Postoperative reclosures of the abdominal wall per 1,000 abdominopelvic surgery discharges for patients ages 17 years and younger. Includes metrics for discharges grouped by risk category. Excludes cases in which the abdominal wall reclosure occurs on or before the day of the first abdominopelvic surgery, newborn cases with gastroschisis or umbilical hernia repair occurring before the day of the abdominal wall reclosure, cases with a high- or intermediate-risk immunocompromised state, cases with cirrhosis and hepatic failure with a diagnosis of coma or hepatorenal syndrome, cases with transplants, cases with stays less than two (2) days, neonates with birth weight less than 500 grams, and obstetric cases.

[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 5.0 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-listed ICD-9-CM procedure codes for reclosure of postoperative disruption of the abdominal wall.

ICD-9-CM Reclosure of postoperative disruption of the abdominal wall procedure codes:

5461 RECLOSE POST OP DISRUPT

Risk Category 1:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-9-CM procedure codes for reclosure of postoperative disruption of the abdominal

wall (see above).

Risk Category 2:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-9-CM procedure codes for reclosure of postoperative disruption of the abdominal wall (see above).

Risk Category 3:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-9-CM procedure codes for reclosure of postoperative disruption of the abdominal wall (see above).

Risk Category 4:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-9-CM procedure codes for reclosure of postoperative disruption of the abdominal wall (see above).

Risk Category 9:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-9-CM procedure codes for reclosure of postoperative disruption of the abdominal wall (see above).

Denominator

Overall:

Discharges, for patients ages 17 years and younger, with any-listed ICD-9-CM procedure codes for abdominopelvic surgery.

ICD-9-CM Abdominopelvic surgery procedure codes:

1731	LAP MUL SEG RES LG INTES	5137	ANASTOMOSIS OF HEPATIC DUCT TO GASTROINTESTINAL TRACT
5141	COMMON DUCT EXPLORATION FOR REMOVAL OF CALCULUS	5139	OTHER BILE DUCT ANASTOMOSIS
5142	COMMON DUCT EXPLORATION FOR RELIEF OF OTHER OBSTRUCTION	5161	EXCISION OF CYSTIC DUCT REMNANT
5143	INSERTION OF CHOLEDOCHOHEPATIC TUBE FOR DECOMPRESSION	5162	EXCISION OF AMPULLA OF VATER WITH REIMPLANTATION OF COMMON DUCT
5149	INCISION OF OTHER BILE DUCTS FOR RELIEF OF OBSTRUCTION	5163	OTHER EXCISION OF COMMON DUCT
5151	EXPLORATION OF COMMON DUCT	5169	EXCISION OF OTHER BILE DUCT
5159	INCISION OF OTHER BILE DUCT	5171	SIMPLE SUTURE OF COMMON BILE DUCT
3804	INCISION OF AORTA	5172	CHOLEDOCHOPLASTY
3806	INCISION OF ABDOMINAL ARTERIES	5179	REPAIR OF OTHER BILE DUCTS

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3807	INCISION OF ABDOMINAL VEINS	5181	DILATION OF SPHINCTER OF ODDI
3814	ENDARTERECTOMY OF AORTA	5182	PANCREATIC SPHINCTEROTOMY
3816	ENDARTERECTOMY OF ABDOMINAL ARTERIES	5183	PANCREATIC SPHINCTEROPLSTY
3834	RESECTION OF AORTA WITH ANASTOMOSIS	5189	OTHER OPERATIONS ON SPHINCTER OF ODDI
3836	RESECTION OF ABDOMINAL ARTERIES WITH ANASTOMOSIS	5192	CLOSURE OF CHOLECYSTOSTOMY
3837	RESECTION OF ABDOMINAL VEINS WITH ANASTOMOSIS	5193	CLOSURE OF OTHER BILIARY FISTULA
3844	RESECTION OF AORTA, ABDOMINAL WITH REPLACEMENT	5194	REVISION OF ANASTOMOSIS OF BILIARY TRACT
3846	RESECTION OF ABDOMINAL ARTERIES WITH REPLACEMENT	5195	REMOVAL OF PROSTHETIC DEVICE FROM BILE DUCT
3847	RESECTION OF ABDOMINAL VEINS WITH REPLACEMENT	5199	OTHER OPERATIONS ON BILIARY TRACT
3857	LIGATION AND STRIPPING OF VARICOSE VEINS, ABDOMINCAL VEINS	5201	DRAINAGE OF PANCREATIC CYST BY CATHETER
3864	OTHER EXCISION OF AORTA, ABDOMINAL	5209	OTHER PANCREATOTOMY
3866	OTHER EXCISION OF ABDOMINAL ARTERIES	5212	OPEN BIOPSY OF PANCREAS
3867	OTHER EXCISION OF ABDOMINAL VEINS	5222	OTHER EXCISION OR DESTRUCTION OF LESION OR TISSUE OF PANCREAS OR PANCREATIC DUCT
3884	OTHER SURGICAL OCCLUSION OF AORTA, ABDOMINAL	523	GINGIVAL AND PERIODONTAL DISEASES
3886	OTHER SURGICAL OCCLUSION OF ABDOMINAL ARTERIES	524	INTERNAL DRAINAGE OF PANCREATIC CYST
3887	OTHER SURGICAL OCCLUSION OF ABDOMINAL VEINS	5251	PROXIMAL PANCREATECTOMY
391	INTRA-ABDOMINAL VENOUS SHUNT	5252	DISTAL PANCREATECTOMY
3924	AORTA-RENAL BYPASS	5253	RADIAL SUBTOTAL PANCREATECTOMY
3925	AORTA-ILIAC-FEMORAL BYPASS	5259	OTHER PARTIAL PANCREATECTOMY
3926	OTHER INTRA-ABDOMINAL VASCULAR SHUNT OR BYPASS	526	TOTAL PANCREATECTOMY
4052	RADICAL EXCISION OF PERIAORTIC LYMPH NODES	527	RADICAL PANCREATICODUODENECTOMY
4053	RADICAL EXCISION OF ILIAC LYMPH NODES	5280	PANCREATIC TRANSPLANT, NOS
412	SPLENOTOMY	5281	REIMPLANTATION
4133	OPEN BIOPSY OF SPLEEN	5282	HOMOTRANSPLANT OF PANCREAS
4141	MARSUPIALIZATION OF SPLENIC CYST	5283	HETEROTRANSPLANT OF PANCREAS
4142	EXCISION OF LESION OR TISSUE OF SPLEEN	5292	CANNULATION OF PANCREATIC DUCT
4143	PARTIAL SPLENECTOMY	5295	OTHER REPAIR OF PANCREAS
415	TOTAL SPLENECTOMY	5296	ANASTOMOSIS OF PANCREAS
4193	EXCISION OF ACCESSORY SPLEEN	5299	OTHER OPERATIONS ON PANCREAS
4194	TRANSPLANTATION OF SPLEEN	5300	UNILATERAL REPAIR OF INGUINAL HERNIA, NOS
4195	REPAIR AND PLASTIC OPERATIONS ON SPLEEN	5301	REPAIR OF DIRECT INGUINAL HERNIA
4199	OTHER OPERATIONS ON SPLEEN	5302	REPAIR OF INDIRECT INGUINAL HERNIA
4240	ESOPHAGECTOMY, NOS	5303	REPAIR OF DIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS
4241	PARTIAL EXOPHAGECTOMY	5304	REPAIR OF INDIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS
4242	TOTAL ESOPHAGECTOMY	5305	REAPIR OF INGUINAL HERNIA WITH GRAFT OR PROSTHESIS, NOS
4253	INTRATHORACIC ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF SMALL BOWEL	5310	BILATERAL REPAIR OF INGUINAL HERNIA, NOS

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4254	OTHER INTRATHORACIC ESOPHAGOENTEROSTOMY	5311	BILATERAL REPAIR OF DIRECT INGUINAL YERNIA
4255	INTRATHORACIC ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF COLON	5312	BILATERAL REPAIR OF INDIRECT INGUINAL HERNIA
4256	OTHER INTRATHORACIC ESOPHAGOCOLOSTOMY	5313	BILATERAL REPAIR OF INGUINAL HERNIA, ONE DIRECT AND ONE INDIRECT
4263	ANTESTERNAL ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF SMALL BOWEL	5314	BILATERAL REPAIR OF DIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS
4264	OTHER ANTESTERNAL ESOPHAGOENTEROSTOMY	5315	BILATERAL REPAIR OF INDIRECT INGUINAL HERNIA WITH GRAFT OR PROSTHESIS
4265	ANTESTERNAL ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF COLON	5316	BILATERAL REPAIR OF INGUINAL HERNIA, ONE DIRECT AND ONE INDIRECT, WITH GRAFT OR PROSTHESIS
4266	OTHER ANTESTERNAL ESOPHAGOCOLOSTOMY	5317	BILATERAL INGUINAL HERNIA REPAIR WITH GRAFT OR PROSTHESIS, NOS
4291	LIGATION OF ESOPHAGEAL VARICES	5321	UNILATERAL REPAIR OF FEMORAL HERNIA
430	GASTROSTOMY	5329	OTHER UNILATERAL FEMORAL HERNIORHAPHY
433	PYLOROMYOTOMY	5331	BILATERAL REPAIR OF FEMORAL HERNIA WITH GRAFT OR PROSTHESIS
4342	LOCAL EXCISION OF OTHER LESION OR TISSUE OF STOMACH	5339	OTHER BILATERAL FEMORAL HERNIORRHAPHY
4349	OTHER DESTRUCTION OF LESION OR TISSUE OF STOMACH	5341	REPAIR OF UMBILICAL HERNIA WITH PROSTHESIS
435	PARTIAL GASTRECTOMY WITH ANASTOMOSIS TO ESOPHAGUS	5349	OTHER UMBILICAL HERNIORRHAPHY
436	PARTIAL GASTRECTOMY WITH ANASTOMOSIS TO DUODENUM	5351	INCISIONAL HERNIA REPAIR
437	PARTIAL GASTRECTOMY WITH ANASTOMOSIS TO JEJUNUM	5359	REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL
4381	PARTIAL GASTRECTOMY WITH JEJUNA TRANSPOSITION	5361	INCISIONAL HERNIA REPAIR WITH PROSTHESIS
4382	LAPAROSCOPIC VERTICAL SLEEVE GASTRECTOMY	5369	REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL WITH PROSTHESIS
4389	OTHER PARTIAL GASTRECTOMY	537	REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH
4391	TOTAL GASTRECTOMY WITH INTESTINAL INTERPOSITION	5375	ABD REP-DIAPHR HERN NOS
4399	OTHER TOTAL GASTRECTOMY	540	INCISION OF ABDOMINAL WALL
4400	VAGOTOMY, NOS	5411	EXPLORATORY LAPAROTOMY
4401	TRUNCAL VAGOTOMY	5419	OTHER LAPAROTOMY
4402	HIGHLY SELECTIVE VAGOTOMY	5422	BIOPSY OF ABDOMINAL WALL OR UMBILICUS
4403	OTHER SELECTIVE VAGOTOMOY	5423	BIOPSY OF ABDOMINAL WALL OR UMBILICUS
4411	TRANSABDOMINAL GASTROSCOPY	543	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ABDOMINAL WALL OR UMBILICUS
4415	OPEN BIOPSY OF STOMACH	544	EXCISION OR DESTRUCTION OF PERITONEAL TISSUE
4421	DILATION OF PYLORUS BY INCISION	5459	OTHER LYSIS OF PERITONEAL ADHESIONS
4429	OTHER PYLOROPLASTY	5463	OTHER SUTURE OF ABDOMINAL WALL
4431	HIGH GASTRIC BYPASS	5464	SUTURE OF PERITONEUM
4439	OTHER GASTROENTEROSTOMY	5471	REPAIR OF GASTROSCHISIS

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4440	SUTURE OF PEPTIC ULCER, NOS	5472	OTHER REPAIR OF ABDOMINAL WALLS
4441	SUTURE OF GASTRIC ULCER SITE	5473	OTHER REPAIR OF PERITONEUM
4442	SUTURE OF DUODENAL ULCER SITE	5474	OTHER REPAIR OF OMENTUM
445	REVISION OF GASTRIC ANASTOMOSIS	5475	OTHER REPAIR OF MESENTERY
4461	SUTURE OF LACERATION OF STOMACH	5492	REMOVAL OF FOREIGN BODY FROM PERITONEAL CAVITY
4463	CLOSURE OF OTHER GASTRIC FISTULA	5493	CREATION OF CUTANEOPERITONEAL FISTULA
4464	GASTROPEXY	5494	CREATION OF PERITONEOVASCULAR SHUNT
4465	ESOPHAGOGASTROPLASTY	5495	INCISION OF PERITONEUM
4466	OTHER PROCEDURES FOR CREATION OF ESOPHAGOGASTRIC SPHINCTERIC COMPETENCE	5532	OPN ABLTN RENAL LES/TISS
4469	OTHER REPAIR OF STOMACH	5535	ABLTN RENAL LES/TISS NEC
4491	LIGATION OF GASTRIC VARICES	5551	NEPHROURETERECTOMY
4492	INTRAOPERATIVE MANIPULATION OF STOMACH	5552	NEPHRECTOMY OF REMAINING KIDNEY
4499	GASTRIC OPERATION NEC	5553	REMOVAL OF TRANSPLANTED OR REJECTED KDINEY
4500	INCISION OF INTESTINE, NOS	5554	BILATERAL NEPHRECTOMY
4501	INCISION OF DUODENUM	5561	RENAL AUTOTRANSPLANTATION
4502	OTHER INCISION OF SMALL INTESTINE	5569	ULCERATIVE COLITIS, UNSPECIFIED
4503	INCISION OF LARGE INTESTINE	557	NEPHROPEXY
4531	OTHER LOCAL EXCISION OF LESION OF DUODENUM	5583	CLOSURE OF OTHER FISTULA OF KIDNEY
4532	OTHER DESTRUCTION OF LESION OF DUODENUM	5584	REDUCTION OF TORSION OF RENAL
4533	LOCAL EXCISION OF LESION OR TISSUE OF SMALL INTESTINE, EXCEPT DUODENUM	5585	SYMPHYSIOTOMY FOR HORESHOE KIDNEY
4534	OTHER DESTRUCTION OF LESION OF SMALL INTESTINE, EXCEPT DUODENUM	5586	ANASTOMOSIS OF KIDNEY
4541	EXCISION OF LESION OR TISSUE OF LARGE INTESTINE	5587	CORRECTION OF URETEROPELVIC JUNCTION
4549	OTHER DESTRUCTION OF LESION OF LARGE INTESTINE	5591	DECAPSULATION OF KEDNEY
4550	ISOLATION OF INTESTINAL SEGMENT, NOS	5597	IMPLANTATION OR REPLACEMENT OF MECHANICAL KIDNEY
4551	ISOLATION OF SEGMENT OF SMALL INTESTINE	5598	REMOVAL OF MECHANICAL KIDNEY
4552	ISOLATION OF SEGMENT OF LARGE INTESTINE	5651	FORMATION OF CUTANEOUS URETEROILEOSTOMY
4561	MULTIPLE SEGMENTAL RESECTION OF SMALL INTESTINE	5652	REVISION OF CUTANEOUS URETER OILEOSTOMY
4562	OTHER PARTIAL RESECTION OF SMALL INTESTINE	5661	FORMATION OF OTHER CUTANEOUS URETEROSTOMY
4563	TOTAL REMOVAL OF SMALL INTESTINE	5662	REVISION OF OTHER CUTANEOUS URETEROSTOMY
4571	MULTIPLE SEGMENTAL RESECTION OF LARGE INTESTINE	5671	URINARY DIVERSION TO INTESTINE
4572	CESECTOMY	5672	REVISION OF URETEROINTESTINAL ANASTOMOSIS
4573	RIGHT HEMICOLECTOMY	5673	NEPHROCYSTANASTOMOSIS, NO
4574	RESECTION OF TRANSVERSE COLON	5674	URETERONEOXYSTOSTOMY
4575	LEFT HEMICOLECTOMY	5675	TRANSURETEROURETEROSTOMY
4576	SIGMOIDECTOMY	5683	CLOSURE OF URETEROSTOMY
4579	OTHER PARTIAL EXCISION OF LARGE INTESTINE	5684	CLOSURE OF OTHER FISTULA OF URETER
458	TOTAL INTRA-ABDOMINAL COLECTOMY	5685	URETEROPEXY
4581	LAP TOT INTR-AB COLECTMY	5686	REMOVAL OF LIGATURE FORM URETER

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4582	OP TOT INTR-ABD COLECTMY	5689	OTHER REPAIR OF URETER
4583	TOT ABD COLECTMY NEC/NOS	5695	LIGATION OF URETER
4590	INTESTINAL ANASTOMOSIS, NOS	5771	RADICAL CYSTECTOMY
4591	SMALL-TO-SMALL INTESTINAL ANASTOMOSIS	5779	OTHER TOTAL CYSTECTOMY
4592	ANASTOMOSIS OF SMALL INTESTINE TO RECTAL STUMP	5782	CLOSURE OF CYSTOSTOMY
4593	OTHER SMALL-TO-LARGE INTESTINAL ANASTOMOSIS	5787	RECONSTRUCTION OF URINARY BLADDER
4594	LARGE-TO-LARGE INTESTINAL ANASTOMOSIS	5900	RETROPERITONEAL DISSECTION, NOS
4595	ANASTOMOSIS TO ANUS	5902	OTHER LYSIS OF PERIRENAL OR PERIURETERAL ADHESIONS
4601	EXTERIORIZATION OF SMALL INTESTINE	5909	OTHER INCISION OF PERIRENAL OR PERIURETERAL TISSUE
4603	EXTERIORIZATION OF LARGE INTESTINE	6012	OPEN BIOPSY OF PROSTATE
4610	COLOSTOMY, NOS	6014	OPEN BIOPSY OF SEMINAL VESICLES
4611	TEMPORARY COLOSTOMY	6015	BIOPSY OF PERIPROSTATIC TISSUE
4613	PERMANENT COLOSTOMY	603	SUPRAPUBIC PROSTATECTOMY
4620	ILEOSTOMY, NOS	604	RETROPUBIC PROSTATECTOMY
4621	TEMPORARY ILEOSTOMY	605	RADICAL PROSTATECTOMY
4622	CONTINENT ILEOSTOMY	6061	LOCAL EXCISION OF LESION OF PROSTATE
4623	OTHER PERMANENT ILEOSTOMY	6072	INCISION OF SEMINAL VESICLE
4640	REVISION OF INTESTINAL STOMA, NOS	6073	EXCISION OF SEMINAL VESICLE
4641	REVISION OF STOMA OF SMALL INTESTINE	6079	OTHER OPERATIONS ON SEMINAL VESICLES
4642	REPAIR OF PERICOLOSTOMY HERNIA	6093	REPAIR OF PROSTATE
4643	OTHER REVISION OF STOMA OF LARGE INTESTINE	6509	OTHER OOPHORECTOMY
4650	CLOSURE OF INTESTINAL STOMA, NOS	6512	OTHER BIOPSY OF OVARY
4651	CLOSURE OF STOMA OF SMALL INTESTINE	6521	MARSUPIALIZATION OF OVARIAN CYST
4652	CLOSURE OF STOMA OF LARGE INTESTINE	6522	WEDGE RESECTION OF OVARY
4660	FIXATION OF INTESTINE, NOS	6529	OTHER LOCAL EXCISION OR DESTRUCTION OF OVARY
4661	FIXATION OF SMALL INTESTINE TO ABDOMINAL WALL	6539	OTHER UNILATERAL OOPHORECTOMY
4662	OTHER FIXATION OF SMALL INTESTINE	6549	OTHER UNILATERAL SALPINGOOPHORECTOMY
4663	FIXATION OF LARGE INTESTINE TO ABDOMINAL WALL	6551	OTHER REMOVAL OF BOTH OVARIES AT SAME OPERATIVE EPISODE
4664	OTHER FIXATION OF LARGE INTESTINE	6552	OTHER REMOVAL OF REMAINING OVARY
4672	CLOSURE OF FISTULA OF DUODENUM	6561	OTHER REMOVAL OF BOTH OVARIES AND TUBES AT SAME OPERATIVE EPISODE
4674	CLOSURE OF FISTULA OF SMALL INTESTINE, EXCEPT DUODENUM	6562	OTHER REMOVAL OF REMAINING OVARY AND TUBE
4676	CLOSURE OF FISTULA OF LARGE INTESTINE	6571	OTHER SIMPLE SUTURE OF OVARY
4680	INTRA-ABDOMINAL MANIPULATION OF INTESTINE, NOS	6572	OTHER REIMPLANTATION OF OVARY
4681	INTRA-ABDOMINAL MANIPULATION OF SMALL INTESTINE	6573	OTHER SALPINGO OOPHOROPLASTY
4682	INTRA-ABDOMINAL MANIPULATION OF LARGE INTESTINE	6579	OTHER REPAIR OF OVARY
4691	MYOTOMY OF SIGMOID COLON	6589	OTHER LYSIS OF ADHESIONS OF OVARY AND FALLOPIAN TUBE
4692	MYOTOMY OF OTHER PARTS OF	6592	TRANSPLANTATION OF OVARY

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4693	COLON REVISION OF ANASTOMOSIS OF SMALL INTESTINE	6593	MANUAL RUPTURE OF OVARIAN CYST
4694	REVISION OF ANASTOMOSIS OF LARGE INTESTINE	6594	OVARIAN DENERVATION
4699	OTHER OPERATIONS ON INTESTINES	6595	RELEASE OF TORSION OF OVARY
4709	OTHER APPENDECTOMY	6599	OTHER OPERATIONS ON OVARY
4719	OTHER INCIDENTAL APPENDECTOMY	6601	SALPINGOTOMY
472	DRAINAGE OF APPENDICEAL ABSCESS	6602	SALPINGOSTOMY
4791	APPENDECTOMY	6631	OTHER BILATERAL LIGATION AND CRUSHING OF FALLOPIAN TUBES
4792	CLOSURE OF APPENDICEAL FISTULA	6632	OTHER BILATERAL LIGATION AND DIVISION OF FALLOPIAN TUBES
4799	OTHER	6639	OTHER BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES
4840	PULL-THRU RES RECTUM NOS	664	TOTAL UNILATERAL SALPINGECTOMY
4841	SUBMUCOSAL RESECTION OF RECTUM	6651	REMOVAL OF BOTH FALLOPIAN TUBES AT SAME OPERATIVE EPISODE
4843	OPN PULL-THRU RES RECTUM	6652	REMOVAL OF REMAINING FALLOPIAN TUBE
4849	OTHER PULL-THROUGH RESECTION OF RECTUM	6661	EXCISION OR DESTRUCTION OF LESION OF FALLOPIAN TUBE
485	ABDOMINOPERINEAL RESECTION OF RECTUM	6662	SALPINGECTOMY WITH REMOVAL OF TUBAL PREGNANCY
4850	ABDPERNEAL RES RECTM NOS	6663	BILATERAL PARTIAL SALPINGECTOMY, NOS
4852	OPN ABDPERNEAL RESC REC	6669	OTHER PARTIAL SALPINGECTOMY
4859	ABDPERNEAL RESC RECT NEC	6671	SIMPLE SUTURE OF FALLOPIAN TUBE
4875	ABDOMINAL PROCTOPEXY	6672	SALPINGO-OOPHOROSTOMY
500	HEPATOTOMY	6673	SALPINGO-SALPINGOSTOMY
5012	OPEN BIOPSY OF LIVER	6674	SALPINGO-UTEROSTOMY
5021	MARSUPIALIZATION OF LESION OF LIVER	6679	OTHER REPAIR OF FALLOPIAN TUBE
5022	PARTIAL HEPATECTOMY	6692	UNILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBE
5023	OPN ABLTN LIVER LES/TISS	6697	BURYING OF FIMBRIAE IN UTERINE WALL
5026	ABLTN LIVER LES/TISS NEC	680	OTHER INCISION AND EXCISION OF UTERUS
5029	OTHER DESTRUCTION OF LESION OF LIVER	6813	OPEN BIOPSY OF UTERUS
503	LOBECTOMY OF LIVER	6814	OPEN BIOPSY OF UTERINE LIGAMENTS
504	TOTAL HEPATECTOMY	683	SUBTOTAL ABDOMINAL HYSTERECTOMY
5051	AUXILIARY LIVER TRANSPLANT	6839	OTH SUBTOT ABD HYSTERECT
5059	OTHER TRANSPLANT OF LIVER	684	TOTAL ABDOMINAL HYSTERECTOMY
5069	OTHER REPAIR OF LIVER	6841	LAP TOTAL ABDOMINAL HYST
5103	OTHER CHOLECYSTOTSTOMY	6849	TOTAL ABD HYST NEC/NOS
5104	OTHER CHOLECYSTOTOMY	686	RADICAL ABDOMINAL HYSTERECTOMY
5113	OPEN BIOPSY OF GALLBLADDER OR BILE DUCTS	6861	LAP RADICAL ABDOMNL HYST
5121	OTHER PARTIAL CHOLECYSTECTOMY	6869	RADICAL ABD HYST NEC/NOS
5122	CHOLECYSTECTOMY	688	PELVIC EVISCERATION
5131	ANASTOMOSIS OF GALLBLADDER TO HEPATIC DUCTS	6922	OTHER UTERINE SUSPENSION
5132	ANASTOMOSIS OF GALLBLADDER TO INTESTINE	693	PARACERVICAL UTERINE DENERVATION
5133	ANASTOMOSIS OF GALLBLADDER TO PANCREAS	6941	SUTURE OF LACERATION OF UTERUS
5134	ANASTOMOSIS OF GALLBLADDER TO STOMACH	6942	CLOSURE OF FISTULA OF UTERUS
5135	OTHER GALLBLADDER ANASTOMOSIS	6949	OTHER REPAIR OF UTERUS

5136 CHOLEDOCHOENTEROSTOMY

Exclude cases:

- where the procedure for abdominal wall reclosure (see above) occurs on or before the day of the first abdominopelvic surgery procedure (see above)
- with any-listed ICD-9-CM procedure codes for gastroschisis or umbilical hernia repair in newborns (omphalacele repair, see above) performed before abdominal wall reclosure (see above)
- with any-listed ICD-9-CM diagnosis codes and any-listed ICD-9-CM procedure code for high-risk immunocompromised state, including transplant.
- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for cirrhosis and hepatic failure (see above)
- with length of stay less than two (2) days
- 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 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 Gastroschisis or umbilical hernia repair in newborns (omphalacele repair) procedure codes:

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

ICD-9-CM Cirrhosis and hepatic failure diagnosis codes:

5712	ALCOHOLIC CIRRHOSIS OF LIVER	5722	HEPATIC COMA
5715	CIRRHOSIS OF LIVER WITHOUT MENTION OF ALCOHOL	5724	HEPATORENAL SYNDROME
5716	BILIARY CIRRHOSIS		

Risk Category 1:

Elective surgical class 1 discharges, for patients ages 17 years and younger, with any-listed ICD-9-CM procedure codes for abdominopelvic surgery (see above). Elective surgical class 1 discharges are defined by specific DRG or MS-DRG codes with admission type recorded as elective (SID ATYPE=3).

DRG codes for surgical class 1

003	CRANIOTOMY AGE 0-17	007	PERIPH & CRANIAL NERVE & OTHER
006	CARPAL TUNNEL RELEASE		NERV SYST PROC W CC

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008	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS
036	RETINAL PROCEDURES	216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
037	ORBITAL PROCEDURES		
038	PRIMARY IRIS PROCEDURES	217	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS
039	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY		
041	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	220	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17
042	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC
049	MAJOR HEAD & NECK PROCEDURES	224	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC
050	SIALOADENECTOMY		
051	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	225	FOOT PROCEDURES
052	CLEFT LIP & PALATE REPAIR	226	SOFT TISSUE PROCEDURES W CC
054	SINUS & MASTOID PROCEDURES AGE 0-17	227	SOFT TISSUE PROCEDURES W/O CC
		228	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC
055	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC
056	RHINOPLASTY		
058	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR
060	TONSILLECTOMY &/OR	232	ARTHROSCOPY
	ADENOIDECTOMY ONLY, AGE 0-17	233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
062	MYRINGOTOMY W TUBE INSERTION AGE 0-17	234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC
063	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	257	TOTAL MASTECTOMY FOR MALIGNANCY W CC
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
104	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH	259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC
105	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH	260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC
		261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION
106	CORONARY BYPASS W PTCA		
108	OTHER CARDIOTHORACIC PROCEDURES	262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
110	MAJOR CARDIOVASCULAR PROCEDURES W CC	285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DISORDERS
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	286	ADRENAL & PITUITARY PROCEDURES
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE	287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS
		289	PARATHYROID PROCEDURES
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	290	THYROID PROCEDURES
		291	THYROGLOSSAL PROCEDURES
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC
119	VEIN LIGATION & STRIPPING	338	TESTES PROCEDURES, FOR MALIGNANCY
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	340	TESTES PROCEDURES, NON- MALIGNANCY AGE 0-17
163	HERNIA PROCEDURES AGE 0-17		
168	MOUTH PROCEDURES W CC	393	SPLENECTOMY AGE 0-17
169	MOUTH PROCEDURES W/O CC	394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY

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

MS-DRG codes for surgical class 1

001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC		PROCEDURES W PDX HEMORRHAGE W CC
002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	022	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC
009	<i>BONE MARROW TRANSPLANT</i>		
014	ALLOGENIC BONE MARROW TRANSPLANT	023	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT
016	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC	024	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC
017	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	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	029	SPINAL PROCEDURES W CC OR SPINAL

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

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

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495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC
496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	614	ADRENAL & PITUITARY PROCEDURES W CC/MCC
497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	615	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC
498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC
499	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC
500	SOFT TISSUE PROCEDURES W MCC	618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC
501	SOFT TISSUE PROCEDURES W CC	622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC
502	SOFT TISSUE PROCEDURES W/O CC/MCC	623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC
503	FOOT PROCEDURES W MCC	624	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC
504	FOOT PROCEDURES W CC	625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC
505	FOOT PROCEDURES W/O CC/MCC	626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC
506	MAJOR THUMB OR JOINT PROCEDURES	627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC
507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC
508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
509	ARTHROSCOPY	630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC
510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	711	TESTES PROCEDURES W CC/MCC
511	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	712	TESTES PROCEDURES W/O CC/MCC
512	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	799	SPLENECTOMY W 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 & OTHER BREAST PROCEDURES W CC/MCC		

Exclude cases:

- where the procedure for abdominal wall reclosure (see above) occurs on or before the day of the first abdominopelvic surgery procedure (see above)[†]
- with any-listed ICD-9-CM procedure codes for gastroschisis or umbilical hernia repair in newborns (omphalacele repair, see above) performed before abdominal wall reclosure (see above)
- with any-listed ICD-9-CM diagnosis codes and any-listed ICD-9-CM procedure code for

high-risk immunocompromised state, including transplant.

- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for cirrhosis and hepatic failure (see above)
- with length of stay less than two (2) days
- 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 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

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 abdominopelvic surgery (see above). 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).

Exclude cases:

- where the procedure for abdominal wall reclosure (see above) occurs on or before the day of the first abdominopelvic surgery procedure (see above)[†]
- with any-listed ICD-9-CM procedure codes for gastroschisis or umbilical hernia repair in newborns (omphalacele repair, see above) performed before abdominal wall reclosure (see above)
- with any-listed ICD-9-CM diagnosis codes and any-listed ICD-9-CM procedure code for high-risk immunocompromised state, including transplant.
- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for cirrhosis and hepatic failure (see above)
- with length of stay less than two (2) days
- 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 F – High-Risk Immunocompromised States
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- Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn
- Appendix L – Low Birth Weight Categories

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 abdominopelvic surgery (see above). 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).

DRG codes for surgical class 2

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

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356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	480	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT
360	VAGINA, CERVIX & VULVA PROCEDURES	482	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	493	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
362	ENDOSCOPIC TUBAL INTERRUPTION	494	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	495	LUNG TRANSPLANT
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	512	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	513	PANCREAS TRANSPLANT
370	CESAREAN SECTION W CC	541	ECMO OR TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.
371	CESAREAN SECTION W/O CC		
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	542	TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	559	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	569	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	570	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	573	MAJOR BLADDER PROCEDURES
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY		

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

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343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	577	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC
344	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	578	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MC
345	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC
346	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC
347	ANAL & STOMAL PROCEDURES W MCC	581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC
348	ANAL & STOMAL PROCEDURES W CC	619	O.R. PROCEDURES FOR OBESITY W MCC
349	ANAL & STOMAL PROCEDURES W/O CC/MCC	620	O.R. PROCEDURES FOR OBESITY W CC
356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC
357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	652	KIDNEY TRANSPLANT
358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	653	MAJOR BLADDER PROCEDURES W MCC
405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	654	MAJOR BLADDER PROCEDURES W CC
406	PANCREAS, LIVER & SHUNT PROCEDURES W CC	655	MAJOR BLADDER PROCEDURES W/O CC/MCC
407	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC
408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	657	KIDNEY & URETER PROCEDURES FORNEOPLASM W CC
409	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	658	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC
410	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC
411	CHOLECYSTECTOMY W C.D.E. W MCC	660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC
412	CHOLECYSTECTOMY W C.D.E. W CC	661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC
413	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	662	MINOR BLADDER PROCEDURES W MCC
414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	663	MINOR BLADDER PROCEDURES W CC
415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	664	MINOR BLADDER PROCEDURES W/O CC/MCC
416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	665	PROSTATECTOMY W MCC
417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	666	PROSTATECTOMY W CC
418	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	667	PROSTATECTOMY W/O CC/MCC
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	668	TRANSURETHRAL PROCEDURES W MCC
420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	669	TRANSURETHRAL PROCEDURES W CC
421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	670	TRANSURETHRAL PROCEDURES W/O CC/MCC
422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	672	URETHRAL PROCEDURES W/O CC/MCC
423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC
424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	674	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC
425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	675	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC
576	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	707	MAJOR MALE PELVIC PROCEDURES W CC/MCC
		708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC
		709	PENIS PROCEDURES W CC/MCC
		710	PENIS PROCEDURES W/O CC/MCC
		713	TRANSURETHRAL PROSTATECTOMY W CC/MCC
		714	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC

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

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

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

	CONTACT W HEALTH SERVICES W/O CC/MCC		MCC
969	HIV W EXTENSIVE O.R. PROCEDURE W	970	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC

Exclude cases:

- where the procedure for abdominal wall reclosure (see above) occurs on or before the day of the first abdominopelvic surgery procedure (see above)[†]
- with any-listed ICD-9-CM procedure codes for gastroschisis or umbilical hernia repair in newborns (omphalacele repair, see above) performed before abdominal wall reclosure (see above)
- with any-listed ICD-9-CM diagnosis codes and any-listed ICD-9-CM procedure code for high-risk immunocompromised state, including transplant.
- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for cirrhosis and hepatic failure (see above)
- with length of stay less than two (2) days
- 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 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

Risk Category 9:

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 abdominopelvic surgery (see above). Non-elective surgical class 2, 3, or 9 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).

Exclude cases:

- where the procedure for abdominal wall reclosure (see above) occurs on or before the day of the first abdominopelvic surgery procedure (see above)[†]

- with any-listed ICD-9-CM procedure codes for gastroschisis or umbilical hernia repair in newborns (omphalacele repair, see above) performed before abdominal wall reclosure (see above)
- with any-listed ICD-9-CM diagnosis codes and any-listed ICD-9-CM procedure code for high-risk immunocompromised state, including transplant.
- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for cirrhosis and hepatic failure (see above)
- with length of stay less than two (2) days
- 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 F – High-Risk Immunocompromised States
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Risk Category 5:

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 abdominopelvic surgery.

Exclude cases:

- where the procedure for abdominal wall reclosure (see above) occurs on or before the day of the first abdominopelvic surgery procedure (see above)[†] with any-listed ICD-9-CM procedure codes for gastroschisis or umbilical hernia repair in newborns (omphalacele repair, see above) performed before abdominal wall reclosure (see above)
- with any-listed ICD-9-CM diagnosis codes and any-listed ICD-9-CM procedure code for high-risk immunocompromised state, including transplant.
- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for cirrhosis and hepatic failure (see above)
- with length of stay less than two (2) days
- 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 F – High-Risk Immunocompromised States
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- Appendix L – Low Birth Weight Categories

