



DENOMINATOR EXCLUSIONS ALL RISK CATEGORIES

AHRQ Quality Indicators™ (AHRQ QI™) ICD-10-CM/PCS Specification Version 6.0

Pediatric Quality Indicator 10 (PDI 10) Postoperative Sepsis Rate

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Provider-Level Indicator

Type of Score: Rate

Prepared by:

Agency for Healthcare Research and Quality

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www.qualityindicators.ahrq.gov

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 (only if they also have a secondary diagnosis of sepsis), cases in which the procedure belongs to surgical class 4, neonates and obstetric discharges.

[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.]

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Note: The numerator definition is identical for Risk Categories 1, 2, 3, 4, 9 and Overall

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-10-CM diagnosis codes for sepsis.

For discharges in FY2007 and later: (SEPTI2D)

A021	Salmonella sepsis	A4150	Gram-negative sepsis, unspecified
A227	Anthrax sepsis	A4151	Sepsis due to Escherichia coli [E. coli]
A267	Erysipelothrix sepsis	A4152	Sepsis due to Pseudomonas
A327	Listerial sepsis	A4153	Sepsis due to Serratia
A400	Sepsis due to streptococcus, group A	A4159	Other Gram-negative sepsis
A401	Sepsis due to streptococcus, group B	A4181	Sepsis due to Enterococcus
A403	Sepsis due to Streptococcus pneumoniae	A4189	Other specified sepsis
A408	Other streptococcal sepsis	A419	Sepsis, unspecified organism
A409	Streptococcal sepsis, unspecified	A427	Actinomycotic sepsis
A4101	Sepsis due to Methicillin susceptible Staphylococcus aureus	A5486	Gonococcal sepsis
A4102	Sepsis due to Methicillin resistant Staphylococcus aureus	B377	Candidal sepsis
A411	Sepsis due to other specified staphylococcus	R6520	Severe sepsis without septic shock
A412	Sepsis due to unspecified staphylococcus	R6521	Severe sepsis with septic shock

A413 Sepsis due to Hemophilus influenzae

T8112XA Postprocedural septic shock, initial encounter

A414 Sepsis due to anaerobes

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Surgical discharges, for patients ages 17 years and younger, with any-listed ICD-10-PCS procedure codes for an operating room procedure. Surgical discharges are defined by specific MS-DRG codes.

[*Appendix A - Operating Room Procedure Codes*](#)

[*Appendix C - Surgical MS-DRGs*](#)

DENOMINATOR EXCLUSIONS ALL RISK CATEGORIES

Exclude cases:

- with a principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for sepsis (see above)
- with a principal ICD-10-CM diagnosis code for infection
- with MS-DRG code for surgical class 4
- 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)

[Appendix H - Infection Diagnosis Codes](#)

[Appendix I - Definitions of Neonate, Newborn, Normal Newborn, and Outborn](#)

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		

DENOMINATOR EXCLUSIONS ALL RISK CATEGORIES

Elective surgical class 1 discharges, for patients ages 17 years and younger, with any-listed ICD-10-PCS procedure codes for an operating room procedure. Elective surgical class 1 discharges are defined by specific MS-DRG codes with admission type recorded as elective (ATYPE=3).

Appendix A - Operating Room Procedure Codes*MS-DRG codes for surgical class 1:*

001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	266	ENDOVASC CARDIAC VALVE REPLACEMENT W MCC
009	BONE MARROW TRANSPLANT	267	ENDOVASC CARDIAC VALVE REPLACEMENT WO MCC
014	ALLOGENIC BONE MARROW TRANSPLANT	352	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC
016	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC	453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC
017	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC
020	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC
021	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC

022	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	457	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC
023	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	458	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC
024	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	459	SPINAL FUSION EXCEPT CERVICAL W MCC
027	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	460	SPINAL FUSION EXCEPT CERVICAL W/O MCC
028	SPINAL PROCEDURES W MCC	461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC
029	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	462	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC
030	SPINAL PROCEDURES W/O CC/MCC	463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC
031	VENTRICULAR SHUNT PROCEDURES W MCC	464	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC
032	VENTRICULAR SHUNT PROCEDURES W CC	465	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC
033	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	466	REVISION OF HIP OR KNEE REPLACEMENT W MCC

034	CAROTID ARTERY STENT PROCEDURE W MCC	467	REVISION OF HIP OR KNEE REPLACEMENT W CC
035	CAROTID ARTERY STENT PROCEDURE W CC	468	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC
036	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC
037	EXTRACRANIAL PROCEDURES W MCC	470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC
038	EXTRACRANIAL PROCEDURES W CC	471	CERVICAL SPINAL FUSION W MCC
039	EXTRACRANIAL PROCEDURES W/O CC/MCC	472	CERVICAL SPINAL FUSION W CC
040	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W MCC	473	CERVICAL SPINAL FUSION W/O CC/MCC
041	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC
042	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC
113	ORBITAL PROCEDURES W CC/MCC	476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC

114	ORBITAL PROCEDURES W/O CC/MCC	477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC
116	INTRAOCULAR PROCEDURES W CC/MCC	479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC
117	INTRAOCULAR PROCEDURES W/O CC/MCC	482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC
129	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	483	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC
130	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	484	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC
131	CRANIAL/FACIAL PROCEDURES W CC/MCC	485	KNEE PROCEDURES W PDX OF INFECTION W MCC
132	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	486	KNEE PROCEDURES W PDX OF INFECTION W CC
133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	487	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC
134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC

136	SINUS & MASTOID PROCEDURES W/O CC/MCC	489	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC
137	MOUTH PROCEDURES W CC/MCC	490	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM
138	MOUTH PROCEDURES W/O CC/MCC	491	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC
139	SALIVARY GLAND PROCEDURES	494	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC
215	OTHER HEART ASSIST SYSTEM IMPLANT	495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC
216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC
217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC
218	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC
219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	499	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC
220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	500	SOFT TISSUE PROCEDURES W MCC

221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	501	SOFT TISSUE PROCEDURES W CC
222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	502	SOFT TISSUE PROCEDURES W/O CC/MCC
223	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	503	FOOT PROCEDURES W MCC
224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	504	FOOT PROCEDURES W CC
225	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	505	FOOT PROCEDURES W/O CC/MCC
226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	506	MAJOR THUMB OR JOINT PROCEDURES
227	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC
228	OTHER CARDIOTHORACIC PROCEDURES W MCC	508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC
229	OTHER CARDIOTHORACIC PROCEDURES W CC	509	ARTHROSCOPY
230	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC

231	CORONARY BYPASS W PTCA W MCC	511	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC
232	CORONARY BYPASS W PTCA W/O MCC	512	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC
233	CORONARY BYPASS W CARDIAC CATH W MCC	513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC
234	CORONARY BYPASS W CARDIAC CATH W/O MCC	514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC
235	CORONARY BYPASS W/O CARDIAC CATH W MCC	515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC
236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
237	MAJOR CARDIOVASC PROCEDURES W MCC	517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC
238	MAJOR CARDIOVASCULAR PROCEDURES W/O MCC	582	MASTECTOMY FOR MALIGNANCY W CC/MCC
239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC
240	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC

241	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC
242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	614	ADRENAL & PITUITARY PROCEDURES W CC/MCC
243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	615	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC
244	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC
245	AICD GENERATOR PROCEDURES	617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC
246	PERC CARDIOVASC PROC W DRUG- ELUTING STENT W MCC OR 4+ VESSELS/STENTS	618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC
247	PERC CARDIOVASC PROC W DRUG- ELUTING STENT W/O MCC	622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC
248	PERC CARDIOVASC PROC W NON- DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC
249	PERC CARDIOVASC PROC W NON- DRUG-ELUTING STENT W/O MCC	624	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC
250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI W MCC	625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC

251	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI W/O MCC	626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC
252	OTHER VASCULAR PROCEDURES W MCC	627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC
253	OTHER VASCULAR PROCEDURES W CC	628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC
254	OTHER VASCULAR PROCEDURES W/O CC/MCC	629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC
256	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	711	TESTES PROCEDURES W CC/MCC
257	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	712	TESTES PROCEDURES W/O CC/MCC
258	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	799	SPLENECTOMY W MCC
259	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	800	SPLENECTOMY W CC
260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	801	SPLENECTOMY W/O CC/MCC

261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	802	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC
262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	803	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC
263	VEIN LIGATION & STRIPPING	804	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC

DENOMINATOR EXCLUSIONS ALL RISK CATEGORIES

Non-elective surgical class 1 discharges, for patients ages 17 years and younger, with any-listed ICD-10-PCS procedure codes for an operating room procedure. Non-elective surgical class 1 discharges are defined by specific MS-DRG codes (see above) with admission type recorded as non-elective (ATYPE not equal to 3).

[Appendix A - Operating Room Procedure Codes](#)

DENOMINATOR EXCLUSIONS ALL RISK CATEGORIES

Elective surgical class 2, 3, or 9 discharges, for patients ages 17 years and younger, with any-listed ICD-10-PCS procedure codes for an operating room procedure. Elective surgical class 2, 3, or 9 discharges are defined by specific MS-DRG codes with admission type recorded as elective (ATYPE=3).

Appendix A - Operating Room Procedure Codes**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.	620	O.R. PROCEDURES FOR OBESITY W CC
004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC
005	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	652	KIDNEY TRANSPLANT
006	LIVER TRANSPLANT W/O MCC	653	MAJOR BLADDER PROCEDURES W MCC
007	LUNG TRANSPLANT	654	MAJOR BLADDER PROCEDURES W CC
008	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	655	MAJOR BLADDER PROCEDURES W/O CC/MCC
010	PANCREAS TRANSPLANT	656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC
011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W MCC	657	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC
012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W CC	658	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC

013	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W/O CC/MCC	659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC
061	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC
062	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC
063	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	662	MINOR BLADDER PROCEDURES W MCC
163	MAJOR CHEST PROCEDURES W MCC	663	MINOR BLADDER PROCEDURES W CC
164	MAJOR CHEST PROCEDURES W CC	664	MINOR BLADDER PROCEDURES W/O CC/MCC
165	MAJOR CHEST PROCEDURES W/O CC/MCC	665	PROSTATECTOMY W MCC
166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	666	PROSTATECTOMY W CC
167	OTHER RESP SYSTEM O.R. PROCEDURES W CC	667	PROSTATECTOMY W/O CC/MCC
168	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	668	TRANSURETHRAL PROCEDURES W MCC
327	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	669	TRANSURETHRAL PROCEDURES W CC
329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	670	TRANSURETHRAL PROCEDURES W/O CC/MCC

330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	672	URETHRAL PROCEDURES W/O CC/MCC
331	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC
332	RECTAL RESECTION W MCC	674	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC
333	RECTAL RESECTION W CC	675	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC
334	RECTAL RESECTION W/O CC/MCC	707	MAJOR MALE PELVIC PROCEDURES W CC/MCC
335	PERITONEAL ADHESIOLYSIS W MCC	708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC
336	PERITONEAL ADHESIOLYSIS W CC	709	PENIS PROCEDURES W CC/MCC
337	PERITONEAL ADHESIOLYSIS W/O CC/MCC	710	PENIS PROCEDURES W/O CC/MCC
341	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	713	TRANSURETHRAL PROSTATECTOMY W CC/MCC
342	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	714	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC
343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC
344	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC

345	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC
346	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC
347	ANAL & STOMAL PROCEDURES W MCC	734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC
348	ANAL & STOMAL PROCEDURES W CC	735	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC
349	ANAL & STOMAL PROCEDURES W/O CC/MCC	736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC
356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	737	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC
357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	738	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC
358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	739	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC
405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	740	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
406	PANCREAS, LIVER & SHUNT PROCEDURES W CC	741	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC
407	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC
408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC

409	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC
410	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	745	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC
411	CHOLECYSTECTOMY W C.D.E. W MCC	746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC
412	CHOLECYSTECTOMY W C.D.E. W CC	747	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC
413	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC
415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC
416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	765	CESAREAN SECTION W CC/MCC
417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	766	CESAREAN SECTION W/O CC/MCC
418	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	767	VAGINAL DELIVERY W STERILIZATION &/OR D&C
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE

421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC
576	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC
577	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
578	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MC	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC
579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC
580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	988	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC
619	O.R. PROCEDURES FOR OBESITY W MCC	989	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC

MS-DRG codes for surgical class 3:

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

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		

DENOMINATOR EXCLUSIONS ALL RISK CATEGORIES

Non-elective surgical class 2, 3, or 9 discharges, for patients ages 17 years and younger, with any-listed ICD-10-PCS procedure codes for an operating room procedure. Non-elective surgical class 2, 3, or 9 discharges are defined by specific MS-DRG codes with admission type recorded as non-elective (ATYPE not equal to 3).

[Appendix A - Operating Room Procedure Codes](#)

DENOMINATOR EXCLUSIONS ALL RISK CATEGORIES

Surgical discharges not meeting the inclusion rules for Risk Category 1 through Risk Category 5, for patients ages 17 years and younger, with any-listed ICD-9-CM or ICD-10-PCS procedure codes for an operating room procedure. Surgical discharges are defined by specific MS-DRG codes.

[Appendix A - Operating Room Procedure Codes](#)

DENOMINATOR EXCLUSIONS ALL RISK CATEGORIES

Exclude cases:

- with a principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for sepsis (see above)
- with a principal ICD-10-CM diagnosis code for infection
- with MS-DRG code for surgical class 4 (see above)
- 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)

[*Appendix H – Infection Diagnosis Codes*](#)

[*Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn*](#)