

Postoperative Wound Dehiscence Rate Technical Specifications

Pediatric Quality Indicators #11 (PDI #11)

AHRQ Quality Indicators™, Version 4.5, May 2013

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 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-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 codes¹:

1731	LAP MUL SEG RES LG INTES	3847	ABD VEIN RESECT W REPLAC
1732	LAPAROSCOPIC CECECTOMY	3857	ABD VARICOS V LIGA-STRIP
1733	LAP RIGHT HEMICOLECTOMY	3864	EXCISION OF AORTA
1734	LAP RES TRANSVERSE COLON	3866	ABDOMINAL ARTERY EXCIS
1735	LAP LEFT HEMICOLECTOMY	3867	ABDOMINAL VEIN EXCISION
1736	LAP SIGMOIDECTOMY	3884	OCCLUDE AORTA NEC
1739	LAP PT EX LRG INTEST NEC	3886	OCCLUDE ABD ARTERY NEC
3804	INCISION OF AORTA	3887	OCCLUDE ABD VEIN NEC
3806	ABDOMEN ARTERY INCISION	391	INTRA-ABD VENOUS SHUNT
3807	ABDOMINAL VEIN INCISION	3924	AORTA-RENAL BYPASS
3814	ENDARTERECTOMY OF AORTA	3925	AORTA-ILIAC-FEMOR BYPASS
3816	ABDOMINAL ENDARTERECTOMY	3926	INTRA-ABDOMIN SHUNT NEC
3834	AORTA RESECTION & ANAST	4052	RAD DISSEC PERIAORT NODE
3836	ABD VESSEL RESECT/ANAST	4053	RAD DISSECT ILIAC NODES
3837	ABD VEIN RESECT & ANAST	412	SPLENOTOMY
3844	RESECT ABDOM AORTA W REPL	4133	OPEN SPLEEN BIOPSY
3846	ABD ARTERY RESEC W REPLA	4141	SPLENIC CYST MARSUPIAL

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4142	EXC SPLENIC LESION/TISS	4534	DESTR SM BOWEL LES NEC
4143	PARTIAL SPLENECTOMY	4541	EXCISE LG INTESTINE LES
415	TOTAL SPLENECTOMY	4549	DESTRUC LG BOWEL LES NEC
4193	EXC OF ACCESSORY SPLEEN	4550	INTEST SEG ISOLAT NOS
4194	SPLEEN TRANSPLANTATION	4551	SM BOWEL SEGMENT ISOLAT
4195	REPAIR OF SPLEEN	4552	LG BOWEL SEGMENT ISOLAT
4199	SPLEEN OPERATION NEC	4561	MULT SEG SM BOWEL EXCIS
4240	ESOPHAGECTOMY NOS	4562	PART SM BOWEL RESECT NEC
4241	PARTIAL ESOPHAGECTOMY	4563	TOTAL REMOVAL SM BOWEL
4242	TOTAL ESOPHAGECTOMY	4571	OPN MUL SEG LG INTES NEC
4253	THORAC SM BOWEL INTERPOS	4572	OPEN CECECTOMY NEC
4254	THORAC ESOPHAGOENTER NEC	4573	OPN RT HEMICOLECTOMY NEC
4255	THORAC LG BOWEL INTERPOS	4574	OPN TRANSV COLON RES NEC
4256	THORAC ESOPHAGOCOLOS NEC	4575	OPN LFT HEMICOLECTMY NEC
4263	STERN SM BOWEL INTERPOS	4576	OPEN SIGMOIDECTOMY NEC
4264	STERN ESOPHAGOENTER NEC	4579	PRT LG INTES EXC NEC/NOS
4265	STERN LG BOWEL INTERPOS	458	TOTAL INTRA-ABDOMINAL
4266	STERN ESOPHAGOCOLOS NEC		COLECTOMY
4291	LIGATION ESOPH VARIX	4581	LAP TOT INTR-AB COLECTMY
430	GASTROTOMY	4582	OP TOT INTR-ABD COLECTMY
433	PYLOROMYOTOMY	4583	TOT ABD COLECTMY NEC/NOS
4342	LOCAL GASTR EXCISION NEC	4590	INTESTINAL ANASTOM NOS
4349	LOCAL GASTR DESTRUCT NEC	4591	SM-TO-SM BOWEL ANASTOM
435	PROXIMAL GASTRECTOMY	4592	SM BOWEL-RECT STUMP ANAS
436	DISTAL GASTRECTOMY	4593	SMALL-TO-LARGE BOWEL NEC
437	PART GASTREC W JEJ ANAST	4594	LG-TO-LG BOWEL ANASTOM
4381	PART GAST W JEJ TRANSPOS	4595	ANAL ANASTOMOSIS
4382	LAP VERTICAL GASTRECTOMY	4601	SM BOWEL EXTERIORIZATION
4389	OPN/OTH PART GASTRECTOMY	4603	LG BOWEL EXTERIORIZATION
4391	TOT GAST W INTES INTERPO	4610	COLOSTOMY NOS
4399	TOTAL GASTRECTOMY NEC	4611	TEMPORARY COLOSTOMY
4400	VAGOTOMY NOS	4613	PERMANENT COLOSTOMY
4401	TRUNCAL VAGOTOMY	4620	ILEOSTOMY NOS
4402	HIGHLY SELECTIVE VAGOTOMY	4621	TEMPORARY ILESOSTOMY
4403	SELECTIVE VAGOTOMY NEC	4622	CONTINENT ILEOSTOMY
4411	TRANSABDOMINAL GASTROSCOPY	4623	PERMANENT ILEOSTOMY NEC
4415	OPEN GASTRIC BIOPSY	4640	INTEST STOMA REVIS NOS
4421	DILATE PYLORUS, INCISION	4641	SM BOWEL STOMA REVISION
4429	OTHER PYLOROPLASTY	4642	PERICOLST HERNIA REPAIR
4431	HIGH GASTRIC BYPASS	4643	LG BOWEL STOMA REVIS NEC
4439	GASTROENTEROSTOMY NEC	4650	INTEST STOMA CLOSURE NOS
4440	SUTURE PEPTIC ULCER NOS	4651	SM BOWEL STOMA CLOSURE
4441	SUT GASTRIC ULCER SITE	4652	LG BOWEL STOMA CLOSURE
4442	SUTURE DUODEN ULCER SITE	4660	INTESTINAL FIXATION NOS
445	REVISION GASTRIC ANASTOM	4661	SM BOWEL-ABD WALL FIXAT
4461	SUTURE GASTRIC LACERAT	4662	SMALL BOWEL FIXATION NEC
4463	CLOSE GASTRIC FISTUL NEC	4663	LG BOWEL-ABD WALL FIXAT
4464	GASTROPEXY	4664	LARGE BOWEL FIXATION NEC
4465	ESOPHAGOGASTROPLASTY	4672	DUODENAL FISTULA CLOSURE
4466	CREAT ESOPHAGASTR SPHINC	4674	CLOSE SM BOWEL FIST NEC
4469	GASTRIC REPAIR NEC	4676	CLOSE LG BOWEL FISTULA
4491	LIGATE GASTRIC VARICES	4680	INTRA-AB BOWEL MANIP NOS
4492	INTRAOP GASTRIC MANIPUL	4681	INTRA-ABD SM BOWEL MANIP
4499	GASTRIC OPERATION NEC	4682	INTRA-ABD LG BOWEL MANIP
4500	INTESTINAL INCISION NOS	4691	MYOTOMY OF SIGMOID COLON
4501	DUODENAL INCISION	4692	MYOTOMY OF COLON NEC
4502	SMALL BOWEL INCISION NEC	4693	REVISE SM BOWEL ANASTOM
4503	LARGE BOWEL INCISION	4694	REVISE LG BOWEL ANASTOM
4531	OTH EXCISE DUODENUM LES	4699	INTESTINAL OP NEC
4532	DESTRUCT DUODEN LES NEC	4709	OTHER APPENDECTOMY
4533	LOCAL EXCIS SM BOWEL NEC	4719	OTHER INCID APPENDECTOMY

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472	DRAIN APPENDICEAL ABSC	5212	OPEN PANCREATIC BIOPSY
4791	APPENDECTOMY	5222	OTHER DESTRU PANCREA LES
4792	CLOSE APPENDICEAL FISTUL	523	PANCREAT CYST MARSUPIALI
4799	APPENDICEAL OPS NEC	524	INT DRAIN PANCREAT CYST
4840	PULL-THRU RES RECTUM NOS	5251	PROXIMAL PANCREATECTOMY
4841	SOAVE SUBMUC RECT RESECT	5252	DISTAL PANCREATECTOMY
4843	OPN PULL-THRU RES RECTUM	5253	RAD SUBTOT PANCREATECTOM
4849	PULL-THRU RECT RESEC NEC	5259	PARTIAL PANCREATECT NEC
4850	ABDPERNEAL RES RECTM NOS	526	TOTAL PANCREATECTOMY
4852	OPN ABDPERNEAL RESC REC	527	RAD PANCREATICODUODENECT
4859	ABDPERNEAL RESC RECT NEC	5280	PANCREAT TRANSPLANT NOS
4875	ABDOMINAL PROCTOPEXY	5281	REIMPLANT PANCREATIC TIS
500	HEPATOTOMY	5282	PANCREATIC HOMOTRANSPLAN
5012	OPEN LIVER BIOPSY	5283	PANCREATIC HETEROTRANSPL
5021	MARSUPIALIZAT LIVER LES	5292	CANNULATION PANCREA DUC
5022	PARTIAL HEPATECTOMY	5295	PANCREATIC REPAIR NEC
5023	OPN ABLTN LIVER LES/TISS	5296	PANCREATIC ANASTOMOSIS
5026	ABLTN LIVER LES/TISS NEC	5299	PANCREATIC OPERATION NEC
5029	DESTRUC HEPATIC LES NEC	5300	UNILAT ING HERN REP NOS
503	HEPATIC LOBECTOMY	5301	OPN REP DIR ING HERN NEC
504	TOTAL HEPATECTOMY	5302	OPN REP IND ING HERN NEC
5051	AUXILIARY LIVER TRANSPL	5303	OPN DIR ING HERN-GFT NEC
5059	LIVER TRANSPLANT NEC	5304	OPN IND ING HERN-GFT NEC
5069	LIVER REPAIR NEC	5305	ING HERNIA REP-GRAFT NOS
5103	CHOLECYSTOSTOMY NEC	5310	BILAT ING HERNIA REP NOS
5104	CHOLECYSTOTOMY NEC	5311	OPN BIL DIR ING HERN NEC
5113	OPEN BILIARY TRACT BX	5312	OPN BIL IND ING HERN NEC
5121	OTH PART CHOLECYSTECTOMY	5313	OPN BI DR/IN ING HRN NEC
5122	CHOLECYSTECTOMY	5314	OPN BI DR ING HRN-GR NEC
5131	GB-TO-HEPAT DUCT ANAST	5315	OP BI IN ING HRN-GRF NEC
5132	GB-TO-INTESTINE ANASTOM	5316	OP BI DR/IN IG HR-GR NEC
5133	GB-TO-PANCREAS ANASTOM	5317	BIL ING HRN REP-GRFT NOS
5134	GB-TO-STOMACH ANASTOMOS	5321	UNIL FEMOR HRN REP-GRFT
5135	GALLBLADDER ANASTOM NEC	5329	UNIL FEMOR HERN REP NEC
5136	CHOLEDOCHOENTEROSTOMY	5331	BIL FEM HERN REPAIR-GRFT
5137	HEPATIC DUCT-GI ANASTOM	5339	BIL FEM HERN REPAIR NEC
5139	BILE DUCT ANASTOMOS NEC	5341	OPN REP UMB HRN-GRFT NEC
5141	CDE FOR CALCULUS REMOV	5349	OPEN REP UMBIL HERN NEC
5142	CDE FOR OBSTRUCTION NEC	5351	INCISIONAL HERNIA REPAIR
5143	CHOLEDOCHOHEPAT INTUBAT	5359	ABD WALL HERN REPAIR NEC
5149	INCIS OBSTR BILE DUC NEC	5361	OPEN INCIS HERN-GRFT NEC
5151	COMMON DUCT EXPLORATION	5369	OPN HERN ANT ABD-GRF NEC
5159	BILE DUCT INCISION NEC	537	<i>ABD REPAIR-DIAPHR HERNIA</i>
5161	EXCIS CYST DUCT REMNANT	5375	ABD REP-DIAPHR HERN NOS
5162	EXCIS AMPULLA OF VATER	540	ABDOMINAL WALL INCISION
5163	COMMON DUCT EXCIS NEC	5411	EXPLORATORY LAPAROTOMY
5169	BILE DUCT EXCISION NEC	5419	LAPAROTOMY NEC
5171	SIMPLE SUT-COMMON DUCT	5422	ABDOMINAL WALL BIOPSY
5172	CHOLEDOCHOPLASTY	5423	PERITONEAL BIOPSY
5179	BILE DUCT REPAIR NEC	543	DESTRUCT ABD WALL LESION
5181	SPHINCTER OF ODDI DILAT	544	DESTRUCT PERITONEAL TISS
5182	PANCREAT SPHINCTEROTOM	5459	OTH PERITON ADHESIOLYSIS
5183	PANCREAT SPHINCTEROPLAS	5463	ABD WALL SUTURE NEC
5189	SPHINCT OF ODDI OP NEC	5464	PERITONEAL SUTURE
5192	CLOSURE CHOLECYSTOSTOMY	5471	REPAIR OF GASTROCHSIS
5193	CLOS BILIARY FISTUL NEC	5472	ABDOMEN WALL REPAIR NEC
5194	REVIS BILE TRACT ANASTOM	5473	PERITONEAL REPAIR NEC
5195	REMOVE BILE DUCT PROSTH	5474	OMENTAL REPAIR NEC
5199	BILIARY TRACT OP NEC	5475	MESENTERIC REPAIR NEC
5201	CATH DRAIN-PANCREAT CYST	5492	REMOVE FB FROM PERITON
5209	PANCREATOTOMY NEC	5493	CREATE CUTANPERITON FIST

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5494	CREAT PERITONEOVAS SHUNT	6529	LOCAL DESTR OVA LES NEC
5495	PERITONEAL INCISION	6539	OTH UNILAT OOPHORECTOMY
5532	OPN ABLTN RENAL LES/TISS	6549	OTH UNI SALPINGO-OOPHOR
5535	ABLTN RENAL LES/TISS NEC	6551	OTH REMOVE BOTH OVARIES
5551	NEPHROURETERECTOMY	6552	OTH REMOVE REMAIN OVARY
5552	SOLITARY KIDNEY NEPHRECT	6561	OTH REMOVE OVARIES/TUBES
5553	REJECTED KIDNEY NEPHRECT	6562	OTH REMOVE REM OVA/TUBE
5554	BILATERAL NEPHRECTOMY	6571	OTH SIMPLE SUTURE OVARY
5561	RENAL AUTOTRANSPLANT	6572	OTH REIMPLANT OF OVARY
5569	KIDNEY TRANSPLANT NEC	6573	OTH SALPINGO-OOPHOROPLAS
557	NEPHROPEXY	6579	REPAIR OF OVARY NEC
5583	CLOSE RENAL FISTULA NEC	6589	ADHESIOLYSIS OVARY/TUBE
5584	REDUCE RENAL PEDICL TORS	6592	TRANSPLANTATION OF OVARY
5585	SYMPHYSIOTOMY	6593	MANUAL RUPT OVARIAN CYST
5586	RENAL ANASTOMOSIS	6594	OVARIAN DENERVATION
5587	CORRECT URETEROPELV JUNC	6595	OVARIAN TORSION RELEASE
5591	RENAL DECAPSULATION	6599	OVARIAN OPERATION NEC
5597	IMPLANT MECHANIC KIDNEY	6601	SALPINGOTOMY
5598	REMOV MECHANICAL KIDNEY	6602	SALPINGOSTOMY
5651	FORM CUTAN ILEOURETEROST	6631	BILAT TUBAL CRUSHING NEC
5652	REVIS CUTAN ILEOURETEROS	6632	BILAT TUBAL DIVISION NEC
5661	FORM CUTAN URETEROSTOMY	6639	BILAT TUBAL DESTRUCT NEC
5662	REVIS CUTAN URETEROS NEC	664	TOTAL UNILAT SALPINGECT
5671	URIN DIVERSION TO BOWEL	6651	REMOVE BOTH FALLOP TUBES
5672	REVIS URETEROENTEROSTOMY	6652	REMOVE SOLITARY FAL TUBE
5673	NEPHROCYSTANASTOMOSI NOS	6661	DESTROY FALLOP TUBE LES
5674	URETERONEOCYSTOSTOMY	6662	REMOV TUBE & ECTOP PREG
5675	TRANSURETEROURETEROSTOMY	6663	BILAT PART SALPINGEC NOS
5683	URETEROSTOMY CLOSURE	6669	PARTIAL SALPINGECTOM NEC
5684	CLOSE URETER FISTULA NEC	6671	SIMPL SUTURE FALLOP TUBE
5685	URETEROPEXY	6672	SALPINGO-OOPHOROSTOMY
5686	REMOVE URETERAL LIGATURE	6673	SALPINGO-SALPINGOSTOMY
5689	REPAIR OF URETER NEC	6674	SALPINGO-UTEROSTOMY
5695	LIGATION OF URETER	6679	FALLOP TUBE REPAIR NEC
5771	RADICAL CYSTECTOMY	6692	UNILAT FALLOP TUBE DESTR
5779	TOTAL CYSTECTOMY NEC	6697	BURY FIMBRIAE IN UTERUS
5782	CYSTOSTOMY CLOSURE	680	HYSTEROTOMY
5787	BLADDER RECONSTRUCTION	6813	OPEN UTERINE BIOPSY
5900	RETROPERIT DISSECT NOS	6814	OPEN UTERINE LIGAMENT BX
5902	PERIREN ADHESIOLYS NEC	683	<i>SUBTOTAL ABDOMINAL</i>
5909	PERIREN/URETER INCIS NEC		<i>HYSTERECTOMY</i>
6012	OPEN PROSTATIC BIOPSY	6839	SUBTOTL ABD HYST NEC/NOS
6014	OPEN SEMINAL VESICLES BX	684	<i>TOTAL ABDOMINAL HYSTERECTOMY</i>
6015	PERIPROSTATIC BIOPSY	6841	LAP TOTAL ABDOMINAL HYST
603	SUPRAPUBIC PROSTATECTOMY	6849	TOTAL ABD HYST NEC/NOS
604	RETROPUBIC PROSTATECTOMY	686	<i>RADICAL ABDOMINAL</i>
605	RADICAL PROSTATECTOMY		<i>HYSTERECTOMY</i>
6061	LOS EXCIS PROSTATIC LES	6861	LAP RADICAL ABDOMNL HYST
6072	SEMINAL VESICLE INCISION	6869	RADICAL ABD HYST NEC/NOS
6073	SEMINAL VESICLE EXCISION	688	PELVIC EVISCERATION
6079	SEMINAL VESICLE OP NEC	6922	UTERINE SUSPENSION NEC
6093	REPAIR OF PROSTATE	693	PARACERV UTERINE DENERV
6509	OTHER OOPHOROTOMY	6941	SUTURE UTERINE LACERAT
6512	OVARIAN BIOPSY NEC	6942	CLOSURE UTERINE FISTULA
6521	OVARIAN CYST MARSUPIALIZ	6949	UTERINE REPAIR NEC
6522	OVARIAN WEDGE RESECTION		

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

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) performed before abdominal wall reclosure (see above)
- with any-listed ICD-9-CM diagnosis codes for high-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM procedure codes for transplant
- with any-listed ICD-9-CM diagnosis codes for cirrhosis and any-listed ICD-9-CM diagnosis codes for hepatic failure consisting of a diagnosis of coma or hepatorenal syndrome
- 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	OPN REP UMB HRN-GRFT NEC	5471	REPAIR OF GASTROSCHISIS
5349	OPEN REP UMBIL HERN NEC		

ICD-9-CM Transplant procedure codes¹:

335	<i>LUNG TRANSPLANT</i>	4105	ALLO HEM STEM CT W/O PUR
3350	LUNG TRANSPLANT NOS	4106	CORD BLD STEM CELL TRANS
3351	UNILAT LUNG TRANSPLANT	4107	AUTO HEM STEM CT W PURG
3352	BILAT LUNG TRANSPLANT	4108	ALLO HEM STEM CT W PURG
336	COMB HEART/LUNG TRANSPLA	4109	AUTO BONE MT W PURGING
375	<i>HEART TRANSPLANTATION</i>	5051	AUXILIARY LIVER TRANSPL
3751	HEART TRANSPLANTATION	5059	LIVER TRANSPLANT NEC
410	<i>OPERATIONS ON BONE MARROW AND SPLEEN</i>	5280	PANCREAT TRANSPLANT NOS
4100	BONE MARROW TRNSPLNT NOS	5281	REIMPLANT PANCREATIC TIS
4101	AUTO BONE MT W/O PURG	5282	PANCREATIC HOMOTRANSPLAN
4102	ALO BONE MARROW TRNSPLNT	5283	PANCREATIC HETEROTRANSPL
4103	ALLOGRFT BONE MARROW NOS	5285	ALLOTRNSPLNT ISLETS LANG
4104	AUTO HEM STEM CT W/O PUR	5286	TRNSPLNT ISLETS LANG NOS
		5569	KIDNEY TRANSPLANT NEC

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

ICD-9-CM Cirrhosis diagnosis codes:

5712	ALCOHOL CIRRHOSIS LIVER	5716	BILIARY CIRRHOSIS
5715	CIRRHOSIS OF LIVER NOS		

ICD-9-CM Hepatic failure consisting of a diagnosis of coma or hepatorenal syndrome diagnosis codes:

5722	HEPATIC ENCEPHALOPATHY	5724	HEPATORENAL SYNDROME
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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	106	CORONARY BYPASS W PTCA
006	CARPAL TUNNEL RELEASE	108	OTHER CARDIOTHORACIC PROCEDURES
007	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	110	MAJOR CARDIOVASCULAR PROCEDURES W CC
008	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC
036	RETINAL PROCEDURES	113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE
037	ORBITAL PROCEDURES	114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS
038	PRIMARY IRIS PROCEDURES	117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
039	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	118	CARDIAC PACEMAKER DEVICE REPLACEMENT
041	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	119	VEIN LIGATION & STRIPPING
042	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
049	MAJOR HEAD & NECK PROCEDURES	163	HERNIA PROCEDURES AGE 0-17
050	SIALOADENECTOMY	168	MOUTH PROCEDURES W CC
051	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	169	MOUTH PROCEDURES W/O CC
052	CLEFT LIP & PALATE REPAIR	212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
054	SINUS & MASTOID PROCEDURES AGE 0-17	213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS
055	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
056	RHINOPLASTY	217	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS
058	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	220	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17
060	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC
062	MYRINGOTOMY W TUBE INSERTION AGE 0-17	224	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC
063	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	225	FOOT PROCEDURES
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	226	SOFT TISSUE PROCEDURES W CC
104	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH		
105	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH		

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227	SOFT TISSUE PROCEDURES W/O CC	498	SPINAL FUSION EXCEPT CERVICAL W/O CC
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC	499	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	500	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC
230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	501	KNEE PROCEDURES W PDX OF INFECTION W CC
232	ARTHROSCOPY	502	KNEE PROCEDURES W PDX OF INFECTION W/O CC
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	503	KNEE PROCEDURES W/O PDX OF INFECTION
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	515	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	518	PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	519	CERVICAL SPINAL FUSION W CC
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	520	CERVICAL SPINAL FUSION W/O CC
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	525	OTHER HEART ASSIST SYSTEM IMPLANT
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION	528	INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	529	VENTRICULAR SHUNT PROCEDURES W CC
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS	530	VENTRICULAR SHUNT PROCEDURES W/O CC
286	ADRENAL & PITUITARY PROCEDURES	531	SPINAL PROCEDURES W CC
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC,NUTRIT & METAB DISORDERS	532	SPINAL PROCEDURES W/O CC
289	PARATHYROID PROCEDURES	533	EXTRACRANIAL PROCEDURES W CC
290	THYROID PROCEDURES	534	EXTRACRANIAL PROCEDURES W/O CC
291	THYROGLOSSAL PROCEDURES	535	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	536	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	537	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W CC
338	TESTES PROCEDURES, FOR MALIGNANCY	538	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O CC
340	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17	543	CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS
393	SPLENECTOMY AGE 0-17	544	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS	545	REVISION OF HIP OR KNEE REPLACEMENT
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY	546	SPINAL FUSION EXC CERV WITH CURVATURE OF THE SPINE OR MALIG
479	OTHER VASCULAR PROCEDURES W/O CC	547	CORONARY BYPASS W CARDIAC CATH W MAJOR CV DX
481	BONE MARROW TRANSPLANT	548	CORONARY BYPASS W CARDIAC CATH W/O MAJOR CV DX
491	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY	549	CORONARY BYPASS W/O CARDIAC CATH W MAJOR CV DX
496	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	550	CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX
497	SPINAL FUSION EXCEPT CERVICAL W CC	551	PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR

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552	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT W/O MAJOR CV DX	557	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W MAJOR CV DX
553	OTHER VASCULAR PROCEDURES W CC W MAJOR CV DX	558	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W/O MAJ CV DX
554	OTHER VASCULAR PROCEDURES W CC W/O MAJOR CV DX	577	CAROTID ARTERY STENT PROCEDURE
555	PERCUTANEOUS CARDIOVASCULAR PROC W MAJOR CV DX		
556	PERCUTANEOUS CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MAJ CV DX		

MS-DRG codes for surgical class 1¹

001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	040	CC/MCC PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W MCC
002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	041	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM
009	<i>BONE MARROW TRANSPLANT</i>	042	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC
014	ALLOGENIC BONE MARROW TRANSPLANT	113	ORBITAL PROCEDURES W CC/MCC
016	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC	114	ORBITAL PROCEDURES W/O CC/MCC
017	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT
020	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	116	INTRAOCULAR PROCEDURES W CC/MCC
021	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	117	INTRAOCULAR PROCEDURES W/O CC/MCC
022	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	129	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE
023	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	130	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC
024	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	131	CRANIAL/FACIAL PROCEDURES W CC/MCC
027	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	132	CRANIAL/FACIAL PROCEDURES W/O CC/MCC
028	SPINAL PROCEDURES W MCC	133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC
029	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC
030	SPINAL PROCEDURES W/O CC/MCC	136	SINUS & MASTOID PROCEDURES W/O CC/MCC
031	VENTRICULAR SHUNT PROCEDURES W MCC	137	MOUTH PROCEDURES W CC/MCC
032	VENTRICULAR SHUNT PROCEDURES W CC	138	MOUTH PROCEDURES W/O CC/MCC
033	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	139	SALIVARY GLAND PROCEDURES
034	CAROTID ARTERY STENT PROCEDURE W MCC	215	OTHER HEART ASSIST SYSTEM IMPLANT
035	CAROTID ARTERY STENT PROCEDURE W CC	216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC
036	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC
037	EXTRACRANIAL PROCEDURES W MCC	218	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC
038	EXTRACRANIAL PROCEDURES W CC	219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC
039	EXTRACRANIAL PROCEDURES W/O		

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220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	249	DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS
221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	250	PERC CARDIOVASC PROC W NON- DRUG-ELUTING STENT W/O MCC
222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	251	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI W MCC
223	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	252	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI W/O MCC
224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	253	OTHER VASCULAR PROCEDURES W MCC
225	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	254	OTHER VASCULAR PROCEDURES W CC
226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	255	OTHER VASCULAR PROCEDURES W/O CC/MCC
227	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	256	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC
228	OTHER CARDIOTHORACIC PROCEDURES W MCC	257	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC
229	OTHER CARDIOTHORACIC PROCEDURES W CC	258	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC
230	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	259	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC
231	CORONARY BYPASS W PTCA W MCC	260	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC
232	CORONARY BYPASS W PTCA W/O MCC	261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC
233	CORONARY BYPASS W CARDIAC CATH W MCC	262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC
234	CORONARY BYPASS W CARDIAC CATH W/O MCC	263	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC
235	CORONARY BYPASS W/O CARDIAC CATH W MCC	264	VEIN LIGATION & STRIPPING
236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
237	MAJOR CARDIOVASC PROCEDURES W MCC	352	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC
238	MAJOR CARDIOVASCULAR PROCEDURES W/O MCC	453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC
239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC
240	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC
241	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC
242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	457	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC
243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	458	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC
244	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	459	SPINAL FUSION EXCEPT CERVICAL W MCC
245	AICD GENERATOR PROCEDURES	460	SPINAL FUSION EXCEPT CERVICAL W/O MCC
246	PERC CARDIOVASC PROC W DRUG- ELUTING STENT W MCC OR 4+ VESSELS/STENTS	461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC
247	PERC CARDIOVASC PROC W DRUG- ELUTING STENT W/O MCC	462	BILATERAL OR MULTIPLE MAJOR
248	PERC CARDIOVASC PROC W NON-		

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	JOINT PROCS OF LOWER EXTREMITY W/O MCC		FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM
463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	491	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC
464	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	494	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC
465	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC
466	REVISION OF HIP OR KNEE REPLACEMENT W MCC	496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC
467	REVISION OF HIP OR KNEE REPLACEMENT W CC	497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC
468	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC
469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	499	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	500	SOFT TISSUE PROCEDURES W MCC
471	CERVICAL SPINAL FUSION W MCC	501	SOFT TISSUE PROCEDURES W CC
472	CERVICAL SPINAL FUSION W CC	502	SOFT TISSUE PROCEDURES W/O CC/MCC
473	CERVICAL SPINAL FUSION W/O CC/MCC	503	FOOT PROCEDURES W MCC
474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	504	FOOT PROCEDURES W CC
475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	505	FOOT PROCEDURES W/O CC/MCC
476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	506	MAJOR THUMB OR JOINT PROCEDURES
477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC
478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC
479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	509	ARTHROSCOPY
482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	510	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC
483	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC	511	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC
484	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC	512	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC
485	KNEE PROCEDURES W PDX OF INFECTION W MCC	513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC
486	KNEE PROCEDURES W PDX OF INFECTION W CC	514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC
487	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC
488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
489	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC
490	BACK & NECK PROC EXC SPINAL	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
		585	BREAST BIOPSY, LOCAL EXCISION &

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	OTHER BREAST PROCEDURES W/O CC/MCC	626	MCC
614	ADRENAL & PITUITARY PROCEDURES W CC/MCC	627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC
615	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	628	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC
616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC
617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	711	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC
622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	712	TESTES PROCEDURES W CC/MCC
623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	799	TESTES PROCEDURES W/O CC/MCC
624	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	800	SPLENECTOMY W MCC
625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W	801	SPLENECTOMY W CC
		802	SPLENECTOMY W/O CC/MCC
		803	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC
		804	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC
			OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC

¹ 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:

- 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 for high-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM procedure codes for transplant (see above)
- with any-listed ICD-9-CM diagnosis codes for cirrhosis (see above) and any-listed ICD-9-CM diagnosis codes for hepatic failure consisting of a diagnosis of coma or hepatorenal syndrome (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 for high-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM procedure codes for transplant (see above)
- with any-listed ICD-9-CM diagnosis codes for cirrhosis (see above) and any-listed ICD-9-CM diagnosis codes for hepatic failure consisting of a diagnosis of coma or hepatorenal syndrome (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*:

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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	147	RECTAL RESECTION W/O CC
076	OTHER RESP SYSTEM O.R. PROCEDURES W CC	149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC
077	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	150	PERITONEAL ADHESIOLYSIS W CC
146	RECTAL RESECTION W CC	151	PERITONEAL ADHESIOLYSIS W/O CC

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152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	309	MINOR BLADDER PROCEDURES W/O CC
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	310	TRANSURETHRAL PROCEDURES W CC
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17	311	TRANSURETHRAL PROCEDURES W/O CC
157	ANAL & STOMAL PROCEDURES W CC	314	URETHRAL PROCEDURES, AGE 0-17
158	ANAL & STOMAL PROCEDURES W/O CC	315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	334	MAJOR MALE PELVIC PROCEDURES W CC
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	335	MAJOR MALE PELVIC PROCEDURES W/O CC
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	336	TRANSURETHRAL PROSTATECTOMY W CC
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	337	TRANSURETHRAL PROSTATECTOMY W/O CC
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	341	PENIS PROCEDURES
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	343	CIRCUMCISION AGE 0-17
193	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY
194	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC	345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY
195	CHOLECYSTECTOMY W C.D.E. W CC	353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
196	CHOLECYSTECTOMY W C.D.E. W/O CC	354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
197	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC
198	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC	356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
199	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY
200	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC
201	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC	360	VAGINA, CERVIX & VULVA PROCEDURES
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC	361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
267	PERIANAL & PILONIDAL PROCEDURES	362	ENDOSCOPIC TUBAL INTERRUPTION
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	364	D&C, CONIZATION EXCEPT FOR MALIGNANCY
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES
288	O.R. PROCEDURES FOR OBESITY	370	CESAREAN SECTION W CC
302	KIDNEY TRANSPLANT	371	CESAREAN SECTION W/O CC
303	KIDNEY AND URETER PROCEDURES FOR NEOPLASM	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
304	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
305	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC	374	VAGINAL DELIVERY W STERILIZATION &/OR D&C
306	PROSTATECTOMY W CC	375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
307	PROSTATECTOMY W/O CC	377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
308	MINOR BLADDER PROCEDURES W CC		

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381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	495	LUNG TRANSPLANT
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	512	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	513	PANCREAS TRANSPLANT
477	NON-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.
480	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT	542	TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.
482	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES	559	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	569	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC	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.	333	RECTAL RESECTION W CC
004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	334	RECTAL RESECTION W/O CC/MCC
005	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	335	PERITONEAL ADHESIOLYSIS W MCC
006	LIVER TRANSPLANT W/O MCC	336	PERITONEAL ADHESIOLYSIS W CC
007	LUNG TRANSPLANT	337	PERITONEAL ADHESIOLYSIS W/O CC/MCC
008	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	341	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC
010	PANCREAS TRANSPLANT	342	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W MCC	343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC
012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W CC	344	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC
013	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W/O CC/MCC	345	MINOR SMALL & LARGE BOWEL PROCEDURES W CC
061	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	346	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC
062	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	347	ANAL & STOMAL PROCEDURES W MCC
063	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	348	ANAL & STOMAL PROCEDURES W CC
163	MAJOR CHEST PROCEDURES W MCC	349	ANAL & STOMAL PROCEDURES W/O CC/MCC
164	MAJOR CHEST PROCEDURES W CC	356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC
165	MAJOR CHEST PROCEDURES W/O CC/MCC	357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC
167	OTHER RESP SYSTEM O.R. PROCEDURES W CC	405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC
168	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	406	PANCREAS, LIVER & SHUNT PROCEDURES W CC
327	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	407	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC
329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC
330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	409	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC
331	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	410	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC
332	RECTAL RESECTION W MCC	411	CHOLECYSTECTOMY W C.D.E. W MCC
		412	CHOLECYSTECTOMY W C.D.E. W CC

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413	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC
414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC
415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	662	MINOR BLADDER PROCEDURES W MCC
416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	663	MINOR BLADDER PROCEDURES W CC
417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	664	MINOR BLADDER PROCEDURES W/O CC/MCC
418	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	665	PROSTATECTOMY W MCC
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	666	PROSTATECTOMY W CC
420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	667	PROSTATECTOMY W/O CC/MCC
421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	668	TRANSURETHRAL PROCEDURES W MCC
422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	669	TRANSURETHRAL PROCEDURES W CC
423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	670	TRANSURETHRAL PROCEDURES W/O CC/MCC
424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	672	URETHRAL PROCEDURES W/O CC/MCC
425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC
576	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	674	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC
577	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	675	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC
578	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MC	707	MAJOR MALE PELVIC PROCEDURES W CC/MCC
579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC
580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	709	PENIS PROCEDURES W CC/MCC
581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	710	PENIS PROCEDURES W/O CC/MCC
619	O.R. PROCEDURES FOR OBESITY W MCC	713	TRANSURETHRAL PROSTATECTOMY W CC/MCC
620	O.R. PROCEDURES FOR OBESITY W CC	714	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC
621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC
652	KIDNEY TRANSPLANT	716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC
653	MAJOR BLADDER PROCEDURES W MCC	717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC
654	MAJOR BLADDER PROCEDURES W CC	718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC
655	MAJOR BLADDER PROCEDURES W/O CC/MCC	734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC
656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	735	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC
657	KIDNEY & URETER PROCEDURES FORNEOPLASM W CC	736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC
658	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	737	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC
659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC		

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738	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
739	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
740	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
741	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC
744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC
745	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC
747	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC
748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	988	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC
750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	989	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS 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		

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		
574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC		

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903	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC
904	SKIN GRAFTS FOR INJURIES W CC/MCC	955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
905	SKIN GRAFTS FOR INJURIES W/O CC/MCC	956	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA
906	HAND PROCEDURES FOR INJURIES	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC
907	OTHER O.R. PROCEDURES FOR INJURIES W MCC	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC
908	OTHER O.R. PROCEDURES FOR INJURIES W CC	959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC
909	OTHER O.R. PROCEDURES FOR INJURIES 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	830	CC/MCC MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC
821	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	876	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
822	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	939	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC
823	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC	940	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC
824	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	941	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC
825	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC	969	HIV W EXTENSIVE O.R. PROCEDURE W MCC
826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	970	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC
827	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC		
828	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC		
829	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W		

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 for high-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM procedure codes for transplant (see above)
- with any-listed ICD-9-CM diagnosis codes for cirrhosis (see above) and any-listed ICD-9-CM diagnosis codes for hepatic failure consisting of a diagnosis of coma or hepatorenal syndrome (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 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 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 for high-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM procedure codes for transplant (see above)
- with any-listed ICD-9-CM diagnosis codes for cirrhosis (see above) and any-listed ICD-9-CM diagnosis codes for hepatic failure consisting of a diagnosis of coma or hepatorenal syndrome (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*:

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Risk Category 9:

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 for high-risk immunocompromised state
- with any-listed ICD-9-CM diagnosis codes for intermediate-risk immunocompromised state
- with any-listed ICD-9-CM procedure codes for transplant (see above)
- with any-listed ICD-9-CM diagnosis codes for cirrhosis (see above) and any-listed ICD-9-CM diagnosis codes for hepatic failure consisting of a diagnosis of coma or hepatorenal syndrome (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*:

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- Appendix L – Low Birth Weight Categories