

Connecticut Acute Care Hospital, Outpatient Surgical Facility and Imaging Data: FY2016

Report to Access Health CT

Connecticut General Statutes § 38a-1084a
Consumer Health Information

September 1, 2017

Department of Public Health
Commissioner Raul Pino, MD, MPH



Department of Insurance
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ABOUT THIS DATABOOK

This databook provides data on Connecticut's 28 acute care or short-term hospitals (27 general and 1 children's), 18 hospital satellite outpatient surgical facilities and 61 free-standing outpatient surgical facilities. Connecticut General Statutes § 19a-654 mandates the Department of Public Health's Office of Health Care Access to collect patient level discharge and encounter data from these facilities. This databook also contains information that the Connecticut Insurance Department obtained from a survey of health insurance carriers' fully-insured plans regulated by the Department with regard to imaging procedures. This report is required by C.G.S. § 38a-1084a.

METHODOLOGY

This databook presents information on hospitalizations and outpatient surgical encounters that occurred at the noted facilities from October 1, 2015 to September 30, 2016 and reported prior to payment by a public payer or private insurer. An inpatient may have multiple diagnoses and/or procedures during an acute care hospitalization. Inpatient procedures may be coded using ICD-10-CM or MS-DRGs. Outpatient procedures included in the report were performed in a hospital-based outpatient surgery department, hospital satellite outpatient surgical facility or free-standing outpatient surgical facility. Procedures performed in facilities such as a doctor's office are not included. Outpatient procedures are coded using CPT/HCPCS.

The Connecticut Insurance Department surveyed health insurance carriers for information from fully-insured plans regulated by the Department for the top 25 most frequent imaging procedures, regardless of contract, by CPT code. The data represents dates of service between October 1, 2014 and September 30, 2015.

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Connecticut General Statute § 38a-1084a(c)

(c) Not later than July 1, 2016, and annually thereafter, the Insurance Commissioner and the Commissioner of Public Health shall, to the extent the information is available, jointly report to the exchange and make available to the public on the Insurance Department's and Department of Public Health's Internet web sites: (1) The fifty most frequently occurring inpatient primary diagnoses and procedures in the state; (2) the fifty most frequently provided outpatient procedures performed in the state; (3) the twenty-five most frequent surgical procedures performed in the state; and (4) the twenty-five most frequent imaging procedures performed in the state. Such lists contained in the report may include bundled episodes of care and be compiled using discharge and claims data available to said departments. At the request of the exchange, such lists may be expanded to include additional admissions and procedures.

Glossary

Current Procedural Terminology (CPT)	CPT codes are used to describe medical, surgical and diagnostic services supplied by a health care provider in an outpatient setting for billing purposes. All CPT codes are level I HCPCS codes.
Discharge	An inpatient discharge is reported when a patient has been discharged from an inpatient or overnight stay at an acute care hospital. One patient may have multiple discharges in a given year.
Fiscal Year (FY)	FY2016 = October 1, 2015 - September 30, 2016
Healthcare Common Procedure Coding System (HCPCS)	HCPCS is the coding system used to describe medical, surgical and diagnostic services and non-physician services (e.g. ambulance, prosthetic devices and medical supplies) in the outpatient setting.
Inpatient Procedure	Medical, surgical and diagnostic interventions provided to an inpatient and identified with ICD-10-CM procedure codes.
Inpatient Surgery	Surgical interventions identified by ICD-10-CM procedure codes or MS-DRG surgical codes provided to an inpatient of an acute care hospital.
International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10)	ICD-10-CM is the official method for assigning diagnoses and procedures associated with a hospital stay. ICD-10 has been the official method since October 1, 2015.
MS-DRG Code	Centers for Medicare and Medicaid system for classifying patient illnesses and treatments. MS-DRGs are also used to determine reimbursement amount that a hospital or other provider will receive for services rendered to inpatients. MS-DRGs categorize patients into clinically meaningful and homogeneous groups based on resource use.
MS-DRG Descriptions	Descriptions that align with the MS-DRG codes.
Outpatient	A patient that received diagnoses or treatment at a hospital or outpatient surgical facility without an overnight stay. An outpatient may have multiple encounters in a given year.

Outpatient Procedure	Surgical, medical and diagnostic interventions described by HCPCS codes and provided to an outpatient.
Outpatient Surgery	Surgical interventions described by CPT codes and provided to an outpatient.
Place of Service	The outpatient setting (i.e., hospital outpatient department, hospital satellite outpatient surgical facility or free-standing outpatient surgical facility) where the patient was diagnosed or received treatment.
Primary diagnosis	The condition that requires the most resources and care and in most cases also the principal diagnosis determined to be the condition chiefly responsible for the hospitalization.
Principal procedure	The procedure most closely related to the principal diagnosis and performed on the patient during a hospitalization.

Table 1a. The 50 Most Frequently Occurring Acute Care Hospital Inpatient Primary Diagnoses in Connecticut: 2016

****Obstetrics**

No.	ICD 10-CM Diagnosis Code	ICD 10-CM Diagnosis Description	Discharges
1**	Z3800	Single live born infant, delivered vaginally	22,858
2**	A419	Sepsis, unspecified organism	16,282
3**	Z3801	Single live born infant, delivered by cesarean	12,001
4	N179	Acute kidney failure, unspecified	6,362
5	J189	Pneumonia, unspecified organism	5,874
6	J441	Chronic obstructive pulmonary disease w (acute) exacerbation	5,007
7**	O3421	Maternal care for scar from previous cesarean delivery	4,786
8	I214	Non-ST elevation (NSTEMI) myocardial infarction	4,358
9**	O480	Post-term pregnancy	4,277
10	I5033	Acute on chronic diastolic (congestive) heart failure	4,239
11	N390	Urinary tract infection, site not specified	4,086
12	F332	Major depressive disorder, recurrent severe w/o psych features	3,505
13	F10239	Alcohol dependence with withdrawal, unspecified	3,270
14	M1711	Unilateral primary osteoarthritis, right knee	3,043
15	M1712	Unilateral primary osteoarthritis, left knee	2,952
16	I5023	Acute on chronic systolic (congestive) heart failure	2,879
17	M1611	Unilateral primary osteoarthritis, right hip	2,724
18	E6601	Morbid (severe) obesity due to excess calories	2,622
19	I639	Cerebral infarction, unspecified	2,615
20	F329	Major depressive disorder, single episode, unspecified	2,537
21	M1612	Unilateral primary osteoarthritis, left hip	2,421
22	J690	Pneumonitis due to inhalation of food and vomit	2,407
23	K922	Gastrointestinal hemorrhage, unspecified	2,228

24	O701	Second degree perineal laceration during delivery	2,117
25	K5660	Unspecified intestinal obstruction	2,098
26**	O76	Abnormality in fetal heart rate and rhythm complicating labor and delivery	2,036
27	I4891	Unspecified atrial fibrillation	1,989
28	I480	Paroxysmal atrial fibrillation	1,973
29	Z5111	Encounter for antineoplastic chemotherapy	1,897
30	J9601	Acute respiratory failure with hypoxia	1,828
31	L03116	Cellulitis of left lower limb	1,818
32	I2699	Other pulmonary embolism without acute cor pulmonale	1,783
33	O99824	Streptococcus B carrier state complicating childbirth	1,699
34**	O700	First degree perineal laceration during delivery	1,698
35	K859	Acute pancreatitis, unspecified	1,650
36	T814XXA	Infection following a procedure, initial encounter	1,603
37	L03115	Cellulitis of right lower limb	1,579
38	K5732	Diverticulosis of large intestine without perforation or abscess without bleeding	1,552
39	A4151	Sepsis due to Escherichia coli [E. coli]	1,438
40	F319	Bipolar disorder, unspecified	1,426
41	F250	Schizoaffective disorder, bipolar type	1,387
42	E860	Dehydration	1,380
43	M179	Osteoarthritis of knee, unspecified	1,374
44	J45901	Unspecified asthma with (acute) exacerbation	1,358
45	F39	Unspecified mood [affective] disorder	1,350
46	I25110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	1,281
47	J9621	Acute and chronic respiratory failure with hypoxia	1,250
48	M4806	Spinal stenosis, lumbar region	1,208
49	K529	Non infective gastroenteritis and colitis, unspecified	1,199

50	A047	Enterocolitis due to Clostridium difficile	1,194
51	T8351XA	Infect/inflam reaction due to indwell urinary catheter, initial	1,180
52	F10231	Alcohol dependence with withdrawal delirium	1,108
53	R55	Syncope and collapse	1,097
54**	Z3831	Twin live born infant, delivered by cesarean	1,072
55	I5043	Acute on chronic combined systolic and diastolic heart fail	1,066
56	R0789	Other chest pain	1,057
57	K5720	Diverticulitis of large intestine with perforation and abscess without bleeding	1,048
58	F200	Paranoid schizophrenia	1,046

Source: CT Department of Public Health, Office of Health Care Access Acute Care Hospital Inpatient Discharge Database

Table 1b. The 50 Most Frequently Provided Acute Care Hospital Inpatient Principal Procedures in Connecticut

****Obstetrics**

No.	ICD 10 Procedure Code	ICD 10 Procedure Description	Procedures
1**	10E0XZZ	Delivery of Products of Conception, External Approach	13,261
2	3E0234Z	Introduction of Serum/Tox/Vaccine into Muscle, Perc Approach	12,052
3	0VTTXZZ	Resection of Prepuce, External Approach	11,537
4**	10D00Z1	Extraction of Products of Conception, Low Cervical, Open Approach	11,269
5	30233N1	Transfusion of Nonautologous Red Blood Cells into Peripheral Vein, Percutaneous Approach	6,200
6	HZ2ZZZZ	Detoxification Services for Substance Abuse Treatment	5,694
7	02HV33Z	Insertion of Infusion Dev into Sup Vena Cava, Perc Approach	5,514
8	0SRC0J9	Replace of R Knee Joint with Synth Sub, Cement, Open Approach	3,974
9	0SRD0J9	Replace of L Knee Joint with Synth Sub, Cement, Open Approach	3,716
10	0KQM0ZZ	Repair Perineum Muscle, Open Approach	3,024
11	4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach	2,604
12	009U3ZX	Drainage of Spinal Canal, Percutaneous Approach, Diagnostic	2,402
13	0BH17EZ	Insertion of Endotracheal Airway into Trachea, Via Opening	2,363
14	027034Z	Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Approach	2,318
15	0FT44ZZ	Resection of Gallbladder, Percutaneous Endoscopic Approach	2,289
16	5A09357	Assistance with Respiratory Ventilation, <24 Hrs, CPAP	2,173
17	0DJ08ZZ	Inspection of Upper Intestinal Tract, Endo	2,064
18	5A1D60Z	Performance of Urinary Filtration, Multiple	2,047
19	0DB68ZX	Excision of Stomach, Via Natural or Artificial Opening Endoscopic, Diagnostic	1,924
20	0DB64Z3	Excision of Stomach, Percutaneous Endoscopic Approach, Vert	1,821
21**	10907ZC	Drainage of Amniotic Fluid, Therapeutic from POC, Via Opening	1,353

22	0DTJ4ZZ	Resection of Appendix, Percutaneous Endoscopic Approach	1,285
23	4A10X4Z	Monitor of Central Nervous Electrical Activity, Extern Approach	1,279
24	5A2204Z	Restoration of Cardiac Rhythm, Single	1,208
25	0HQ9XZZ	Repair Perineum Skin, External Approach	1,200
26	5A1D00Z	Performance of Urinary Filtration, Single	1,151
27	02H633Z	Insertion of Infusion Device into R Atrium, Perc Approach	1,047
28	5A1945Z	Respiratory Ventilation, 24-96 Consecutive Hours	993
29	0DJD8ZZ	Inspection of Lower Intestinal Tract, Endo	979
30	0UT90ZZ	Resection of Uterus, Open Approach	925
31	4A033R1	Measure of Arterial Saturation, Peripheral, Perc Approach	917
32	5A1955Z	Respiratory Ventilation, Greater than 96 Consecutive Hours	902
33	0WQNXZZ	Repair Female Perineum, External Approach	897
34	3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	887
35	4A1HXCZ	Monitoring of POC, Cardiac Rate, Extern Approach	885
36	0W9G3ZX	Drainage of Peritoneal Cavity, Percutaneous Approach, Diagnostic	884
37	05HM33Z	Insert Infusion Dev in Right Internal Jugular Vein, Perc	812
38	0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous Approach	812
39	0SR904A	Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach	788
40	5A1935Z	Respiratory Ventilation, Less than 24 Consecutive Hours	759
41	5A09457	Assistance with Respiratory Ventilation, 24-96 Hrs, CPAP	744
42	0JH606Z	Insertion of Pacemaker, Dual Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach	712
43	02100Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Open Approach	710
44**	10D07Z6	Extraction of Products of Conception, Vacuum, Via Opening	704
45	F13Z0ZZ	Hearing Screening Assessment	701

46	0SRB04A	Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach	687
47	4A00X4Z	Measure of Central Nervous Electrical Activity, Extern Approach	675
48	0DB98ZX	Excision of Duodenum, Via Natural or Artificial Opening Endoscopic, Diagnostic	654
49	0D164ZA	Bypass Stomach to Jejunum, Percutaneous Endoscopic Approach	650
50	0W8NXZZ	Division of Female Perineum, External Approach	644
51	06H03DZ	Insertion of Intraluminal Device into Inferior Vena Cava, Percutaneous Approach	629
52	0SR904Z	Replacement of R Hip Joint with Ceramic on Poly, Open Approach	627
53	0W993ZZ	Drainage of Right Pleural Cavity, Percutaneous Approach	604
54	3E03305	Introduce Other Antineoplastic in Peripheral Vein, Perc	595

Source: CT Department of Public Health, Office of Health Care Access Acute Care Hospital Inpatient Discharge Database

Table 2a. The 50 Most Frequent Outpatient Procedures* Performed in Connecticut

*** Based on CPT or HCPC Level 1 codes only - all procedures**

No.	CPT Code	CPT Code Description	# At Place of Service			Statewide Total
			Hospital Outpatient Department (HOD)	Hospital Satellite (HS)	Freestanding Surgery Center (FSC)	
1	88305	Tissue exam by pathologist	96,744	8,696	14,447	119,887
2	43239	EGD biopsy single/multiple	32,568	2,624	44,748	79,940
3	45380	Colonoscopy and biopsy	28,663	3,109	42,896	74,668
4	45385	Colonoscopy w/lesion removal	18,098	1,635	32,823	52,556
5	45378	Diagnostic colonoscopy	14,227	1,860	33,561	49,648
6	66984	Cataract surgery w/IOL 1 stage	14,723	1,416	22,341	38,480
7	82962	Glucose blood test	18,389	1,278	243	19,910
8	88304	Tissue exam by pathologist	15,446	1,439	2,276	19,161

9	36415	Routine venipuncture	18,047	573	291	18,911
10	88342	Immunohistochemistry antibody 1st stain	12,567	940	4,562	18,069
11	85025	Complete blood count w/auto diff WBC	14,738	667	120	15,525
12	81025	Urine pregnancy test	11,263	1,422	709	13,394
13	88307	Tissue exam by pathologist	11,009	472	567	12,048
14	93005	Electrocardiogram tracing	11,430	232	225	11,887
15	88313	Special stains group 2	7,803	165	2,768	10,736
16	62311	Inject spine lumbar/sacral	4,662	341	4,552	9,555
17	85610	Prothrombin time	8,663	380	47	9,090
18	86900	Blood typing serologic abo	8,740	258	6	9,004
19	86901	Blood typing serologic Rh (D)	8,245	258	6	8,509
20	86850	RBC antibody screen	7,959	256	3	8,218
21	88312	Special stains group 1	6,314	642	804	7,760
22	29881	Knee arthroscopy/surgery	2,054	815	4,681	7,550
23	80048	Metabolic panel total ca	6,995	319	124	7,438
24	87070	Culture other specimen aerobic	5,614	501	1,159	7,274
25	11042	Debridement, subcutaneous tissue 20 sq cm/<	3,726	76	2,747	6,549
26	88341	Immunohistochemistry antibody additional slide	6,050	372	44	6,466
27	88300	Surgical path gross	5,282	870	292	6,444
28	64483	Inject foramen epidural l/s	1,921	637	3,455	6,013
29	82948	Reagent strip/blood glucose	4,369	-	1,518	5,887
30	85027	Complete CBC automated	5,489	148	146	5,783
31	97597	Removal devitalized tissue 20 cm/<	5,181	40	541	5,762
32	87205	Smear gram stain	4,964	468	172	5,604

33	43235	EGD diagnostic brush wash	2,418	426	2,565	5,409
34	58558	Hysteroscopy biopsy	4,257	373	481	5,111
35	66982	Cataract surgery complex	1,352	113	3,645	5,110
36	82947	Assay glucose blood quant	4,946	120	23	5,089
37	64721	Carpal tunnel surgery	1,564	465	2,771	4,800
38	77003	Fluoroguide for spine inject	2,528	421	1,840	4,789
39	76942	Echo guide for biopsy	3,364	236	1,085	4,685
40	84132	Assay of serum potassium	4,430	233	16	4,679
41	84520	Assay of urea nitrogen	4,441	134	37	4,612
42	82565	Assay of creatinine	4,338	138	22	4,498
43	69436	Create eardrum opening	1,572	21	2,712	4,305
44	85730	Thromboplastin time partial	4,150	59	44	4,253
45	80053	Comprehensive metabolic panel	3,991	228	20	4,239
46	64493	Inject paravertebral facet joint l/s 1 lev	1,291	346	2,582	4,219
47	64415	N block injection brachial plexus	548	787	2,776	4,111
48	84295	Assay of serum sodium	3,944	120	3	4,067
49	66821	After cataract laser surgery	740	-	3,290	4,030
50	29826	Shoulder arthroscopy/surgery	1,117	372	2,479	3,968

Source: CT Department of Public Health, Office of Health Care Access Outpatient Surgery Database

Table 2b. The 50 most frequently provided outpatient procedures performed in Connecticut

*** Based on all CPT/HCPC codes - all procedures**

No.	CPT/HCPC Code	CPT/HCPC Code Description	# At Place of Service			Statewide Total
			Hospital Outpatient Department (HOD)	Hospital Satellite (HS)	Freestanding Surgery Center (FSC)	
1	J3490	Drugs unclassified injection	118,318	23,342	6,597	148,257
2	J3010	Fentanyl citrate injection	102,070	11,018	8,964	122,052
3	88305	Tissue exam by pathologist	96,744	8,696	14,447	119,887
4	J2704	Inject, Propofol, 10 mg	69,775	11,689	15,984	97,448
5	J2250	Inject, midazolam hydrochloride	78,230	9,222	9,150	96,602
6	43239	EGD biopsy single/multiple	32,568	2,624	44,748	79,940
7	J7120	Ringers lactate infusion	56,143	11,467	7,283	74,893
8	45380	Colonoscopy and biopsy	28,663	3,109	42,896	74,668
9	J2405	Ondansetron HCL injection	63,866	5,369	4,350	73,585
10	J0690	Cefazolin sodium injection	56,127	3,423	4,063	63,613
11	45385	Colonoscopy w/lesion removal	18,098	1,635	32,823	52,556
12	45378	Diagnostic colonoscopy	14,227	1,860	33,561	49,648
13	J1100	Dexamethasone sodium phosphate	36,351	3,044	3,253	42,648
14	66984	Cataract surgery w/IOL 1 stage	14,723	1,416	22,341	38,480
15	J2001	Lidocaine injection	26,990	119	7,937	35,046
16	J1170	Hydromorphone injection	29,721	1,975	460	32,156
17	G8907	Pt doc no events on discharge		-	28,273	28,273
18	G8918	Patient w/o preoperative order for IV antibiotic surgical site infection		-	26,880	26,880
19	J1885	Ketorolac tromethamine injection	22,159	1,717	1,340	25,216

20	J3590	Unclassified biologics	25,130		1	25,131
21	82962	Glucose blood test	18,389	1,278	243	19,910
22	88304	Tissue exam by pathologist	15,446	1,439	2,276	19,161
23	36415	Routine venipuncture	18,047	573	291	18,911
24	J7030	Normal saline solution infusion	14,488	3,239	597	18,324
25	88342	Immunohistochemistry antibody 1st stain	12,567	940	4,562	18,069
26	Q9967	Low osmolar contrast material 300-399mg/ml iodine,1ml	15,782	1,156	201	17,139
27	C1769	Guide wire	15,453	1,515	93	17,061
28	85025	Complete CBC w/auto diff WBC	14,738	667	120	15,525
29	V2632	Post chamber intraocular lens	8,820	1,322	4,589	14,731
30	J2710	Neostigmine methylsulfate injection	12,778	1,164	352	14,294
31	J1644	Inject, heparin sodium per 1000u	13,379	680	47	14,106
32	81025	Urine pregnancy test	11,263	1,422	709	13,394
33	88307	Tissue exam by pathologist	11,009	472	567	12,048
34	93005	Electrocardiogram tracing	11,430	232	225	11,887
35	88313	Special stains group 2	7,803	165	2,768	10,736
36	C1713	Anchor/screw, bone-to-bone or soft tissue-to-bone	7,685	451	1,732	9,868
37	62311	Inject spine lumbar/sacral	4,662	341	4,552	9,555
38	85610	Prothrombin time	8,663	380	47	9,090
39	C1894	Intro/sheath, non-laser	8,149	864	55	9,068
40	86900	Blood typing serologic abo	8,740	258	6	9,004
41	86901	Blood typing serologic Rh(D)	8,245	258	6	8,509
42	J0171	Adrenalin epinephrine inject	6,602	526	1,361	8,489
43	J2270	Morphine sulfate injection	7,880	128	253	8,261

44	86850	RBC antibody screen	7,959	256	3	8,218
45	88312	Special stains group 1	6,314	642	804	7,760
46	29881	Knee arthroscopy/surgery	2,054	815	4,681	7,550
47	80048	Metabolic panel total ca	6,995	319	124	7,438
48	J2370	Phenylephrine HCL injection	5,616	1,312	351	7,279
49	87070	Culture other specimen aerobic	5,614	501	1,159	7,274
50	J0330	Succinylcholine chloride injection	6,568	542	102	7,212

Source: CT Department of Public Health, Office of Health Care Access Outpatient Surgery Database

Table 3a. The 25 most frequent inpatient surgical* procedures performed in Connecticut

* Based on Centers for Medicare and Medicare Surgery Medicare Severity Diagnoses Related Group (MS-DRG)

**Obstetrics

No.	DRG	DRG Description MCC = Major complications; CC = Comorbidities ; O.R. = Operating Room	Hospital Discharges
1	470	Major joint replacement or reattachment of lower extremity w/o MCC	14,079
2**	766	Cesarean section w/o CC/MCC	7,214
3**	765	Cesarean section w CC/MCC	5,454
4	247	Perc cardiovascular proc w drug-eluting stent w/o MCC	2,535
5	460	Spinal fusion except cervical w/o MCC	2,448
6	621	O.R. procedures for obesity w/o CC/MCC	2,310
7	853	Infectious & parasitic diseases w O.R. procedure w MCC	2,224
8	330	Major small & large bowel procedures w CC	1,984
9	481	Hip & femur procedures except major joint w CC	1,764
10	743	Uterine & adnexa proc for non-malignancy w/o CC/MCC	1,530
11	331	Major small & large bowel procedures w/o CC/MCC	1,316
12	419	Laparoscopic cholecystectomy w/o C.D.E. w/o CC/MCC	1,224
13	483	Major joint/limb reattachment procedure of upper extremities	1,138
14	253	Other vascular procedures w CC	914
15	473	Cervical spinal fusion w/o CC/MCC	897

16	329	Major small & large bowel procedures w MCC	874
17	494	Lower extremity & humerus proc except hip, foot, femur w/o CC/MCC	854
18	581	Other skin, subcutaneous tissue & breast proc w/o CC/MCC	801
19	246	Perc cardiovascular proc w drug-eluting stent w MCC or 4+ vessels/stents	781
20	252	Other vascular procedures w MCC	722
21	854	Infectious & parasitic diseases w O.R. procedure w CC	708
22	418	Laparoscopic cholecystectomy w/o C.D.E. w CC	650
23**	767	Vaginal delivery w sterilization &/or D&C	638
24	25	Craniotomy & endovascular intracranial procedures w MCC	637
25	220	Cardiac valve & other major cardiothoracic proc w/o card cath w CC	633
26	327	Stomach, esophageal & duodenal proc w CC	619
27	482	Hip & femur procedures except major joint w/o CC/MCC	612
28	480	Hip & femur procedures except major joint w MCC	600

Source: CT Department of Public Health, Office of Health Care Access Acute Care Hospital Inpatient Discharge Database

Table 3b. The 25 Most Frequent Acute Care Hospital Inpatient Surgical* Procedures Performed in Connecticut

* Based on ICD-10 procedure codes, all medical/surgical procedures per visit

No.	ICD 10 Procedure Code	ICD 10 Procedure Description	Discharges
1	0VTTXZ	Resection of Prepuce, External Approach	13,128
2	02HV33	Insertion of Infusion Device into Superior Vena Cava, Percutaneous Approach	12,128
3	0BH17E	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	8,580
4	0KQMOZ	Repair Perineum Muscle, Open Approach	6,898
5	0DJ08Z	Inspection of Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic	4,460
6	0DB68Z	Excision of Stomach, Via Natural or Artificial Opening Endoscopic	4,358
7	0SRC0J	Replacement of Right Knee Joint with Synthetic Substitute, Uncemented, Open Approach	4,304
8	0SRD0J	Replacement of Left Knee Joint with Synthetic Substitute, Cemented, Open Approach	4,086

9	0W9G3Z	Drainage of Peritoneal Cavity, Percutaneous Approach, Diagnostic	3,560
10	009U3Z	Drainage of Spinal Canal, Percutaneous Approach, Diagnostic	3,283
11	0HQ9XZ	Repair Perineum Skin, External Approach	3,126
12	0DJD8Z	Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic	2,767
13	0FT44Z	Resection of Gallbladder, Open Approach	2,591
14	05HM33	Insertion of Infusion Device into Right Internal Jugular Vein, Percutaneous Approach	2,362
15	02H633	Insertion of Infusion Device into Right Atrium, Percutaneous Approach	2,231
16	0W993Z	Drainage of Right Pleural Cavity with Drainage Device, Percutaneous Approach	2,219
17	0W8NXZ	Division of Female Perineum, External Approach	2,141
18	0DB64Z	Excision of Stomach, Percutaneous Endoscopic Approach, Diagnostic	2,084
19	0WQNXZ	Repair Female Perineum, External Approach	2,042
20	0DB98Z	Excision of Duodenum, Via Natural or Artificial Opening Endoscopic	2,001
21	0W9B3Z	Drainage of Left Pleural Cavity, Percutaneous Approach, Diagnostic	1,660
22	0T9B70	Drainage of Bladder, Via Natural or Artificial Opening, Diagnostic	1,654
23	02HK3J	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach	1,608
24	0UT90Z	Resection of Uterus, Open Approach	1,491
25	0SR904	Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Cemented, Open Approach	1,486

Source: CT Department of Public Health, Office of Health Care Access Acute Care Hospital Inpatient Discharge Database

Table 3c. 25 Most Frequent Outpatient Surgical* Procedures Performed in Connecticut

* CPT codes 10040 - 69990 - all procedures

No.	CPT Code	CPT Code Description	Place of Service			Statewide Total
			Hospital Outpatient Department (HOD)	Hospital Satellite (HS)	Freestanding Surgery Center (FSC)	
1	43239	EGD biopsy single/multiple	32,568	2,624	44,748	79,940
2	45380	Colonoscopy and biopsy	28,663	3,109	42,896	74,668
3	45385	Colonoscopy w/lesion removal	18,098	1,635	32,823	52,556
4	45378	Diagnostic colonoscopy	14,227	1,860	33,561	49,648
5	66984	Cataract surgical w/IOL 1 stage	14,723	1,416	22,341	38,480
6	36415	Routine venipuncture	18,047	573	291	18,911
7	62311	Inject spine lumbar/sacral	4,662	341	4,552	9,555
8	29881	Knee arthroscopy/surgery	2,054	815	4,681	7,550
9	11042	Debridement, subcutaneous tissue 20 sq cm/<	3,726	76	2,747	6,549
10	64483	Inject, foramen epidural l/s	1,921	637	3,455	6,013
11	43235	EGD diagnostic brush wash	2,418	426	2,565	5,409
12	58558	Hysteroscopy biopsy	4,257	373	481	5,111
13	66982	Cataract surgery complex	1,352	113	3,645	5,110
14	64721	Carpal tunnel surgery	1,564	465	2,771	4,800
15	69436	Create eardrum opening	1,572	21	2,712	4,305
16	64493	Inject, paravertebral facet joint l/s 1 lev	1,291	346	2,582	4,219
17	64415	N block inject brachial plexus	548	787	2,776	4,111

18	66821	After cataract laser surgery	740	-	3,290	4,030
19	29826	Shoulder arthroscopy/surgery	1,117	372	2,479	3,968
20	47562	Laparoscopic cholecystectomy	3,461	278	16	3,755
21	29827	Arthroscopy rotator cuff repair	1,127	287	2,209	3,623
22	26055	Incise finger tendon sheath	1,037	344	1,991	3,372
23	45381	Colonoscopy submucous injection	1,435	148	1,693	3,276
24	64494	Inject, paravertebral facet joint l/s 2 lev	1,149	248	1,806	3,203
25	29880	Knee arthroscopy/surgery	745	429	1,890	3,064

* CPT codes 10040 - 69990

Source: CT Department of Public Health, Office of Health Care Access Outpatient Surgery Database

Table 4. 25 Most Frequent Imaging Procedures Performed in the State, by CPT Code

No.	CPT Code	CPT Code Description	Count
1	77052	Computer Screen Mammography Add-On	86,322
2	G0202	Digital Mammography Screening	82,713
3	71020	Chest x-ray with two views, Front and Lateral	49,553
4	76641	Breast Ultrasound, Complete	49,408
5	76830	Transvaginal Echo Exam	23,914
6	73630	X-ray Exam of Foot, Complete	19,315
7	74177	CAT Scan of Abdomen and Pelvis with Contrast	14,528
8	76642	Breast Ultrasound in Real Time with Image Limited	14,002
9	73030	X-ray Exam of Shoulder, Complete	13,679
10	77080	Bone Density Scan, Axial	13,570
11	77051	Computer-Aided Diagnostic Mammography Add-On	12,867

12	76536	Echo Exam of Head and Neck Tissues	12,462
13	76700	Echo Exam of Abdomen, Complete	12,224
14	73610	X-ray Exam of Ankle, Complete	11,823
15	76856	Echo Exam of Pelvis, Complete	11,071
16	73562	X-ray Exam of Knee, 3+ Views	10,917
17	G0206	Diagnostic Mammogram, Digital, All Views	10,754
18	72100	X-ray Exam of Lower Spine	10,156
19	76942	Ultrasound Guide for Needle Placement	9,579
20	73721	MRI of Leg/Foot Joint	9,373
21	70450	CAT Scan of Head/Brain	9,348
22	73560	X-ray Exam of Knee	9,335
23	73130	X-ray Exam of Hand, 3+ Views	8,967
24	76817	Transvaginal Ultrasound, Obstetric	8,881
25	71010	X-ray Exam of Chest, Single View, Frontal	8,442

The data in Table 4 only represents Connecticut residents regardless of contract, from fully-insured plans regulated by the Connecticut Insurance Department. This data does not represent all procedures performed in the state as the Connecticut Insurance Department does not have regulatory authority over self-funded plans.