

Connecticut Acute Care Hospital and Outpatient Surgical Facility Data: FY2015

Report to Access Health CT

**Public Act 15-146, Section 2
Connecticut General Statutes § 38a-1084c**

August 1, 2016

**Department of Public Health
Commissioner Raul Pino, MD, MPH**



**Department of Insurance
Commissioner Katharine L. Wade**



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 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-1084c.

METHODOLOGY

This databook presents information on hospitalizations and outpatient surgical encounters that occurred at the noted facilities from October 1, 2014 to September 30, 2015 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-9-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-1084c

(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.

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

No.	ICD 9-CM Diagnosis Code	ICD 9-CM Diagnosis Description	Discharges
1	V30.00	Single live born, born in hospital, delivered without mention of cesarean section	16,801
2	V30.31	Single live born, born before admission to hospital	9,026
3	038.90	Septicemia, Unspecified	6,941
4	715.36	Osteoarthritis, localized, not specified whether primary or secondary, lower leg	5,286
5	654.21	Previous cesarean delivery, delivered, with or without mention of antepartum condition	4,881
6	645.11	Post term pregnancy, delivered, with or without mention of antepartum condition	3,781
7	715.35	Osteoarthritis, localized, not specified whether primary or secondary, pelvic region and thigh	3,723
8	410.71	Sub endocardial infarction, initial episode of care	3,385
9	664.11	Second-degree perineal laceration, delivered, with or without mention of antepartum condition	2,769
10	278.01	Morbid obesity	2,403
11	414.01	Coronary atherosclerosis of native coronary artery	2,383
12	664.01	First-degree perineal laceration, delivered, with or without mention of antepartum condition	2,232
13	427.31	Atrial fibrillation	2,122

14	648.91	Other current conditions classifiable elsewhere of mother, delivered, with or without mention of antepartum condition	2,015
15	594.90	Acute kidney failure, unspecified	1,974
16	V58.11	Encounter for antineoplastic chemotherapy	1,942
17	291.81	Alcohol withdrawal	1,928
18	578.90	Hemorrhage of gastrointestinal tract, unspecified	1,768
19	659.71	Abnormality in fetal heart rate or rhythm, delivered, with or without mention of antepartum condition	1,754
20	658.11	Premature rupture of membranes, delivered, with or without mention of antepartum condition	1,737
21	486.00	Pneumonia, organism unspecified	1,698
22	820.21	Closed fracture of intertrochanteric section of neck of femur	1,674
23	518.81	Acute respiratory failure	1,512
24	428.33	Acute on chronic diastolic heart failure	1,431
25	659.61	Elderly multigravida, delivered with or without mention of antepartum condition	1,437
26	562.11	Diverticulitis of colon (without mention of hemorrhage)	1,214
27	434.91	Cerebral artery occlusion, unspecified with cerebral infarction	1,213
28	574.00	Calculus of gallbladder with acute cholecystitis, without mention of obstruction	1,193
29	428.23	Acute on chronic systolic heart failure	1,154
30	998.59	Other postoperative infection	1,092
31	650.00	Normal delivery	1,029
32	577.00	Acute pancreatitis	995
33	518.84	Acute & chronic respiratory failure	994
34	491.21	Obstructive chronic bronchitis with (acute) exacerbation	988
35	507.00	Food/vomit pneumonitis	969
36	722.10	Displacement of lumbar intervertebral disc without myelopathy	967
37	424.10	Aortic valve disorder	937
38	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg	932

39	540.90	Acute appendicitis without mention of peritonitis	886
40	644.21	Early onset of delivery, delivered, with or without mention of antepartum condition	871
41	599.00	Urinary tract infection, site not specified	868
42	648.81	Abnormal glucose tolerance of mother, delivered, with or without mention of antepartum condition	867
43	715.16	Osteoarthritis, localized, primary, lower leg	862
44	V57.89	Rehabilitation procedure, care involving other specified	843
45	663.31	Cord entangle NEC-delivery (Other and unspecified cord entanglement, without mention of compression, complicating labor and delivery, delivered, with or without mention of antepartum condition)	819
46	682.60	Cellulitis and abscess of leg, except foot	815
47	218.90	Uterine leiomyoma, unspecified	796
48	V31.01	Twin birth, mate live born, born in hospital, delivered by cesarean section	789
49	820.80	Closed fracture of unspecified part of neck of femur	784
50	250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	750

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

No.	ICD-9-CM Procedure	ICD-9-CM Procedure Description	Procedures
1	73.59	Manual assist delivery, other	12,886
2	74.10	Low cervical cesarean section	12,339
3	99.55	Prophylactic administration of vaccine against other diseases	12,283
4	64.00	Circumcision	11,415
5	81.54	Total knee replacement	7,205
6	75.69	Repair of other current obstetric laceration	6,432
7	81.51	Total hip replacement	5,380
8	99.04	Packed cell transfusion	5,118
9	45.16	Esophagogastroduodenoscopy [EGD] with closed biopsy	3,808
10	00.66	Percutaneous transluminal coronary angioplasty [PTCA]	3,789
11	93.90	Non-invasive mechanical ventilation	3,746
12	94.62	Alcohol detoxification	3,629
13	38.97	Central venous catheter placement with guidance	3,512
14	39.95	Hemodialysis	3,281
15	88.72	Diagnostic ultrasound of heart	2,957
16	37.22	Left heart cardiac catheterization	2,818
17	96.04	Insertion of endotracheal tube	2,675
18	51.23	Laparoscopic cholecystectomy	2,580
19	03.31	Spinal tap	2,401
20	54.91	Percutaneous abdominal drainage	2,376
21	96.71	Continuous invasive mechanical ventilation for less than 96 consecutive hours	2,317
22	45.13	Other endoscopy of small intestine	2,233
23	99.25	Injection or infusion of cancer chemotherapeutic substance	2,091
24	34.91	Thoracentesis	1,923

25	38.93	Venous catheterization, not elsewhere classified	1,895
26	43.82	Laparoscopic vertical (sleeve) gastrectomy	1,635
27	79.35	Open reduction of fracture with internal fixation, femur	1,620
28	86.04	Other incision with drainage of skin and subcutaneous tissue	1,601
29	75.34	Other fetal monitoring	1,442
30	47.01	Laparoscopic appendectomy	1,429
31	81.07	Lumbar and lumbosacral fusion of the posterior column, posterior technique	1,415
32	81.02	Other cervical fusion of the anterior column, anterior technique	1,247
33	99.83	Other phototherapy	1,242
34	96.72	Therapeutic leukopheresis	1,233
35	68.49	Other and unspecified total abdominal hysterectomy	1,217
36	45.25	Closed [endoscopic] biopsy of large intestine	1,149
37	79.36	Open reduction of fracture with internal fixation, tibia and fibula	1,139
38	81.52	Partial hip replacement	1,097
39	86.22	Excisional debridement of wound, infection, or burn	1,072
40	86.59	Closure of skin and subcutaneous tissue of other sites	1,032
41	73.40	Medical induction labor	1,031
42	59.80	Ureteral catheterization	992
43	73.60	Episiotomy	987
44	79.15	Closed reduction of fracture with internal fixation, femur	977
45	45.23	Colonoscopy	925
46	89.19	Video and radio-telemetered electroencephalographic monitoring	923
47	57.94	Insertion of indwelling urinary catheter	908
48	95.47	Hearing examination, not otherwise specified	875
49	34.04	Insertion of intercostal catheter for drainage	872
50	93.39	Other physical therapy	866

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

No.	CPT Code	CPT Code Description	# At Place of Service			
			Hospital Outpatient Department (HOD)	Hospital Satellite (HS)	Freestanding Surgery Center (FSC)	Statewide Total
1	88305	Tissue Exam By Pathologist	96,154	3,026	12,625	111,805
2	43239	Egd Biopsy Single/Multiple	28,724	907	34,937	64,568
3	45380	Colonoscopy And Biopsy	24,696	947	33,601	59,244
4	45385	Colonoscopy W/Lesion Removal	14,489	674	23,964	39,127
5	45378	Diagnostic Colonoscopy	12,529	499	25,132	38,160
6	66984	Cataract Surg W/Iol, 1 Stage	16,222	211	14,905	31,338
7	36415	Routine Venipuncture	22,577	767	306	23,680
8	88304	Tissue Exam By Pathologist	18,419	865	2,808	22,092
9	85025	Complete Cbc W/Auto Diff Wbc	18,362	804	126	19,292
10	88342	Immunohisto Antibody Stain	10,944	493	4,064	15,501
11	88307	Tissue Exam By Pathologist	13,117	365	586	14,068
12	93005	Electrocardiogram, Tracing	13,564	238	258	14,060
13	82962	Glucose Blood Test	13,600	200	208	14,008
14	81025	Urine Pregnancy Test	11,022	1,170	578	12,770
15	85610	Prothrombin Time	10,662	378	66	11,106
16	88313	Special Stains Group 2	7,714	88	2,601	10,403
17	86900	Blood Typing Serologic Abo	9,214	277	8	9,499
18	80048	Metabolic Panel Total Ca	8,629	607	164	9,400
19	62311	Inject Spine Lumbar/Sacral	3,872	183	5,027	9,082
20	86901	Blood Typing Serologic Rh(D)	8,744	277	8	9,029
21	86850	Rbc Antibody Screen	8,422	274	3	8,699
22	88312	Special Stains Group 1	7,223	93	477	7,793
23	29881	Knee Arthroscopy/Surgery	2,330	497	4,696	7,523

24	87070	Culture Othr Specimn Aerobic	6,322	375	700	7,397
25	77003	Fluoroguide For Spine Inject	4,945	274	2,147	7,366
26	88300	Surgical Path, Gross	6,125	479	318	6,922
27	85027	Complete Cbc, Automated	6,486	175	156	6,817
28	82948	Reagent Strip/Blood Glucose	5,331	--	1,234	6,565
29	87205	Smear, Gram Stain	5,711	364	139	6,214
30	76942	Echo Guide For Biopsy	3,833	221	1,771	5,825
31	82947	Assay, Glucose, Blood Quant	5,640	122	32	5,794
32	58558	Hysteroscopy, Biopsy	4,827	72	806	5,705
33	85730	Thromboplastin Time, Partial	5,544	94	62	5,700
34	99285	Emergency Dept Visit	5,472	100	--	5,572
35	80053	Comprehen Metabolic Panel	5,199	117	13	5,329
36	64483	Inj Foramen Epidural L/S	2,095	154	3,043	5,292
37	84520	Assay Of Urea Nitrogen	5,107	134	47	5,288
38	84132	Assay Of Serum Potassium	4,931	241	16	5,188
39	97597	Rmvl Devital Tis 20 Cm/<	4,843	9	319	5,171
40	82565	Assay Of Creatinine	4,938	141	21	5,100
41	69436	Create Eardrum Opening	2,474	31	2,446	4,951
42	64721	Carpal Tunnel Surgery	1,895	216	2,700	4,811
43	71010	Chest X-Ray 1 View Frontal	4,564	201	7	4,772
44	84295	Assay Of Serum Sodium	4,412	123	--	4,535
45	66982	Cataract Surgery, Complex	1,670	16	2,708	4,394
46	11042	Deb Subq Tissue 20 Sq Cm/<	2,756	56	1,381	4,193
47	76000	Fluoroscope Examination	3,224	154	783	4,161
48	29826	Shoulder Arthroscopy/Surgery	1,359	198	2,604	4,161
49	88173	Cytopath Eval, Fna, Report	3,682	88	161	3,931
50	47562	Laparoscopic Cholecystectomy	3,667	191	14	3,872

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

No.	CPT/HCPC Code	CPT/HCPC Code Description	# At Place of Service			
			Hospital Outpatient Department (HOD)	Hospital Satellite (HS)	Freestanding Surgery Center (FSC)	Statewide Total
1	J3010	Fentanyl Citrate Injection	116,517	6,131	10,097	132,745
2	88305	Tissue Exam By Pathologist	96,154	3,026	12,625	111,805
3	J2250	Injection Midazolam Hydrochloride	92,676	5,709	10,081	108,466
4	J3490	Drugs Unclassified Injection	81,276	1,409	13,141	95,826
5	J7120	Ringers Lactate Infusion	73,103	3,107	7,715	83,925
6	J2405	Ondansetron Hcl Injection	75,407	2,451	4,921	82,779
7	J0690	Cefazolin Sodium Injection	66,925	2,439	4,548	73,912
8	43239	Egd Biopsy Single/Multiple	28,724	907	34,937	64,568
9	45380	Colonoscopy And Biopsy	24,696	947	33,601	59,244
10	J2704	Injection Propofol 10 Mg	43,437	3,335	9,160	55,932
11	J1100	Dexamethasone Sodium Phos	41,011	1,099	3,661	45,771
12	45385	Colonoscopy W/Lesion Removal	14,489	674	23,964	39,127
13	45378	Diagnostic Colonoscopy	12,529	499	25,132	38,160
14	J1170	Hydromorphone Injection	34,352	1,262	460	36,074
15	66984	Cataract Surg W/Iol, 1 Stage	16,222	211	14,905	31,338
16	J2001	Lidocaine Injection	24,988	--	5,561	30,549
17	J3590	Unclassified Biologics	28,042	--	--	28,042
18	J1885	Ketorolac Tromethamine injection	25,430	603	1,670	27,703
19	36415	Routine Venipuncture	22,577	797	306	23,680
20	88304	Tissue Exam By Pathologist	18,419	865	2,808	22,092
21	85025	Complete Cbc W/Auto Diff Wbc	18,362	804	126	19,292
22	G8907	Pt Doc No Events On Discharg	802	--	18,192	18,994
23	G8918	Pt W/O Preop Order Iv Ab Pro	803	--	16,680	17,483
24	J2710	Neostigmine Methylsifte injection	15,932	1,041	387	17,360

25	C1769	Guide Wire	16,092	1,130	76	17,298
26	Q9967	Locm 300-399Mg/MI Iodine,1Ml	14,911	689	74	15,674
27	88342	Immunohisto Antibody Stain	10,944	493	4,064	15,501
28	J1644	Injection Heparin Sodium Per 1000U	14,135	857	39	15,031
29	88307	Tissue Exam By Pathologist	13,117	365	586	14,068
30	93005	Electrocardiogram, Tracing	13,564	238	258	14,060
31	82962	Glucose Blood Test	13,600	200	208	14,008
32	V2632	Post Chamber Intraocular Lens	5,463	225	8,230	13,918
33	81025	Urine Pregnancy Test	11,022	1,170	578	12,770
34	J7030	Normal Saline Solution Infus	12,072	221	98	12,391
35	85610	Prothrombin Time	10,662	378	66	11,106
36	J2270	Morphine Sulfate Injection	9,959	184	363	10,506
37	88313	Special Stains Group 2	7,714	88	2,601	10,403
38	C1713	Anchor/Screw Bn/Bn,Tis/Bn	7,917	457	1,567	9,941
39	J8499	Oral Prescrip Drug Non Chemo	9,605	--	--	9,605
40	86900	Blood Typing Serologic Abo	9,214	277	8	9,499
41	80048	Metabolic Panel Total Ca	8,629	607	164	9,400
42	62311	Inject Spine Lumbar/Sacral	3,872	183	5,027	9,082
43	86901	Blood Typing Serologic Rh(D)	8,744	277	8	9,029
44	86850	Rbc Antibody Screen	8,422	274	3	8,699
45	C1894	Intro/Sheath, Non-Laser	7,725	626	46	8,397
46	L8699	Prosthetic Implant Nos	226	341	7,667	8,234
47	J0171	Adrenalin Epinephrine Injec	6,102	354	1,673	8,129
48	J2370	Phenylephrine Hcl Injection	6,796	930	275	8,001
49	J0330	Succinycholine Chloride injection	7,524	366	76	7,966
50	C1780	Lens, Intraocular (New Tech)	7,742	--	110	7,852

*** Based on CPT/HCPC codes**

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

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 without major complications (MCC)	12,914
2	766	Cesarean section w/o CC/MCC	7,616
3	765	Cesarean section w CC/MCC	5,104
4	460	Spinal fusion except cervical w/o MCC	2,438
5	247	Perc cardiovascular proc w drug-eluting stent w/o MCC	2,404
6	621	O.R. procedures for obesity w/o CC/MCC	2,128
7	743	Uterine & adnexa proc for non-malignancy w/o CC/MCC	1,868
8	481	Hip & femur procedures except major joint w CC	1,823
9	330	Major small & large bowel procedures w CC	1,811
10	853	Infectious & parasitic diseases w O.R. procedure w MCC	1,581
11	331	Major small & large bowel procedures w/o CC/MCC	1,296
12	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	1,278
13	473	Cervical spinal fusion w/o CC/MCC	1,143
14	494	Lower extrem & humer proc except hip, foot, femur w/o CC/MCC	1,059
15	329	Major small & large bowel procedures w MCC	991
16	483	Major joint & limb reattachment proc of upper extremity w CC/MCC	933
17	253	Other vascular procedures w CC	861
18	343	Appendectomy w/o complicated principal diag w/o CC/MCC	752
19	418	Laparoscopic cholecystectomy w/o c.d.e. w CC	730
20	246	Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents	717
21	25	Craniotomy & endovascular intracranial procedures w MCC	706
22	742	Uterine & adnexa proc for non-malignancy w CC/MCC	660
23	220	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	638
24	493	Lower extremity & humer proc except hip, foot, femur w CC	636
25	251	Perc cardiovasc proc w/o coronary artery stent w/o MCC	621

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

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

No.	ICD 9-CM Procedure Code	ICD 9-CM Procedure Description	Discharges
1	64.00	Circumcision	13,594
2	75.69	Repair other obstetric laceration	13,557
3	74.10	Low cervical cesarean section	12,494
4	38.97	Central venous catheter placement with guidance	11,804
5	96.71	Continuous invasive mechanical ventilation for less than 96 consecutive hours	7,683
6	37.22	Left heart cardiac catheterization	7,616
7	38.93	Venous catheterization, not elsewhere classified	7,514
8	81.54	Total knee replacement	7,427
9	73.09	Other artificial rupture of membranes	6,584
10	45.16	Esophagogastroduodenoscopy [EGD] with closed biopsy	6,016
11	00.40	Procedure on single vessel	5,568
12	81.51	Total hip replacement	5,434
13	45.13	Other small bowel endoscopy	4,873
14	54.91	Percutaneous abdominal drainage	4,617
15	00.66	Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy	4,538
16	81.62	Fusion or refusion of 2-3 vertebrae	4,041
17	34.91	Thoracentesis	3,759
18	03.31	Spinal tap	3,638
19	38.91	Arterial catheterization	3,539
20	36.07	Insertion of drug-eluting coronary artery stent(s)	3,448
21	80.51	Excision of intervertebral disc	3,413
22	00.45	Insert of one vascular stent	3,245
23	59.80	Ureteral catheterization	3,214
24	77.79	Other excise of bone for graft	3,070
25	39.61	Extracorporeal circulation auxiliary to open heart surgery	2,893

* Based on ICD-9 procedure codes, all procedures per visits excluding non-operative procedures.

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

No.	CPT Code	CPT Code Description	Place of Service			
			Hospital Outpatient Department (HOD)	Hospital Satellite (HS)	Freestanding Surgery Center (FSC)	Statewide Total
1	43239	Egd Biopsy Single/Multiple	28,724	907	34,937	64,568
2	45380	Colonoscopy And Biopsy	24,696	947	33,601	59,244
3	45385	Colonoscopy W/Lesion Removal	14,489	674	23,964	39,127
4	45378	Diagnostic Colonoscopy	12,529	499	25,132	38,160
5	66984	Cataract Surg W/lol, 1 Stage	16,222	211	14,905	31,338
6	36415	Routine Venipuncture	22,577	797	306	23,680
7	62311	Inject Spine Lumbar/Sacral	3,872	183	5,027	9,082
8	29881	Knee Arthroscopy/Surgery	2,330	497	4,696	7,523
9	58558	Hysteroscopy, Biopsy	4,827	72	806	5,705
10	64483	Inj Foramen Epidural L/S	2,095	154	3,043	5,292
11	69436	Create Eardrum Opening	2,474	31	2,446	4,951
12	64721	Carpal Tunnel Surgery	1,895	216	2,700	4,811
13	66982	Cataract Surgery, Complex	1,670	16	2,708	4,394
14	11042	Deb subq tissue 20 sq cm/<	2,756	56	1,381	4,193
15	29826	Shoulder Arthroscopy/Surgery	1,359	198	2,604	4,161
16	47562	Laparoscopic Cholecystectomy	3,667	191	14	3,872
17	43235	Egd Diagnostic Brush Wash	1,995	160	1,584	3,739
18	26055	Incise Finger Tendon Sheath	1,319	161	2,076	3,556
19	29827	Arthroscop Rotator Cuff Repr	1,176	121	2,227	3,524
20	64493	Inj Paravert F Jnt L/S 1 Lev	1,063	114	2,119	3,296
21	64415	N Block Inj, Brachial Plexus	548	247	2,451	3,246
22	41899	Dental Surgery Procedure	2,779	47	93	2,919
23	66821	After Cataract Laser Surgery	812	--	2,100	2,912
24	36561	Insert Tunneled Cv Cath	2,638	247	6	2,891
25	28285	Repair Of Hammertoe	1,741	120	991	2,852

* 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	G0202	Digital Mammography Screening	87,390
2	77052	Computer Screen Mammography Add-On	85,471
3	71020	Chest X-Ray with 2 Views, Front and Lateral	49,270
4	76641	Breast Ultrasound, Complete	31,878
5	76830	Transvaginal Ultrasound, Non-ob	21,781
6	73630	Foot X-Ray, Complete	18,019
7	74177	CAT Scan of Abdomen and Pelvis with Contrast	14,350
8	77051	Computer-Aided Diagnostic Mammography Add-On	13,520
9	77080	Bone Density Scan, Axial	13,300
10	76700	Abdomen Ultrasound, Complete	12,421
11	73030	Shoulder X-Ray, Complete	11,351
12	76642	Breast Ultrasound in Real Time with Image Limited	11,173
13	76536	Ultrasound of Head and Neck Tissue	11,153
14	76856	Ultrasound of Pelvis, Complete, Non-ob	10,836
15	71010	Chest X-Ray with a Single View, Frontal	10,834
16	70450	CAT Scan of of Head/Brain without Dye	10,354
17	G0206	Diagnostic Mammogram, Digital, All Views	9,606
18	73610	Ankle X-Ray, Complete	9,597
19	76645	Breast Ultrasound with Image Documentation	9,328
20	73721	MRI of Lower Extremity Joint without Dye	9,184
21	73560	Knee X-Ray	7,261
22	70553	MRI of Brain and Further Sequences without Dye	6,964
23	72100	Lumbosacral X-Ray	6,871
24	73562	Knee X-Ray, 3 Views	6,619
25	76942	Ultrasound Guide for Needle Biopsy	5,847

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.