

# **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-1084a**

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**Department of Public Health  
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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, 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-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)	FY2015 = October 1, 2014 - September 30, 2015
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-9-CM procedure codes.
Inpatient Surgery	Surgical interventions identified by ICD-9-CM procedure codes or MS-DRG surgical codes provided to an inpatient of an acute care hospital.
International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)	ICD-9-CM is the official method for assigning diagnoses and procedures associated with a hospital stay. Effective October 1, 2015 the official method is ICD-10.
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**

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	V30.01	Single live born, born before admission to hospital	9,026
3	038.9	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	<b>2,232</b>
13	427.31	Atrial fibrillation	<b>2,122</b>
14	648.91	Other current conditions classifiable elsewhere of mother, delivered, with or without mention of antepartum condition	<b>2,015</b>
15	584.9	Acute kidney failure, unspecified	<b>1,974</b>
16	V58.11	Encounter for antineoplastic chemotherapy	<b>1,942</b>
17	291.81	Alcohol withdrawal	<b>1,928</b>
18	578.9	Hemorrhage of gastrointestinal tract, unspecified	<b>1,768</b>
19	659.71	Abnormality in fetal heart rate or rhythm, delivered, with or without mention of antepartum condition	<b>1,754</b>
20	658.11	Premature rupture of membranes, delivered, with or without mention of antepartum condition	<b>1,737</b>
21	486	Pneumonia, organism unspecified	<b>1,698</b>
22	820.21	Closed fracture of intertrochanteric section of neck of femur	<b>1,674</b>
23	518.81	Acute respiratory failure	<b>1,512</b>
24	428.33	Acute on chronic diastolic heart failure	<b>1,431</b>
25	659.61	Elderly multigravida, delivered with or without mention of antepartum condition	<b>1,347</b>
26	562.11	Diverticulitis of colon (without mention of hemorrhage)	<b>1,214</b>
27	434.91	Cerebral artery occlusion, unspecified with cerebral infarction	<b>1,213</b>
28	574.00	Calculus of gallbladder with acute cholecystitis, without mention of obstruction	<b>1,193</b>
29	428.23	Acute on chronic systolic heart failure	<b>1,154</b>
30	998.59	Other postoperative infection	<b>1,092</b>
31	650	Normal delivery	<b>1,029</b>
32	577.0	Acute pancreatitis	<b>995</b>

33	518.84	Acute & chronic respiratory failure	<b>994</b>
34	491.21	Obstructive chronic bronchitis with (acute) exacerbation	<b>988</b>
35	507.0	Food/vomit pneumonitis	<b>969</b>
36	722.10	Displacement of lumbar intervertebral disc without myelopathy	<b>967</b>
37	424.1	Aortic valve disorder	<b>937</b>
38	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg	<b>932</b>
39	540.9	Acute appendicitis without mention of peritonitis	<b>886</b>
40	644.21	Early onset of delivery, delivered, with or without mention of antepartum condition	<b>871</b>
41	599.0	Urinary tract infection, site not specified	<b>868</b>
42	648.81	Abnormal glucose tolerance of mother, delivered, with or without mention of antepartum condition	<b>867</b>
43	715.16	Osteoarthritis, localized, primary, lower leg	<b>862</b>
44	V57.89	Rehabilitation procedure, care involving other specified	<b>843</b>
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)	<b>819</b>
46	682.6	Cellulitis and abscess of leg, except foot	<b>815</b>
47	218.9	Uterine leiomyoma, unspecified	<b>796</b>
48	V31.01	Twin birth, mate live born, born in hospital, delivered by cesarean section	<b>789</b>
49	820.8	Closed fracture of unspecified part of neck of femur	<b>784</b>
50	250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	<b>750</b>

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	74.1	Low cervical cesarean section	12,339
3	99.55	Prophylactic administration of vaccine against other diseases	12,283
4	64.0	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	<b>2,317</b>
22	45.13	Other endoscopy of small intestine	<b>2,233</b>
23	99.25	Injection or infusion of cancer chemotherapeutic substance	<b>2,091</b>
24	34.91	Thoracentesis	<b>1,923</b>
25	38.93	Venous catheterization, not elsewhere classified	<b>1,895</b>
26	43.82	Laparoscopic vertical (sleeve) gastrectomy	<b>1,635</b>
27	79.35	Open reduction of fracture with internal fixation, femur	<b>1,620</b>
28	86.04	Other incision with drainage of skin and subcutaneous tissue	<b>1,601</b>
29	75.34	Other fetal monitoring	<b>1,442</b>
30	47.01	Laparoscopic appendectomy	<b>1,429</b>
31	81.07	Lumbar and lumbosacral fusion of the posterior column, posterior technique	<b>1,415</b>
32	81.02	Other cervical fusion of the anterior column, anterior technique	<b>1,247</b>
33	99.83	Other phototherapy	<b>1,242</b>
34	96.72	Therapeutic leukopheresis	<b>1,233</b>
35	68.49	Other and unspecified total abdominal hysterectomy	<b>1,217</b>
36	45.25	Closed [endoscopic] biopsy of large intestine	<b>1,149</b>
37	79.36	Open reduction of fracture with internal fixation, tibia and fibula	<b>1,139</b>
38	81.52	Partial hip replacement	<b>1,097</b>
39	86.22	Excisional debridement of wound, infection, or burn	<b>1,072</b>
40	86.59	Closure of skin and subcutaneous tissue of other sites	<b>1,032</b>
41	73.4	Medical induction labor	<b>1,031</b>
42	59.8	Ureteral catheterization	<b>992</b>
43	73.6	Episiotomy	<b>987</b>



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	797	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		586	

				365		<b>14,068</b>
12	93005	Electrocardiogram, Tracing	13,564	238	258	<b>14,060</b>
13	82962	Glucose Blood Test	13,600	200	208	<b>14,008</b>
14	81025	Urine Pregnancy Test	11,022	1,170	578	<b>12,770</b>
15	85610	Prothrombin Time	10,662	378	66	<b>11,106</b>
16	88313	Special Stains Group 2	7,714	88	2,601	<b>10,403</b>
17	86900	Blood Typing Serologic Abo	9,214	277	8	9,499
18	80048	Metabolic Panel Total Ca	8,629	607	164	<b>9,400</b>
19	62311	Inject Spine Lumbar/Sacral	3,872	183	5,027	<b>9,082</b>
20	86901	Blood Typing Serologic Rh(D)	8,744	277	8	<b>9,029</b>
21	86850	Rbc Antibody Screen	8,422	274	3	<b>8,699</b>
22	88312	Special Stains Group 1	7,223	93	477	<b>7,793</b>
23	29881	Knee Arthroscopy/Surgery	2,330	497	4,696	<b>7,523</b>
24	87070	Culture Othr Specimn Aerobic	6,322	375	700	<b>7,397</b>
25	77003	Fluoroguide For Spine Inject	4,945	274	2,147	<b>7,366</b>
26	88300	Surgical Path, Gross	6,125	479	318	<b>6,922</b>
27	85027	Complete Cbc, Automated	6,486	175	156	<b>6,817</b>
28	82948	Reagent Strip/Blood Glucose	5,331	--	1,234	<b>6,565</b>
29	87205	Smear, Gram Stain	5,711	364	139	<b>6,214</b>
30	76942	Echo Guide For Biopsy	3,833	221	1,771	<b>5,825</b>
31	82947	Assay, Glucose, Blood Quant	5,640	122	32	<b>5,794</b>
32	58558	Hysteroscopy, Biopsy	4,827	72	806	<b>5,705</b>
33	85730	Thromboplastin Time, Partial	5,544	94	62	<b>5,700</b>
34	99285	Emergency Dept Visit	5,472	100	--	<b>5,572</b>

35	80053	Comprehen Metabolic Panel	5,199	117	13	<b>5,329</b>
36	64483	Inj Foramen Epidural L/S	2,095	154	3,043	<b>5,292</b>
37	84520	Assay Of Urea Nitrogen	5,107	134	47	<b>5,288</b>
38	84132	Assay Of Serum Potassium	4,931	241	16	<b>5,188</b>
39	97597	Rmvl Devital Tis 20 Cm/<	4,843	9	319	<b>5,171</b>
40	82565	Assay Of Creatinine	4,938	141	21	<b>5,100</b>
41	69436	Create Eardrum Opening	2,474	31	2,446	<b>4,951</b>
42	64721	Carpal Tunnel Surgery	1,895	216	2,700	<b>4,811</b>
43	71010	Chest X-Ray 1 View Frontal	4,564	201	7	<b>4,772</b>
44	84295	Assay Of Serum Sodium	4,412	123	--	<b>4,535</b>
45	66982	Cataract Surgery, Complex	1,670	16	2,708	<b>4,394</b>
46	11042	Deb Subq Tissue 20 Sq Cm/<	2,756	56	1,381	<b>4,193</b>
47	76000	Fluoroscope Examination	3,224	154	783	<b>4,161</b>
48	29826	Shoulder Arthroscopy/Surgery	1,359	198	2,604	<b>4,161</b>
49	88173	Cytopath Eval, Fna, Report	3,682	88	161	<b>3,931</b>
50	47562	Laparoscopic Cholecystectomy	3,667	191	14	<b>3,872</b>

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	<b>132,745</b>
2	88305	Tissue Exam By Pathologist	96,154	3,026	12,625	<b>111,805</b>
3	J2250	Injection Midazolam Hydrochloride	92,676	5,709	10,081	<b>108,466</b>
4	J3490	Drugs Unclassified Injection	81,276	1,409	13,141	<b>95,826</b>
5	J7120	Ringers Lactate Infusion	73,103	3,107	7,715	<b>83,925</b>
6	J2405	Ondansetron Hcl Injection	75,407	2,451	4,921	<b>82,779</b>
7	J0690	Cefazolin Sodium Injection	66,925	2,439	4,548	<b>73,912</b>
8	43239	Egd Biopsy Single/Multiple	28,724	907	34937	<b>64,568</b>
9	45380	Colonoscopy And Biopsy	24,696	947	33,601	<b>59,244</b>
10	J2704	Injection Propofol 10 Mg	43,437	3,335	9,160	<b>55,932</b>
11	J1100	Dexamethasone Sodium Phos	41,011	1,099	3,661	<b>45,771</b>
12	45385	Colonoscopy W/Lesion Removal	14,489	674	23,964	<b>39,127</b>
13	45378	Diagnostic Colonoscopy	12,529	499	25,132	<b>38,160</b>
14	J1170	Hydromorphone Injection	34,352	1,262	460	<b>36,074</b>
15	66984	Cataract Surg W/Iol, 1 Stage	16,222	211	14,905	<b>31,338</b>
16	J2001	Lidocaine Injection	24,988	--	5,561	<b>30,549</b>
17	J3590	Unclassified Biologics	28,042	--	--	<b>28,042</b>
18	J1885	Ketorolac Tromethamine injection	25,430	603	1,670	<b>27,703</b>
19	36415	Routine Venipuncture	22,577	797	306	<b>23,680</b>
20	88304	Tissue Exam By Pathologist	18,419	865	2,808	<b>22,092</b>

21	85025	Complete Cbc W/Auto Diff Wbc	18,362	804	126	<b>19,292</b>
22	G8907	Pt Doc No Events On Discharg	802	--	18,192	<b>18,994</b>
23	G8918	Pt W/O Preop Order Iv Ab Pro	803	--	16,680	<b>17,483</b>
24	J2710	Neostigmine Methylsifte injection	15,932	1,041	387	<b>17,360</b>
25	C1769	Guide Wire	16,092	1,130	76	<b>17,298</b>
26	Q9967	Locm 300-399Mg/MI Iodine,1MI	14,911	689	74	<b>15,674</b>
27	88342	Immunohisto Antibody Stain	10,944	493	4,064	<b>15,501</b>
28	J1644	injectionHeparin Sodium Per 1000U	14,135	857	39	<b>15,031</b>
29	88307	Tissue Exam By Pathologist	13,117	365	586	<b>14,068</b>
30	93005	Electrocardiogram, Tracing	13,564	238	258	<b>14,060</b>
31	82962	Glucose Blood Test	13,600	200	208	<b>14,008</b>
32	V2632	Post Chamber Intraocular Lens	5,463	225	8,230	<b>13,918</b>
33	81025	Urine Pregnancy Test	11,022	1,170	578	<b>12,770</b>
34	J7030	Normal Saline Solution Infus	12,072	221	98	<b>12,391</b>
35	85610	Prothrombin Time	10,662	378	66	<b>11,106</b>
36	J2270	Morphine Sulfate Injection	9,959	184	363	<b>10,506</b>
37	88313	Special Stains Group 2	7,714	88	2,601	<b>10,403</b>
38	C1713	Anchor/Screw Bn/Bn,Tis/Bn	7,917	457	1,567	<b>9,941</b>
39	J8499	Oral Prescrip Drug Non Chemo	9,605	--	--	<b>9,605</b>
40	86900	Blood Typing Serologic Abo	9,214	277	8	<b>9,499</b>
41	80048	Metabolic Panel Total Ca	8,629	607	164	<b>9,400</b>
42	62311	Inject Spine Lumbar/Sacral	3,872	183	5,027	<b>9,082</b>
43	86901	Blood Typing Serologic Rh(D)	8,744	277	8	<b>9,029</b>
44	86850	Rbc Antibody Screen	8,422	274	3	<b>8,699</b>

45	C1894	Intro/Sheath, Non-Laser	7,725	626	46	<b>8,397</b>
46	L8699	Prosthetic Implant Nos	226	341	7,667	<b>8,234</b>
47	J0171	Adrenalin Epinephrine Injec	6,102	354	1,673	<b>8,129</b>
48	J2370	Phenylephrine Hcl Injection	6,796	930	275	<b>8,001</b>
49	J0330	Succinylcholine Chloride injection	7,524	366	76	<b>7,966</b>
50	C1780	Lens, Intraocular (New Tech)	7,742	--	110	<b>7,852</b>

**\* 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)	<b>12,914</b>
2	766	Cesarean section w/o CC/MCC	<b>7,616</b>
3	765	Cesarean section w CC/MCC	<b>5,104</b>
4	460	Spinal fusion except cervical w/o MCC	<b>2,438</b>
5	247	Perc cardiovascular proc w drug-eluting stent w/o MCC	<b>2,404</b>
6	621	O.R. procedures for obesity w/o CC/MCC	<b>2,128</b>
7	743	Uterine & adnexa proc for non-malignancy w/o CC/MCC	<b>1,868</b>
8	481	Hip & femur procedures except major joint w CC	<b>1,823</b>
9	330	Major small & large bowel procedures w CC	<b>1,811</b>
10	853	Infectious & parasitic diseases w O.R. procedure w MCC	<b>1,581</b>

11	331	Major small & large bowel procedures w/o CC/MCC	<b>1,296</b>
12	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	<b>1,278</b>
13	473	Cervical spinal fusion w/o CC/MCC	<b>1,143</b>
14	494	Lower extrem & humer proc except hip, foot, femur w/o CC/MCC	<b>1,059</b>
15	329	Major small & large bowel procedures w MCC	<b>991</b>
16	483	Major joint & limb reattachment proc of upper extremity w CC/MCC	<b>933</b>
17	253	Other vascular procedures w CC	<b>861</b>
18	343	Appendectomy w/o complicated principal diag w/o CC/MCC	<b>752</b>
19	418	Laparoscopic cholecystectomy w/o c.d.e. w CC	<b>730</b>
20	246	Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents	<b>717</b>
21	25	Craniotomy & endovascular intracranial procedures w MCC	<b>706</b>
22	742	Uterine & adnexa proc for non-malignancy w CC/MCC	<b>660</b>
23	220	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	<b>638</b>
24	493	Lower extremity & humer proc except hip, foot, femur w CC	<b>636</b>
25	251	Perc cardiovasc proc w/o coronary artery stent w/o MCC	<b>621</b>

\* 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**

<b>No.</b>	<b>ICD 9-CM Procedure Code</b>	<b>ICD 9-CM Procedure Description</b>	<b>Discharges</b>
1	64.00	Circumcision	<b>13,594</b>
2	75.69	Repair other obstetric laceration	<b>13,557</b>
3	74.1	Low cervical cesarean section	<b>12,494</b>
4	38.97	Central venous catheter placement with guidance	<b>11,804</b>
5	96.71	Continuous invasive mechanical ventilation for less than 96 consecutive hours	<b>7,683</b>
6	37.22	Left heart cardiac catheterization	<b>7,616</b>
7	38.93	Venous catheterization, not elsewhere classified	<b>7,514</b>
8	81.54	Total knee replacement	<b>7,427</b>
9	73.09	Other artificial rupture of membranes	<b>6,584</b>
10	45.16	Esophagogastroduodenoscopy [EGD] with closed biopsy	<b>6,016</b>
11	00.40	Procedure on single vessel	<b>5,568</b>
12	81.51	Total hip replacement	<b>5,434</b>
13	45.13	Other small bowel endoscopy	<b>4,873</b>
14	54.91	Percutaneous abdominal drainage	<b>4,617</b>
15	00.66	Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy	<b>4,538</b>
16	81.62	Fusion or refusion of 2-3 vertebrae	<b>4,041</b>
17	34.91	Thoracentesis	<b>3,759</b>
18	03.31	Spinal tap	<b>3,638</b>
19	38.91	Arterial catheterization	<b>3,539</b>
20	36.07	Insertion of drug-eluting coronary artery stent(s)	<b>3,448</b>
21	80.51	Excision of intervertebral disc	<b>3,413</b>
22	00.45	Insert of one vascular stent	<b>3,245</b>
23	59.80	Ureteral catheterization	<b>3,214</b>
24	77.79	Other excise of bone for graft	<b>3,070</b>



25	39.61	Extracorporeal circulation auxiliary to open heart surgery	<b>2,893</b>
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\* 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	<b>64,568</b>
2	45380	Colonoscopy And Biopsy	24,696	947	33,601	<b>59,244</b>
3	45385	Colonoscopy W/Lesion Removal	14,489	674	23,964	<b>39,127</b>
4	45378	Diagnostic Colonoscopy	12,529	499	25,132	<b>38,160</b>
5	66984	Cataract Surg W/Iol, 1 Stage	16222	211	14,905	<b>31,338</b>
6	36415	Routine Venipuncture	22,577	797	306	<b>23,680</b>
7	62311	Inject Spine Lumbar/Sacral	3,872	183	5,027	<b>9,082</b>
8	29881	Knee Arthroscopy/Surgery	2,330	497	4,696	<b>7,523</b>
9	58558	Hysteroscopy, Biopsy	4,827	72	806	<b>5,705</b>
10	64483	Inj Foramen Epidural L/S	2,095	154	3,043	<b>5,292</b>
11	69436	Create Eardrum Opening	2,474	31	2,446	<b>4,951</b>
12	64721	Carpal Tunnel Surgery	1,895	216	2,700	<b>4,811</b>
13	66982	Cataract Surgery, Complex	1,670	16	2,708	<b>4,394</b>
14	11042	Deb subq tissue 20 sq cm/<	2,756	56	1,381	<b>4,193</b>

15	29826	Shoulder Arthroscopy/Surgery	1,359	198	2,604	<b>4,161</b>
16	47562	Laparoscopic Cholecystectomy	3,667	191	14	<b>3,872</b>
17	43235	Egd Diagnostic Brush Wash	1,995	160	1,584	<b>3,739</b>
18	26055	Incise Finger Tendon Sheath	1,319	161	2,076	<b>3,556</b>
19	29827	Arthroscop Rotator Cuff Repr	1,176	121	2,227	<b>3,524</b>
20	64493	Inj Paravert F Jnt L/S 1 Lev	1,063	114	2,119	<b>3,296</b>
21	64415	N Block Inj, Brachial Plexus	548	247	2,451	<b>3,246</b>
22	41899	Dental Surgery Procedure	2,779	47	93	<b>2,919</b>
23	66821	After Cataract Laser Surgery	812	--	2,100	<b>2,912</b>
24	36561	Insert Tunneled Cv Cath	2,638	247	6	<b>2,891</b>
25	28285	Repair Of Hammertoe	1,741	120	991	<b>2,852</b>

\* 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	<b>87,390</b>
2	77052	Computer Screen Mammography Add-On	<b>85,471</b>
3	71020	Chest X-Ray with 2 Views, Front and Lateral	<b>49,270</b>
4	76641	Breast Ultrasound, Complete	<b>31,878</b>
5	76830	Transvaginal Ultrasound, Non-ob	<b>21,781</b>
6	73630	Foot X-Ray, Complete	<b>18,019</b>
7	74177	CAT Scan of Abdomen and Pelvis with Contrast	<b>14,350</b>

8	77051	Computer-Aided Diagnostic Mammography Add-On	<b>13,520</b>
9	77080	Bone Density Scan, Axial	<b>13,300</b>
10	76700	Abdomen Ultrasound, Complete	<b>12,421</b>
11	73030	Shoulder X-Ray, Complete	<b>11,351</b>
12	76642	Breast Ultrasound in Real Time with Image Limited	<b>11,173</b>
13	76536	Ultrasound of Head and Neck Tissue	<b>11,153</b>
14	76856	Ultrasound of Pelvis, Complete, Non-ob	<b>10,836</b>
15	71010	Chest X-Ray with a Single View, Frontal	<b>10,834</b>
16	70450	CAT Scan of of Head/Brain without Dye	<b>10,354</b>
17	G0206	Diagnostic Mammogram, Digital, All Views	<b>9,606</b>
18	73610	Ankle X-Ray, Complete	<b>9,597</b>
19	76645	Breast Ultrasound with Image Documentation	<b>9,328</b>
20	73721	MRI of Lower Extremity Joint without Dye	<b>9,184</b>
21	73560	Knee X-Ray	<b>7,261</b>
22	70553	MRI of Brain and Further Sequences without Dye	<b>6,964</b>
23	72100	Lumbosacral X-Ray	<b>6,871</b>
24	73562	Knee X-Ray, 3 Views	<b>6,619</b>
25	76942	Ultrasound Guide for Needle Biopsy	<b>5,847</b>

*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.*