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

**Report to Access Health CT**

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

**Consumer Health Information**

**September 1, 2017**

**Department of Public Health Department of Insurance
Commissioner Raul Pino, MD, MPH 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’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** |  |
| **Hospital Outpatient Department (HOD)** | **Hospital Satellite (HS)** | **Freestanding Surgery Center (FSC)** | **Statewide Total** |
| 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** |  |
| **Hospital Outpatient Department (HOD)** | **Hospital Satellite (HS)** | **Freestanding Surgery Center (FSC)** | **Statewide Total** |
| 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 | Succinycholine 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 | 0KQM0Z | 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**  |   |
| **Hospital Outpatient Department (HOD)** | **Hospital Satellite (HS)** | **Freestanding Surgery Center (FSC)** | **Statewide Total** |
| 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.*