

Gynecologic Surgery Ratings 2014 Methodology

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Introduction

To help consumers evaluate and compare hospital performance in gynecologic surgery, Healthgrades analyzed patient outcome data for all patients (all-payer data) provided by 17 individual states for years 2010 through 2012. Ratings were based on Healthgrades risk-adjustment methodology, and the Healthgrades ratings are available at www.healthgrades.com.

Gynecologic Surgery refers to surgery on the female reproductive system and includes surgeries for benign conditions, cancer, infertility, incontinence, and various other conditions. A list of surgeries included in Gynecologic Surgery ratings is in *Appendix A*.

Data Source

For the gynecologic surgery hospital ratings, all-payer state data were used in those states where state data are available. These data were chosen because they represent virtually all discharges (all ages) for the associated states; however, patient volumes may differ due to data masking by state agencies to protect patient privacy. The data represent three years of discharges. The 17 states evaluated were as follows:

- Arizona
- Colorado
- Florida
- Iowa
- Maryland
- Massachusetts
- Nevada
- New Jersey
- New York
- Oregon
- Pennsylvania
- Rhode Island
- Texas
- Utah
- Virginia
- Washington
- Wisconsin

Evaluating Performance in Gynecologic Surgery

Fair and valid comparisons between hospital providers can be made only to the extent that the risk-adjustment methodology considers important differences in patient demographic and clinical characteristics. The purpose of risk adjustment is to obtain fair statistical comparisons among disparate populations or groups. Significant differences in demographic and clinical risk factors are found among patients treated in different hospitals. Risk adjustment of the data is needed to make accurate and valid comparisons of clinical outcomes at different hospitals.

The risk-adjustment methodology used by Healthgrades defines risk factors as those clinical and demographic variables that influence patient outcomes in significant and systematic ways. Risk factors may include age, gender, specific procedure performed, and comorbid conditions, such as hypertension, chronic renal failure, heart failure, and diabetes. The methodology is disease-specific and outcome-specific. This means that individual risk models are constructed and tailored for each clinical condition or procedure using multivariate logistic regression.

For multivariate logistic regression-based ratings (see below), Healthgrades conducted a series of data quality checks to preserve the integrity of the ratings. Based on the results of these checks, we excluded a limited number of cases because they were inappropriate for inclusion due to miscoding or missing data or other reasons as listed below.

The following patient records were excluded:

- Patients who left the hospital against medical advice or who were transferred to another acute care hospital
- Patients who were still in the hospital when the claim was filed
- Patients with male gender
- Patients under the age of 18

Multivariate Logistic Regression-Based Ratings

The initial analysis of the data utilized 17 states of all-payer data from 2010 through 2012. Gynecologic surgery patients were identified by their ICD-9 principal procedure of a gynecologic procedure (see *Appendix A*).

For this population, potential risk factors and the outcome measure (complications) were then defined.

- 1 Potential risk factors were defined as all clinically relevant co-morbid conditions and procedures. In addition, patient demographic factors, such as age and gender and source of admission were also considered. Some diagnosis codes were merged together (e.g., primary and secondary pulmonary hypertension) to minimize the impact of coding variations.

- 2 Complications were identified using previous peer-reviewed research and thorough input from clinical and coding experts. While complications sometimes occur during a patient's hospital stay, Healthgrades pinpoints complications that should not occur with a typical patient. Many of these complications are preventable and usually cause a prolonged hospital stay, additional and costly medical treatments, harm, and sometimes even death.

In some cases, an ICD-9 code can be either a risk or a complication. In these cases, if Present on Admission information is not available, a code is differentiated by the presence or absence of a 900 postoperative complication code. For example, in the case where a patient record contains "427.31 Atrial Fibrillation," that code is considered a risk if it occurs by itself and a complication if there is a corresponding "997.1 Cardiac Complications NEC" code also present in the patient record. Outcomes were binary, with documented complications either present or not. Mortality is considered a complication. *Appendix B* lists the complications for gynecologic surgery.

Developing Healthgrades Gynecologic Surgery Ratings

Developing the Healthgrades Gynecologic Surgery ratings involved four steps.

- 1 The predicted value (predicted complications) was obtained using a logistic regression model discussed in the next section.
- 2 The predicted value was compared with the actual or observed number of complications. Only hospitals with at least 30 cases across three years of data and at least five cases in the most current year were included.
- 3 A test was conducted to determine whether the difference between the predicted and actual values was statistically significant. This test was performed to make sure that differences were very unlikely to be caused by chance alone.
- 4 Hospital performance was stratified into one of three performance categories as listed below:
 - ★★★★★ **Better Than Expected** – Actual performance was better than predicted and the difference was statistically significant.
 - ★★★ **As Expected** – Actual performance was not significantly different from what was predicted.
 - ★ **Worse Than Expected** – Actual performance was worse than predicted and the difference was statistically significant.

Designating 2014 Gynecologic Surgery Excellence Award™ Recipients

The top 10% of hospitals for Gynecologic Surgery are recognized as Healthgrades Gynecologic Surgery Excellence Award™ recipients, as measured by lowest risk-adjusted mortality and complication rates.

Statistical Models

Using the list of potential risk factors described above, we used logistic regression to determine to what extent each one was correlated with the quality measure (complications). A risk factor stayed in the model if it had an odds ratio greater than one (except clinically relevant procedures, cohort defining principal diagnoses, and some protective factors as documented in the medical literature were allowed to have an odds ratio less than one) and was also statistically significant ($p < 0.05$).

Complications were not counted as risk factors as they were considered a result of care received during the admission. Risk factors are those diagnoses that are the most highly correlated with the outcomes studied (complications). The most highly correlated risk factors are not necessarily those with the highest volume. (See *Appendix C* for the *Top Five Diagnosis/Procedure Risk Factors*.)

The statistical model was checked for validity and finalized. This model was then used to estimate the probability of a complication for each patient in the cohort. Patients were then aggregated for each hospital to obtain the predicted number of complications for each hospital. Statistical significance tests were performed to identify, by hospital, whether the actual and predicted rates were significantly different.

Limitations of the Data Analysis

While these analyses may be valuable in identifying hospitals that perform better than others, one should not use this information alone to determine the quality of care provided at each hospital. The analyses are limited by the following factors:

- Cases may have been coded incorrectly or incompletely by the hospital.
- Healthgrades conditions and procedures models can only account for risk factors that are coded into the billing data. Therefore, if a particular risk factor was not coded into the billing data (such as a patient's socioeconomic status and health behavior) then it was not accounted for.
- Although Healthgrades has taken steps to carefully compile these data, no techniques are infallible; therefore, some information may be missing, outdated or incorrect.

Please note that a high ranking for a particular hospital is not a recommendation or endorsement by Health Grades, Inc. of a particular hospital; it means that the data associated with a particular hospital has met the foregoing qualifications. Only individual patients can decide whether a particular hospital is suited for their unique needs.

Also note that if more than one hospital reported under a single provider ID, Healthgrades analyzed patient outcome data for those hospitals as a single unit. Throughout this document, therefore, "hospital" refers to one hospital or a group of hospitals reporting under a single provider ID.

Appendix A. Patient Cohorts and Related ICD-9-CM Codes

| Cohort | Inclusions | Exclusions |
|---|--|---|
| Gynecologic Surgery Principal Procedure | <ul style="list-style-type: none"> • Hysterectomies • Oophorectomies • Fallopian tube procedures • Cystocele, rectocele and vaginal suspension procedures • Pelvic eviscerations • Vulvectomies • Fistulas • Urinary incontinence procedures (bladder suspension procedures) | <ul style="list-style-type: none"> • History of organ transplant |

Gynecologic Surgery

Inclusions

Procedure (First listed): 59.5, 59.71, 59.79, 65.01, 65.25, 65.31, 65.39, 65.41, 65.49, 65.51, 65.52, 65.53, 65.54, 65.63, 65.64, 65.81, 65.95, 66.01, 66.02, 66.21, 66.22, 66.4, 66.61, 66.62, 66.63, 66.69, 68.31, 68.39, 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8, 70.4, 70.50, 70.51, 70.52, 70.53, 70.54, 70.55, 70.71, 70.72, 70.73, 70.74, 70.75, 70.77, 70.78, 70.8, 71.5, 71.61, 71.62

Exclusions

Diagnoses (Any position): V42.0, V42.1, V42.4, V42.6, V42.7, V42.81, V42.82, V42.83, V42.84, V42.89, V42.9

Appendix B. Gynecologic Surgery Complications

Gynecologic Surgery – Independent Complications

Independent complications are conditions that are clearly hospital-acquired or by the coding definition are defined as postoperative. These conditions were not counted as complications if the POA indicator was "Yes" or "Clinically Undetermined."

| | |
|--------|---|
| 410.71 | ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE |
| 415.11 | IATROGENIC PULMONARY EMBOLISM AND INFARCTION |
| 426.4 | RIGHT BUNDLE BRANCH BLOCK |
| 458.29 | OTHER IATROGENIC HYPOTENSION |
| 480.0 | PNEUMONIA DUE TO ADENOVIRUS |
| 480.1 | PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS |
| 480.2 | PNEUMONIA DUE TO PARAINFLUENZA VIRUS |
| 480.3 | PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS |
| 480.8 | PNEUMONIA DUE TO OTHER VIRUS NOT ELSEWHERE CLASSIFIED |
| 481 | PNEUMOCOCCAL PNEUMONIA [STREPTOCOCCUS PNEUMONIAE PNEUMONIA] |
| 482.0 | PNEUMONIA DUE TO KLEBSIELLA PNEUMONIAE |
| 482.1 | PNEUMONIA DUE TO PSEUDOMONAS |
| 482.2 | PNEUMONIA DUE TO HEMOPHILUS INFLUENZAE [H. INFLUENZAE] |
| 482.30 | PNEUMONIA DUE TO UNSPECIFIED STREPTOCOCCUS |
| 482.31 | PNEUMONIA DUE TO STREPTOCOCCUS, GROUP A |
| 482.32 | PNEUMONIA DUE TO STREPTOCOCCUS, GROUP B |
| 482.39 | PNEUMONIA DUE TO OTHER STREPTOCOCCUS |
| 482.40 | PNEUMONIA DUE TO STAPHYLOCOCCUS, UNSPECIFIED |
| 482.41 | METHICILLIN SUSCEPTIBLE PNEUMONIA DUE TO STAPHYLOCOCCUS AUREUS |
| 482.42 | METHICILLIN RESISTANT PNEUMONIA DUE TO STAPHYLOCOCCUS AUREUS |
| 482.49 | OTHER STAPHYLOCOCCUS PNEUMONIA |
| 482.81 | PNEUMONIA DUE TO ANAEROBES |
| 482.82 | PNEUMONIA DUE TO ESCHERICHIA COLI [E. COLI] |
| 482.83 | PNEUMONIA DUE TO OTHER GRAM-NEGATIVE BACTERIA |
| 482.84 | LEGIONNAIRES' DISEASE |
| 482.89 | PNEUMONIA DUE TO OTHER SPECIFIED BACTERIA |
| 482.9 | BACTERIAL PNEUMONIA, UNSPECIFIED |
| 483.0 | PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE |
| 483.1 | PNEUMONIA DUE TO CHLAMYDIA |
| 483.8 | PNEUMONIA DUE TO OTHER SPECIFIED ORGANISM |
| 484.1 | PNEUMONIA IN CYTOMEGALIC INCLUSION DISEASE |
| 484.3 | PNEUMONIA IN WHOOPING COUGH |
| 486 | PNEUMONIA, ORGANISM UNSPECIFIED |
| 507.0 | PNEUMONITIS DUE TO INHALATION OF FOOD OR VOMITUS |
| 512.1 | IATROGENIC PNEUMOTHORAX |
| 518.51 | ACUTE RESPIRATORY FAILURE FOLLOWING TRAUMA AND SURGERY |
| 518.53 | ACUTE AND CHRONIC RESPIRATORY FAILURE FOLLOWING TRAUMA AND SURGERY |
| 54.12 | REOPENING OF RECENT LAPAROTOMY SITE |
| 54.61 | RECLOSURE OF POSTOPERATIVE DISRUPTION OF ABDOMINAL WALL |
| 780.2 | SYNCOPE AND COLLAPSE |

| | |
|--------|---|
| 867.1 | INJURY TO BLADDER AND URETHRA WITH OPEN WOUND INTO CAVITY |
| 996.64 | INFECTION AND INFLAMMATORY REACTION DUE TO INDWELLING URINARY CATHETER |
| 997.01 | CENTRAL NERVOUS SYSTEM COMPLICATION |
| 997.02 | IATROGENIC CEREBROVASCULAR INFARCTION OR HEMORRHAGE |
| 997.1 | CARDIAC COMPLICATIONS |
| 997.3 | RESPIRATORY COMPLICATIONS |
| 997.31 | VENTILATOR ASSOCIATED PNEUMONIA |
| 997.32 | POSTPROCEDURAL ASPIRATION PNEUMONIA |
| 997.39 | OTHER RESPIRATORY COMPLICATIONS |
| 997.4 | DIGESTIVE SYSTEM COMPLICATION |
| 997.49 | OTHER DIGESTIVE SYSTEM COMPLICATIONS |
| 997.5 | URINARY COMPLICATIONS |
| 998.0 | POSTOPERATIVE SHOCK |
| 998.00 | POSTOPERATIVE SHOCK, UNSPECIFIED |
| 998.01 | POSTOPERATIVE SHOCK, CARDIOGENIC |
| 998.02 | POSTOPERATIVE SHOCK, SEPTIC |
| 998.09 | POSTOPERATIVE SHOCK, OTHER |
| 998.11 | HEMORRHAGE COMPLICATING A PROCEDURE |
| 998.12 | HEMATOMA COMPLICATING A PROCEDURE |
| 998.2 | ACCIDENTAL PUNCTURE OR LACERATION DURING A PROCEDURE |
| 998.30 | DISRUPTION OF WOUND, UNSPECIFIED |
| 998.31 | DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND |
| 998.32 | DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND |
| 998.4 | FOREIGN BODY ACCIDENTALLY LEFT DURING A PROCEDURE |
| 998.51 | INFECTED POSTOPERATIVE SEROMA |
| 998.59 | OTHER POSTOPERATIVE INFECTION |
| 998.7 | ACUTE REACTION TO FOREIGN SUBSTANCE ACCIDENTALLY LEFT DURING A PROCEDURE |
| 999.31 | OTHER AND UNSPECIFIED INFECTION DUE TO CENTRAL VENOUS CATHETER |
| 999.32 | BLOODSTREAM INFECTION DUE TO CENTRAL VENOUS CATHETER |
| 999.34 | ACUTE INFECTION FOLLOWING TRANSFUSION, INFUSION, OR INJECTION OF BLOOD AND BLOOD PRODUCTS |
| 999.39 | INFECTION FOLLOWING OTHER INFUSION, INJECTION, TRANSFUSION, OR VACCINATION |
| 999.80 | TRANSFUSION REACTION, UNSPECIFIED |
| 999.83 | HEMOLYTIC TRANSFUSION REACTION, INCOMPATIBILITY UNSPECIFIED |
| 999.84 | ACUTE HEMOLYTIC TRANSFUSION REACTION, INCOMPATIBILITY UNSPECIFIED |
| 999.85 | DELAYED HEMOLYTIC TRANSFUSION REACTION, INCOMPATIBILITY UNSPECIFIED |

Gynecologic Surgery – Dependent Complications

Dependent complications are conditions that must either have the POA indicator set to "No," or if the POA indicator is set to "Unknown" or is missing, there must also be the listed 900 postoperative complication code present in the patient record.

Must occur with 997.1 CARDIAC COMPLICATIONS, NOT ELSEWHERE CLASSIFIED

| | |
|--------|--|
| 427.31 | ATRIAL FIBRILLATION |
| 428.0 | CONGESTIVE HEART FAILURE, UNSPECIFIED |
| 428.21 | ACUTE SYSTOLIC HEART FAILURE |
| 428.23 | ACUTE ON CHRONIC SYSTOLIC HEART FAILURE |
| 428.31 | ACUTE DIASTOLIC HEART FAILURE |
| 428.33 | ACUTE ON CHRONIC DIASTOLIC HEART FAILURE |
| 428.41 | ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE |
| 428.43 | ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE |

Must occur with 997.3 RESPIRATORY COMPLICATIONS or 997.39 OTHER RESPIRATORY COMPLICATIONS

| | |
|--------|---------------------------------------|
| 518.81 | ACUTE RESPIRATORY FAILURE |
| 518.84 | ACUTE AND CHRONIC RESPIRATORY FAILURE |

Must occur with 997.3 RESPIRATORY COMPLICATIONS , 997.39 OTHER RESPIRATORY COMPLICATIONS or 998.59 OTHER POSTOPERATIVE INFECTION

| | |
|--------|---------------|
| 995.91 | SEPSIS |
| 995.92 | SEVERE SEPSIS |

Must occur with 997.5 URINARY COMPLICATIONS

| | |
|-------|---|
| 584.5 | ACUTE KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS |
| 584.8 | ACUTE KIDNEY FAILURE WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 584.9 | ACUTE KIDNEY FAILURE, UNSPECIFIED |

Must occur with 998.59 OTHER POSTOPERATIVE INFECTION

| | |
|--------|---|
| 038.0 | STREPTOCOCCAL SEPTICEMIA |
| 038.10 | STAPHYLOCOCCAL SEPTICEMIA, UNSPECIFIED |
| 038.11 | METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS SEPTICEMIA |
| 038.12 | METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS SEPTICEMIA |
| 038.19 | OTHER STAPHYLOCOCCAL SEPTICEMIA |
| 038.2 | PNEUMOCOCCAL SEPTICEMIA |
| 038.3 | SEPTICEMIA DUE TO ANAEROBES |
| 038.40 | SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISM, UNSPECIFIED |
| 038.41 | SEPTICEMIA DUE TO HEMOPHILUS INFLUENZAE [H. INFLUENZAE] |
| 038.42 | SEPTICEMIA DUE TO ESCHERICHIA COLI [E. COLI] |
| 038.43 | SEPTICEMIA DUE TO PSEUDOMONAS |
| 038.44 | SEPTICEMIA DUE TO SERRATIA |
| 038.49 | OTHER SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISMS |
| 038.8 | OTHER SPECIFIED SEPTICEMIAS |
| 038.9 | UNSPECIFIED SEPTICEMIA |
| 041.02 | BACTERIAL INFECTION DUE TO STREPTOCOCCUS, GROUP B |
| 041.04 | BACTERIAL INFECTION DUE TO STREPTOCOCCUS, GROUP D [ENTEROCOCCUS] |
| 041.09 | BACTERIAL INFECTION DUE TO OTHER STREPTOCOCCUS |
| 041.19 | BACTERIAL INFECTION DUE TO OTHER STAPHYLOCOCCUS |
| 041.2 | PNEUMOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE |
| 041.3 | KLEBSIELLA PNEUMONIAE INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE |
| 041.4 | ESCHERICHIA COLI [E. COLI] INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE |
| 041.85 | BACTERIAL INFECTION DUE TO OTHER GRAM-NEGATIVE ORGANISMS |
| 567.22 | PERITONEAL ABSCESS |
| 785.52 | SEPTIC SHOCK |
| 790.7 | BACTEREMIA |

Gynecologic Surgery - Dependent Complications

Dependent complications are conditions that must either have the POA indicator set to "No", or if the POA indicator is set to "Unknown" or is missing, there must also be the listed 900 postoperative complication code present in the patient record.

Must occur with 997.1 Cardiac Complications, Not Elsewhere Classified

| | | | |
|--------|----------------------|--------|--------------------------|
| 427.31 | ATRIAL FIBRILLATION | 428.31 | ACUTE DIASTOLIC HF |
| 428.0 | CHF NOS | 428.33 | AC & CHR DIASTOLIC HF |
| 428.21 | ACUTE SYSTOLIC HF | 428.41 | AC SYS & DIASTOLIC HF |
| 428.23 | AC & CHR SYSTOLIC HF | 428.43 | ACCHR SYS & DIASTOLIC HF |

Must occur with 997.3 Respiratory Complications or 997.39 Other Respiratory Complications

| | |
|--------|------------------------|
| 511.9 | PLEURAL EFFUSION NOS |
| 518.0 | PULMONARY COLLAPSE |
| 518.81 | AC RESPIRATORY FAILURE |

Must occur with 997.5 Urinary Complications, Not Elsewhere Classified

| | | | |
|-------|--------------------------|--------|------------------------|
| 584.5 | AC KF W TUBULAR NEPHR | 599.0 | URINARY TRACT INF NOS |
| 584.8 | ACUTE KIDNEY FAILURE NEC | 788.20 | RETENTION OF URINE NOS |
| 584.9 | ACUTE KIDNEY FAILURE NOS | 788.29 | RETENTION OF URINE NEC |

Must occur with 998.0 Postoperative Shock, Not Elsewhere Classified

| | |
|--------|-----------------|
| 458.8 | HYPOTENSION NEC |
| 458.9 | HYPOTENSION NOS |
| 799.02 | HYPOXEMIA |

Must occur with 998.59 Other Postoperative Infection

| | | | |
|--------|--------------------------|--------|--------------------------|
| 038.0 | STREPTOCOCCAL SEPTICEMIA | 038.9 | SEPTICEMIA NOS |
| 038.10 | STAPH SEPTICEMIA NOS | 041.02 | GROUP B STREP INFECTION |
| 038.11 | MSSA SEPTICEMIA | 041.04 | GROUP D STREP INFECTION |
| 038.12 | MRSA SEPTICEMIA | 041.09 | STREP INFECTION NEC |
| 038.19 | STAPH SEPTICEMIA NEC | 041.19 | OTHER STAPH INFECTION |
| 038.2 | PNEUMOCOCCAL SEPTICEMIA | 041.2 | PNEUMOCOCCUS INFECT NOS |
| 038.3 | ANAEROBIC SEPTICEMIA | 041.3 | K. PNEUMONIAE INFECT |
| 038.40 | GRAM-NEG SEPTICEMIA NOS | 041.4 | E. COLI INFECT NOS |
| 038.41 | H. INFLUENZAE SEPTICEMIA | 041.85 | GRAM-NEG BACT INFECT NEC |
| 038.42 | E. COLI SEPTICEMIA | 567.22 | PERITONEAL ABSCESS |
| 038.43 | PSEUDOMONAS SEPTICEMIA | 785.52 | SEPTIC SHOCK |
| 038.44 | SERRATIA SEPTICEMIA | 790.7 | BACTEREMIA |
| 038.49 | GRAM-NEG SEPTICEMIA NEC | 995.91 | SEPSIS |
| 038.8 | SEPTICEMIA NEC | 995.92 | SEVERE SEPSIS |

Appendix C. Top Five Risk Factors

| ICD-9 Diagnosis or Procedure Code | Description |
|--|--|
| Proc 68.8 | PELVIC EVISCERATION |
| Proc 70.74 | REPAIR OF OTHER VAGINOENTERIC FISTULA |
| Proc 70.72 | REPAIR OF COLOVAGINAL FISTULA |
| Proc 68.69 | OTHER AND UNSPECIFIED RADICAL ABDOMINAL HYSTERECTOMY |
| Proc 54.11 | EXPLORATORY LAPAROTOMY |