

Appendix D

Expanded procedure categories¹

This document provides a listing of ICD-9-CM codes included in the multi-level CCS procedure categories.

Procedure category		CCS code		ICD-9-CM code					
1	Operations on the nervous system	1	2 3 4 5 6 7 8 9	-					
1.1	Incision and excision of CNS	1	-						
1.1.1	Craniotomy and craniectomy	-	0121	0122	0123	0124	0125		
1.1.2	Incision of cerebral meninges	-	0131						
1.1.3	Other incision and excision of CNS	-	0101	0109	0132	0139	0141	0142	
			0151	0152	0153	0159			
1.2	Insertion, replacement, or removal of extracranial ventricular shunt	2	-						
1.3	Laminectomy, excision intervertebral disc	3	-						
1.3.1	Excision of intervertebral disc	-	805	8050	8051	8059			
1.3.2	Laminectomy	-	0302	0309					
1.4	Diagnostic spinal tap	4	-						
1.5	Insertion of catheter or spinal stimulator and injection into spinal canal	5	-						
1.6	Decompression peripheral nerve	6	-						
1.6.1	Release of carpal tunnel	-	0443						
1.6.2	Other lysis of adhesion and decompression of peripheral nerves	-	0444	0449					
1.7	Other diagnostic nervous system procedures	7	-						
1.8	Other non-OR or closed therapeutic nervous system procedures	8	-						
1.9	Other OR therapeutic nervous system procedures	9	-						
2	Operations on the endocrine system	10 11 12	-						
2.1	Thyroidectomy, partial or complete	10	-						
2.2	Diagnostic endocrine procedures	11	-						
2.3	Other therapeutic endocrine procedures	12	-						
3	Operations on the eye	13 14 15 16 17 18 19 20 21	-						
3.1	Corneal transplant	13	-						

Source: AHRQ, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

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Procedure category		CCS code		ICD-9-CM code							
3.2	Glaucoma procedures	14	-								
3.3	Lens and cataract procedures	15	-								
3.3.1	Insertion of prosthetic lens	-	1370 1371 1372								
3.3.2	Phacoemulsification and aspiration of cataract	-	1341								
3.3.3	Other extracapsular extraction of lens	-	1359								
3.3.4	Other lens and cataract procedures	-	1311 1319 132 133 1342 1343 1351 1361 1362 1363 1364 1365 1366 1369 138 139								
3.4	Repair of retinal tear, detachment	16	-								
3.5	Destruction of lesion of retina and choroid	17	-								
3.6	Diagnostic procedures on eye	18	-								
3.7	Other therapeutic procedures on eyelids, conjunctiva, cornea	19	-								
3.8	Other intraocular therapeutic procedures	20	-								
3.9	Other extraocular muscle and orbit therapeutic procedures	21	-								
4	Operations on the ear	22 23 24 25 26	-								
4.1	Tympanoplasty	22	-								
4.2	Myringotomy	23	-								
4.3	Mastoidectomy	24	-								
4.4	Diagnostic procedures on ear	25	-								
4.5	Other therapeutic ear procedures	26	-								
5	Operations on the nose, mouth, and pharynx	27 28 29 30 31 32 33	-								
5.1	Control of epistaxis	27	-								
5.2	Plastic procedures on nose	28	-								
5.3	Dental procedures	29	-								
5.4	Tonsillectomy and/or adenoidectomy	30	-								
5.4.1	Tonsillectomy without adenoidectomy	-	282								
5.4.2	Tonsillectomy with adenoidectomy	-	283								

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Procedure category		CCS code	ICD-9-CM code						
5.4.3	Adenoidectomy without tonsillectomy	-	286						
5.4.4	Control of hemorrhage after tonsillectomy or adenoidectomy	-	287						
5.5	Diagnostic procedures on nose, mouth and pharynx	31	-						
5.5.1	Diagnostic procedures on nasal sinuses	-	2211	2212	2219				
5.5.2	Other diagnostic procedures on nose, mouth and pharynx	-	2121	2122	2129	2411	2412	2419	
			2501	2502	2509	2611	2612	2619	
			2721	2722	2723	2724	2729	2811	
			2819	2911	2912	2919			
5.6	Other non-OR therapeutic procedures on nose, mouth and pharynx	32	-						
5.6.1	Non-OR procedures on nasal sinuses	-	2200	2201	2202	222	2264		
5.6.2	Other non-OR procedures on nasal sinuses	-	211	2130	2131	2132	2171	2191	
			240	2431	2432	2439	2551	2591	
			2592	2593	260	2691	2741	2751	
			2752	2791	2991	9621	9653	9721	
			9732						
5.7	Other OR therapeutic procedures on nose, mouth and pharynx	33	-						
5.7.1	OR procedures on nasal sinuses	-	2231	2239	2241	2242	2250	2251	
			2252	2253	2260	2261	2262	2263	
			2271	2279					
5.7.2	Excision salivary gland	-	2630	2631	2632				
5.7.3	Repair cleft lip	-	2754						
5.7.4	Correction cleft palate	-	2762						
5.7.5	Incision and drainage of tonsils	-	280						

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Procedure category		CCS code		ICD-9-CM code			
5.7.6	Other procedures on nose, mouth and pharynx	-		214	2161	2162	2169
				229	242	251	252
				2559	2594	2599	2621
				2642	2649	2699	270
				2732	2742	2743	2749
				2756	2757	2759	2761
				2771	2772	2773	2779
				284	285	2891	2892
				292	293	2931	2932
				294	2951	2952	2953
				2992	2999	2954	2959
6	Operations on the respiratory system	-		34	35	36	37
				38	39	40	41
				42			
6.1	Tracheostomy, temporary and permanent	-		34			
6.2	Tracheoscopy and laryngoscopy with biopsy	-		35			
6.3	Lobectomy or pneumonectomy	-		36			
6.4	Diagnostic bronchoscopy and biopsy of bronchus	-		37			
6.4.1	Bronchoscopy without biopsy	-		3322	3323		
6.4.2	Endoscopic biopsy of bronchus	-		3324			
6.4.3	Needle biopsy of lung	-		3326			
6.4.4	Endoscopic biopsy of lung	-		3327			
6.5	Other diagnostic procedures on lung and bronchus	-		38			
6.6	Incision of pleura, thoracentesis, chest drainage	-		39			
6.6.1	Closed chest drainage	-		3404			
6.6.2	Open chest drainage	-		3409			
6.6.3	Thoracentesis	-		3491			
6.7	Other diagnostic procedures of respiratory tract and mediastinum	-		40			
6.8	Other non-OR therapeutic procedures on respiratory system	-		41			
6.9	Other OR therapeutic procedures on respiratory system	-		42			

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Procedure category		CCS code	ICD-9-CM code							
7	Operations on the cardiovascular system	43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63	-							
7.1	Heart valve procedures	43	-							
7.2	Coronary artery bypass graft (CABG)	44	-							
7.2.1	Bypass of one coronary artery	-	3611							
7.2.2	Bypass of two coronary arteries	-	3612							
7.2.3	Bypass of three coronary arteries	-	3613							
7.2.4	Bypass of four coronary arteries	-	3614							
7.2.5	Other bypass of coronary arteries	-	3610 363	3615 3631	3616 3632	3617 3639	3619	362		
7.3	Percutaneous transluminal coronary angioplasty (PTCA)	45	-							
7.3.1	Single vessel PTCA	-	3601	3602						
7.3.2	Multiple vessel PTCA	-	3605							
7.4	Coronary thrombolysis	46	-							
7.5	Diagnostic cardiac catheterization, coronary arteriography	47	-							
7.5.1	Coronary arteriography	-	8852	8853	8854	8855	8856	8857		
7.5.2	Cardiac catheterization	-	3721	3722	3723					
7.6	Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	48	-							
7.6.1	Insertion, revision, replacement, or removal of pacemaker leads	-	0052 3775	3770 3776	3771 3777	3772 3778	3773 3779	3774		
7.6.2	Insertion, revision, replacement, or removal of pacemaker device	-	0050 3785	0053 3786	3780 3787	3781 3789	3782	3783		
7.6.3	Insertion, revision, replacement, or removal of cardioverter/defibrillator	-	0051 3798	0054	3794	3795	3796	3797		
7.7	Other OR heart procedures	49	-							
7.8	Extracorporeal circulation auxiliary to open heart procedures	50	-							

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Procedure category		CCS code		ICD-9-CM code							
7.9	Endarterectomy, vessel of head and neck	51	-								
7.10	Aortic resection, replacement or anastomosis	52	-								
7.11	Varicose vein stripping, lower limb	53	-								
7.12	Other vascular catheterization, not heart	54	-								
	7.12.1 Arterial catheterization	-	3891								
	7.12.2 Umbilical vein catheterization	-	3892								
	7.12.3 Venous catheterization	-	3893								
7.13	Peripheral vascular bypass	55	-								
7.14	Other vascular bypass and shunt, not heart	56	-								
7.15	Creation, revision and removal of arteriovenous fistula or vessel-to-vessel cannula for dialysis	57	-								
7.16	Hemodialysis	58	-								
7.17	Other OR procedures on vessels of head and neck	59	-								
7.18	Embolectomy and endarterectomy of lower limbs	60	-								
7.19	Other OR procedures on vessels other than head and neck	61	-								
	7.19.1 Interrupt vena cava	-	387								
	7.19.2 Other OR procedures on blood vessels	-		0055	3800	3803	3804	3805	3806		
				3807	3809	3810	3813	3814	3815		
				3816	3830	3833	3835	3836	3837		
				3838	3839	3840	3843	3845	3846		
				3847	3848	3849	3850	3853	3855		
				3857	3860	3863	3865	3866	3867		
				3868	3869	3880	3883	3884	3885		
				3886	3887	3888	3889	3930	3931		
				3932	3941	3949	3951	3952	3953		
				3954	3955	3956	3957	3958	3959		
				397	398	3990	3991	3992	3994		
				3998	3999						
7.20	Other diagnostic cardiovascular procedures	62	-								
7.21	Other non-OR therapeutic cardiovascular procedures	63	-								
8	Operations on the hemic and lymphatic system	64 65 66 67	-								

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Procedure category		CCS code		ICD-9-CM code					
8.1	Bone marrow transplant	64	-						
8.2	Bone marrow biopsy	65	-						
8.3	Procedures on spleen	66	-						
8.4	Other therapeutic procedures, hemic and lymphatic system	67	-						
8.4.1	Biopsy of lymphatic structure	-	4011						
8.4.2	Simple excision of lymphatic structure	-	4021	4022	4023	4024	4029		
8.4.3	Regional lymph node excision	-	403						
8.4.4	Radical excision lymph nodes	-	4040	4041	4042	4050	4051	4052	
			4053	4054	4059				
8.4.5	Other hemic and lymphatic procedures	-	400	4019	4061	4062	4063	4064	
			4069	409	4132	4133	4138	4139	
			4191	4192	4198				
9	Operations on the digestive system	68 69 70 71	-						
		72 73 74 75							
		76 77 78 79							
		80 81 82 83							
		84 85 86 87							
		88 89 90 91							
		92 93 94 95							
		96 97 98 99							
9.1	Therapeutic procedures on the esophagus	68 69	-						
9.1.1	Injection or ligation of esophageal varices	68	-						
9.1.2	Esophageal dilatation	69	-						
9.2	Upper gastrointestinal endoscopy, biopsy	70	-						
9.2.1	Esophagoscopy	-	4223	4224					
9.2.2	Gastroscopy	-	4413	4414					
9.2.3	Esophagogastroduodenoscopy (EGD) without biopsy	-	4513						
9.2.4	Esophagogastroduodenoscopy (EGD) with biopsy	-	4516						
9.2.5	Endoscopic biopsy small intestine	-	4514						
9.3	Gastrostomy, temporary and permanent	71	-						

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Procedure category		CCS code		ICD-9-CM code						
9.4	Colostomy, temporary and permanent	72	-							
9.5	Ileostomy and other enterostomy	73	-							
9.6	Gastrectomy, partial and total	74	-							
9.7	Small bowel resection	75	-							
9.8	Colonoscopy and biopsy	76	-							
9.8.1	Closed endoscopic biopsy of large intestine	-	4525							
9.8.2	Other endoscopy of large intestine	-	4523	4524						
9.9	Proctoscopy and anorectal biopsy	77	-							
9.10	Colorectal resection	78	-							
9.10.1	Right hemicolectomy	-	4573							
9.10.2	Left hemicolectomy	-	4575							
9.10.3	Sigmoidectomy	-	4576							
9.10.4	Resection of rectum	-	4841	4849	485	4861	4862	4863		
			4864	4865	4866	4869				
9.10.5	Other colorectal resections	-	4571	4572	4574	4579	458			
9.11	Local excision of large intestine lesion (not endoscopic)	79	-							
9.12	Appendectomy	80	-							
9.13	Hemorrhoid procedures	81	-							
9.14	Endoscopic retrograde cannulation of pancreas (ERCP)	82	-							
9.15	Biopsy of liver	83	-							
9.16	Cholecystectomy and common duct exploration	84	-							
9.16.1	Open cholecystectomy	-	5121	5122						
9.16.2	Laparoscopic cholecystectomy	-	5123	5124						
9.16.3	Incision of bile duct	-	5141	5142	5143	5149	5151	5159		
9.17	Inguinal and femoral hernia repair	85	-							
9.17.1	Unilateral repair inguinal hernia	-	5300	5301	5302	5303	5304	5305		
9.17.2	Bilateral repair inguinal hernia	-	5310	5311	5312	5313	5314	5315		
			5316	5317						

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Procedure category		CCS code	ICD-9-CM code					
9.17.3	Femoral hernia repair	-	5321	5329	5331	5339		
9.18	Other hernia repair	86	-					
9.18.1	Umbilical hernia repair	-	5341	5349				
9.18.2	Incisional hernia repair	-	5351	5361				
9.18.3	Other abdominal wall hernia repair	-	5359	5369				
9.18.4	Other hernia repair	-	537	5380	5381	5382	539	
9.19	Laparoscopy	87	-					
9.20	Abdominal paracentesis	88	-					
9.21	Exploratory laparotomy	89	-					
9.22	Excision, lysis peritoneal adhesions	90	-					
9.23	Peritoneal dialysis	91	-					
9.24	Other bowel diagnostic procedures	92	-					
9.25	Other non-OR upper GI therapeutic procedures	93	-					
9.26	Other OR upper GI therapeutic procedures	94	-					
9.27	Other non-OR lower GI therapeutic procedures	95	-					
9.28	Other OR lower GI therapeutic procedures	96	-					
9.28.1	Closure of stoma of large intestine	-	4652					
9.28.2	Local excision of rectal lesion	-	4835					
9.28.3	Incision of perirectal tissue	-	4881					
9.28.4	Incision of perianal abscess	-	4901					
9.28.5	Incision/excision of anal fistula	-	4911	4912				
9.28.6	Other lower GI procedures	-	4500	4501	4502	4503	4531	4532
			4533	4534	4549	4550	4551	4552
			4590	4591	4592	4593	4594	4595
			4601	4602	4603	4604	4640	4641
			4642	4643	4650	4651	4660	4661
			4662	4663	4664	4671	4672	4673
			4674	4675	4676	4679	4680	4681
			4682	4691	4692	4693	4694	4699
			472	4791	4792	4799	480	481
			4871	4872	4873	4874	4875	4876
			4879	4882	4891	4892	4893	4899
			4902	4904	493	4939	4951	4952
			4959	496	4971	4972	4973	4974

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Procedure category		CCS code	ICD-9-CM code						
			4975 4994	4976 4995	4979 4999	4991	4992	4993	
9.29	Other gastrointestinal diagnostic procedures	97	-						
9.30	Other non-OR gastrointestinal therapeutic procedures	98	-						
9.31	Other OR gastrointestinal therapeutic procedures	99	-						
9.31.1	Radical pancreaticoduodenectomy	-	527						
9.31.2	Incision abdominal wall	-	540						
9.31.3	Excision or destruction of peritoneal tissue	-	544						
9.31.4	Creation of cutaneoperitoneal fistula	-	5493						
9.31.5	Other gastrointestinal therapeutic procedures	-	500 5061 5132 5139 5172 5191 5201 5251 5295 5461 5473	5021 5069 5133 5161 5179 5192 5209 5252 5296 5462 5474	5022 5102 5134 5162 5181 5193 522 5253 5299 5463 5475	5029 5103 5135 5163 5182 5194 5222 5259 5412 5464 5492	503 5104 5136 5169 5183 5195 523 526 5419 5471 5494	504 5131 5137 5171 5189 5199 524 5292 543 5472 5495	
10	Operations on the urinary system	100 101 102 103 104 105 106 107 108 109 110 111 112	-						
10.1	Cystoscopy and other transurethral procedures	100 101 102	-						
10.1.1	Endoscopy and endoscopic biopsy of the urinary tract	100	-						
10.1.2	Transurethral excision, drainage, or removal of urinary obstruction	101	-						
10.1.3	Ureteral catheterization	102	-						

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Procedure category		CCS code	ICD-9-CM code
10.2	Nephrotomy and nephrostomy	103	-
10.3	Nephrectomy, partial or complete	104	-
10.4	Kidney transplant	105	-
10.5	Genitourinary incontinence procedures	106	-
10.6	Extracorporeal lithotripsy, urinary	107	-
10.7	Indwelling catheter	108	-
10.8	Procedures on the urethra	109	-
10.9	Other diagnostic procedures of urinary tract	110	-
10.10	Other non-OR therapeutic procedures of urinary tract	111	-
10.11	Other OR therapeutic procedures of urinary tract	112	-
11	Operations on the male genital organs	113 114 115 116 117 118	-
11.1	Transurethral resection of prostate (TURP)	113	-
11.2	Open prostatectomy	114	-
11.3	Circumcision	115	-
11.4	Diagnostic procedures, male genital	116	-
11.5	Other non-OR therapeutic procedures, male genital	117	-
11.6	Other OR therapeutic procedures, male genital	118	-
11.6.1	Unilateral orchiectomy	-	623
11.6.2	Bilateral orchiectomy	-	6241
11.6.3	Orchiopexy	-	625
11.6.4	Insert or replace penile prosthesis	-	6495 6497

Source: AHRQ, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

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Procedure category	CCS code	ICD-9-CM code							
11.6.5 Other male genital procedures	-	600	6072	6073	6079	6081	6082		
		6093	6094	6099	612	6142	6149		
		6192	6199	620	622	6242	6261		
		6269	627	6299	631	632	633		
		634	6351	6353	6359	6381	6382		
		6383	6385	6389	6392	6393	6394		
		6395	6399	642	643	6441	6442		
		6443	6444	6445	6449	645	6492		
		6493	6496	6498	6499				
12 Operations on the female genital organs	119 120 121 - 123 124 125 126 127 128 129 130 131 132								
12.1 Oophorectomy, unilateral and bilateral	119	-							
12.2 Other operations on ovary	120	-							
12.3 Ligation of fallopian tubes	121	-							
12.4 Other operations on fallopian tubes	123	-							
12.5 Hysterectomy, abdominal and vaginal	124	-							
12.5.1 Total abdominal hysterectomy	-	684							
12.5.2 Vaginal hysterectomy	-	685	6851	6859					
12.5.3 Other hysterectomy	-	683	686	687	689				
12.6 Other excision of cervix and uterus	125	-							
12.7 Abortion (termination of pregnancy)	126	-							
12.8 Dilatation and curettage (D&C), aspiration after delivery or abortion	127	-							
12.9 Diagnostic dilatation and curettage (D&C)	128	-							
12.10 Repair of cystocele and rectocele, obliteration of vaginal vault	129	-							
12.11 Other diagnostic procedures, female organs	130	-							
12.12 Other non-OR therapeutic procedures, female organs	131	-							
12.13 Other OR therapeutic procedures, female organs	132	-							

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Procedure category		CCS code	ICD-9-CM code							
13	Obstetrical procedures	122 133 134 135 136 137 138 139 140 141	-							
13.1	Episiotomy	133	-							
13.2	Cesarean section	134	-							
13.3	Forceps, vacuum, and breech delivery	135	-							
13.3.1	Low forceps delivery with episiotomy	-	721							
13.3.2	Vacuum extraction with episiotomy	-	7271							
13.3.3	Other vacuum extraction	-	7279							
13.3.4	Other forceps or breech delivery	-	720 7251 729	7221 7252 733	7229 7253	7231 7254	7239 726	724 728		
13.4	Artificial rupture of membranes to assist delivery	136	-							
13.5	Other procedures to assist delivery	137	-							
13.5.1	Induction of labor by artificial rupture of membranes	-	7301							
13.5.2	Medical induction of labor	-	734							
13.5.3	Other manually assisted labor	-	7359							
13.5.4	Other delivery procedures	-	731 7392	7321 7393	7322 7394	7351 7399	738	7391		
13.6	Diagnostic amniocentesis	138	-							
13.7	Fetal monitoring	139	-							
13.8	Repair of current obstetric laceration	140	-							
13.8.1	Repair of obstetric laceration of uterus or cervix	-	7550	7551	7552					
13.8.2	Repair of obstetric laceration of bladder or urethra	-	7561							
13.8.3	Repair of obstetric laceration of rectum or sphincter	-	7562							
13.8.4	Repair of other obstetric laceration	-	7569							
13.9	Other therapeutic obstetrical procedures	141	-							

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Procedure category		CCS code		ICD-9-CM code							
13.10	Removal of ectopic pregnancy	122	-								
14	Operations on the musculoskeletal system	142 143 144	-								
		145 146 147									
		148 149 150									
		151 152 153									
		154 155 156									
		157 158 159									
		160 161 162									
		163 164									
14.1	Partial excision bone	142	-								
14.2	Bunionectomy or repair of toe deformities	143	-								
14.3	Treatment of fracture or dislocation	144 145 146	-								
		147 148									
14.3.1	Treatment, facial fracture or dislocation	144	-								
14.3.2	Treatment, fracture or dislocation of radius and ulna	145	-								
14.3.3	Treatment, fracture or dislocation of hip and femur	146	-								
14.3.4	Treatment, fracture or dislocation of lower extremity (other than hip or femur)	147	-								
14.3.5	Other fracture and dislocation procedure	148	-								
14.4	Arthroscopy	149	-								
14.4.1	Arthroscopy of knee	-	8026								
14.4.2	Other arthroscopy	-	8020 8021 8022 8023 8024 8025 8027 8028 8029								
14.5	Division of joint capsule, ligament or cartilage	150	-								
14.6	Excision of semilunar cartilage of knee	151	-								
14.7	Arthroplasty	152 153 154	-								
14.7.1	Arthroplasty knee	152	-								
14.7.2	Hip replacement, total and partial	153	-								
14.7.3	Arthroplasty other than hip or knee	154	-								
14.8	Arthrocentesis	155	-								

Source: AHRQ, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

Appendix D

Expanded procedure categories¹

This document provides a listing of ICD-9-CM codes included in the multi-level CCS procedure categories.

Procedure category	CCS code	ICD-9-CM code						
14.9 Injections and aspirations of muscles, tendons, bursa, joints and soft tissue	156	-						
14.10 Amputation of lower extremity	157	-						
14.10.1 Amputation of toe	-	8411						
14.10.2 Amputation through foot	-	8412						
14.10.3 Below knee amputation	-	8415						
14.10.4 Above knee amputation	-	8417						
14.10.5 Other lower extremity amputation	-	8410	8413	8414	8416	8418	8419	
14.11 Spinal fusion	158	-						
14.12 Other diagnostic procedures on musculoskeletal system	159	-						
14.13 Other therapeutic procedures on muscles and tendons	160	-						
14.13.1 Rotator cuff repair	-	8363						
14.13.2 Other suture of muscle, tendon and fascia	-	8361	8362	8364	8365			
14.13.3 Other muscle and tendon procedures	-	8201	8202	8203	8204	8209	8211	
		8212	8219	8221	8222	8229	8231	
		8232	8233	8234	8235	8236	8239	
		8241	8242	8243	8244	8245	8246	
		8251	8252	8253	8254	8255	8256	
		8257	8258	8259	8261	8269	8271	
		8272	8279	8281	8282	8283	8284	
		8285	8286	8289	8291	8299	8301	
		8302	8303	8309	8311	8312	8313	
		8314	8319	8331	8332	8339	8341	
		8342	8343	8344	8345	8349	835	
		8371	8372	8373	8374	8375	8376	
		8377	8379	8381	8382	8383	8384	
		8385	8386	8387	8388	8389	8391	
		8392	8393	8399				
14.14 Other OR therapeutic procedures on bone	161	-						
14.15 Other OR therapeutic procedures on joints	162	-						
14.16 Other non-OR therapeutic procedures on musculoskeletal system	163	-						
14.17 Other OR therapeutic procedures on musculoskeletal system	164	-						

Source: AHRQ, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

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Expanded procedure categories¹

This document provides a listing of ICD-9-CM codes included in the multi-level CCS procedure categories.

Procedure category		CCS code	ICD-9-CM code						
15	Operations on the integumentary system	165 166 167 - 168 169 170 171 172 173 174 175							
15.1	Procedures on the breast	165 166 167 -							
15.1.1	Breast biopsy and other diagnostic procedures on breast	165 -							
15.1.2	Lumpectomy, quadrantectomy of breast	166 -							
15.1.3	Mastectomy	167 -							
15.2	Incision and drainage, skin and subcutaneous tissue	168 -							
15.3	Debridement of wound, infection or burn	169 -							
15.4	Excision of skin lesion	170 -							
15.5	Suture of skin and subcutaneous tissue	171 -							
15.6	Skin graft	172 -							
15.7	Other diagnostic procedures on skin and subcutaneous tissue	173 -							
15.8	Other non-OR therapeutic procedures on skin and breast	174 -							
15.8.1	Aspiration of skin and subcutaneous tissue	- 8601							
15.8.2	Insertion of totally implantable vascular access device	- 8607							
15.8.3	Debridement of nail	- 8627							
15.8.4	Other skin and breast procedures, non-OR	-	850 8551 8552 8581 8591 8592 8602 8603 8605 8609 8623 8624 8626 8692 8699						
15.9	Other OR therapeutic procedures on skin and breast	175 -							
15.9.1	Bilateral reduction mammoplasty	- 8532							
15.9.2	Excision pilonidal cyst or sinus	- 8621							

Source: AHRQ, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

Appendix D

Expanded procedure categories¹

This document provides a listing of ICD-9-CM codes included in the multi-level CCS procedure categories.

Procedure category		CCS code		ICD-9-CM code			
15.9.3	Other skin and breast procedures, - OR	8524	8525	8531	8533	8534	8535
		8536	8550	8553	8554	856	857
		8582	8583	8584	8585	8586	8587
		8589	8593	8594	8595	8596	8599
		8606	8625	8681	8682	8683	8684
		8685	8686	8689	8691	8693	
16	Miscellaneous diagnostic and therapeutic procedures	176	177	178	-		
		179	180	181			
		182	183	184			
		185	186	187			
		188	189	190			
		191	192	193			
		194	195	196			
		197	198	199			
		200	201	202			
		203	204	205			
		206	207	208			
		209	210	211			
		212	213	214			
		215	216	217			
		218	219	220			
		221	222	223			
		224	225	226			
		227	228	229			
		230	231				
16.1	Other organ transplantation	176	-				
16.2	Computerized axial tomography (CT) scan	177	178	179	-		
		180					
16.2.1	Computerized axial tomography (CT) scan head	177	-				
16.2.2	CT scan chest	178	-				
16.2.3	CT scan abdomen	179	-				
16.2.4	Other CT scan	180	-				
16.3	Myelogram	181	-				
16.4	Mammography	182	-				
16.5	Routine chest X-ray	183	-				
16.6	Intraoperative cholangiogram	184	-				
16.7	Upper gastrointestinal X-ray	185	-				
16.8	Lower gastrointestinal X-ray	186	-				

Source: AHRQ, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

Appendix D

Expanded procedure categories¹

This document provides a listing of ICD-9-CM codes included in the multi-level CCS procedure categories.

Procedure category	CCS code	ICD-9-CM code
16.9 Intravenous pyelogram	187	-
16.10 Cerebral arteriogram	188	-
16.11 Contrast aortogram	189	-
16.12 Contrast arteriogram of femoral and lower extremity arteries	190	-
16.13 Arterio- or venogram (not heart and head)	191	-
16.14 Diagnostic ultrasound	192 193 194 195 196 197	-
16.14.1 Diagnostic ultrasound of head and neck	192	-
16.14.2 Diagnostic ultrasound of heart (echocardiogram)	193	-
16.14.3 Diagnostic ultrasound of gastrointestinal tract	194	-
16.14.4 Diagnostic ultrasound of urinary tract	195	-
16.14.5 Diagnostic ultrasound of abdomen or retroperitoneum	196	-
16.14.6 Other diagnostic ultrasound	197	-
16.15 Magnetic resonance imaging	198	-
16.16 Electroencephalogram (EEG)	199	-
16.17 Nonoperative urinary system measurements	200	-
16.18 Cardiac stress tests	201	-
16.19 Electrocardiogram	202	-
16.20 Electrographic cardiac monitoring	203	-
16.21 Swan-Ganz catheterization for monitoring	204	-
16.22 Arterial blood gases	205	-
16.23 Microscopic examination (bacterial smear, culture, toxicology)	206	-
16.24 Radioisotope scan	207 208 209 210	-
16.24.1 Radioisotope bone scan	207	-

Source: AHRQ, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

Appendix D

Expanded procedure categories¹

This document provides a listing of ICD-9-CM codes included in the multi-level CCS procedure categories.

Procedure category	CCS code	ICD-9-CM code					
16.24.2 Radioisotope pulmonary scan	208	-					
16.24.3 Radioisotope scan and function studies	209	-					
16.24.4 Other radioisotope scan	210	-					
16.25 Therapeutic radiology	211	-					
16.26 Physical therapy	212 213 214 215	-					
16.26.1 Diagnostic physical therapy	212	-					
16.26.2 Physical therapy exercises, manipulation, and other procedures	213	-					
16.26.3 Traction, splints, and other wound care	214	-					
16.26.4 Other physical therapy and rehabilitation	215	-					
16.27 Respiratory intubation and mechanical ventilation	216	-					
16.27.1 Endotracheal intubation	-	9604					
16.27.2 Continuous mechanical ventilation less than 96 hours	-	9671					
16.27.3 Continuous mechanical ventilation 96 hours or more	-	9672					
16.27.4 Other respiratory intubation and mechanical ventilation	-	9390 9392 9601 9602 9603 9605 9670					
16.28 Other respiratory therapy	217	-					
16.28.1 Respiratory medication administered by nebulizer	-	9394					
16.28.2 Oxygen therapy	-	9396					
16.28.3 Other respiratory treatments	-	9391 9399					
16.29 Psychological and psychiatric evaluation and therapy	218	-					
16.29.1 Psychiatric drug therapy	-	9421 9422 9423 9424 9425					
16.29.2 Electroconvulsive therapy	-	9427					
16.29.3 Individual psychotherapy	-	9431 9432 9433 9434 9435 9436 9437 9438 9439					

Source: AHRQ, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

Appendix D

Expanded procedure categories¹

This document provides a listing of ICD-9-CM codes included in the multi-level CCS procedure categories.

Procedure category	CCS code	ICD-9-CM code						
16.29.4 Other psychological and psychiatric evaluation and therapy	-	9401	9402	9403	9408	9409	9411	
		9412	9413	9419	9426	9429	9441	
		9442	9443	9444	9445	9446	9449	
		9451	9452	9453	9454	9455	9459	
16.30 Alcohol and drug rehabilitation/detoxification	219	-						
16.30.1 Alcohol rehabilitation	-	9461						
16.30.2 Alcohol detoxification	-	9462						
16.30.3 Alcohol rehabilitation/detoxification	-	9463						
16.30.4 Drug rehabilitation	-	9464						
16.30.5 Drug detoxification	-	9465						
16.30.6 Drug rehabilitation and detoxification	-	9466						
16.30.7 Alcohol and drug rehabilitation	-	9467						
16.30.8 Alcohol and drug detoxification	-	9468						
16.30.9 Alcohol and drug rehabilitation and detoxification	-	9469						
16.31 Ophthalmologic and otologic diagnosis and treatment	220	-						
16.32 Nasogastric tube	221	-						
16.33 Blood transfusion	222	-						
16.34 Enteral and parenteral nutrition	223	-						
16.35 Cancer chemotherapy	224	-						
16.36 Conversion of cardiac rhythm	225	-						
16.37 Other diagnostic radiology and related techniques	226	-						
16.38 Other diagnostic procedures (interview, evaluation, consultation)	227	-						
16.39 Prophylactic vaccinations and inoculations	228	-						
16.40 Nonoperative removal of foreign body	229	-						
16.41 Extracorporeal shock wave lithotripsy, other than urinary	230	-						
16.42 Other therapeutic procedures	231	-						

Source: AHRQ, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

Appendix D

Expanded procedure categories¹

This document provides a listing of ICD-9-CM codes included in the multi-level CCS procedure categories.

Procedure category	CCS code	ICD-9-CM code					
16.42.1 Inject antibiotic	-	0014	9921				
16.42.2 Other phototherapy (newborn)	-	9983					
16.42.3 Injection of thrombolytic agent (not coronary)	-	9910	9975				
16.42.4 Other therapies	-	0011	0012	0013	3898	3899	923
		9230	9231	9232	9233	9239	9393
		9395	9397	9398	9657	9658	9659
		9715	9716	9729	9738	9739	9779
		9781	9783	9784	9785	9787	9789
		9911	9912	9913	9914	9916	9917
		9918	9919	9920	9922	9923	9924
		9926	9927	9929	9971	9972	9973
		9974	9975	9976	9979	9981	9982
		9984	9985	9986	9988	9991	9992
		9998	9999				

¹ Expanded procedure categories can consist of groups of Clinical Classification Software (CCS) categories, individual CCS categories, or individual ICD-9-CM codes. For information on constituent ICD-9-CM codes for CCS categories listed here, refer to Appendix B.