Healthcare Cost and Utilization Project (HCUP) Surgery Definitions

- Surgery classification algorithm/crosswalk available here: https://www.hcup-us.ahrq.gov/toolssoftware/surgeryflags_svcproc/surgeryflagssvc_proc.jsp
- Procedures are deemed either:
  - A narrowly defined surgery (**Narrow**) that is usually a major therapeutic procedure
  - A more broadly defined surgery (**Broad**) that includes major diagnostic and invasive minor therapeutic procedures
  - Neither a narrowly nor broadly defined surgery (**Neither**)
- Used by HCUP to craft their national ambulatory surgery dataset.
  - HCUP dataset only includes **Narrow** surgeries.
- Covers only codes in the following ranges:
  - CPT Category I, Surgery: 10004–69990
  - CPT Category I, Radiology procedures: 70010–79999
  - CPT Category I, Medicine services and procedures: 90281–99756, excluding the evaluation and management codes in the range 99201-99499
  - CPT Category III Codes, Temporary codes for emerging or experimental services, technology, or procedures: 0042T–0593T
- Excluded are all other ranges of CPT Category I codes (i.e., codes specific to anesthesia, pathology and laboratory procedures, evaluation and management services, laboratory analyses, multianalyte assay), any CPT Category II codes, and all HCPCS Level II codes.
- Summary of procedures **not** deemed surgery:
  - Lithotripsy
  - Radiosurgery
  - Shaving of epidermal or dermal lesion
  - Endoscopy (including colonoscopy) **without** biopsy or removal of tissue; visual inspection for diagnostic purpose
  - Angiography for diagnostic purpose
  - Ablation of nerve or vein
  - Injections, even if performed for catheter placement
- For example CPT 45378 is **not** a surgery under the logic, but CPT 45380 is a **Broad** surgery. They are both colonoscopies, but CPT 45380 involves biopsy collection as part of the procedure and CPT 45378 does not.
  - Because the the HCUP definitions do not include HCPCS Level II codes, the colonoscopy screening codes G0105 and G0121 are not included.