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COLLABORATIVE QUALITY IMPROVEMENT PLANS (CQIPS):

2023/24 Technical Specifications

November 2022

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Introduction

This document includes definitions, calculations, reporting periods, and other technical information for the indicators chosen for the 2023/24 collaborative Quality Improvement Plan (cQIP) for Ontario Health Teams (OHTs). It also includes the questions that OHTs will be answering in the narrative section of their cQIP that will address important quality issues.

The indicators described in this document were carefully chosen to represent quality issues raised by the Ministry of Health and Ontario Health (including the Mental Health and Addictions Centre of Excellence and the COVID-19 Recovery Table), and considered the work already done by OHT partners (including the Rapid-Improvement Support and Exchange [RISE] and the Health System Performance Research Network [HSPN]). The consultations for these indicators took place in the fall of 2021. Six OHTs also provided thoughtful comments and feedback.

The indicators are a continuation of the 2022/23 cQIPs, which captured system-level work done by partners within each OHT. The cQIP reflects on *progress* to date and captures the *intent* of the OHT partners as they work together as an integrated team of partners to address common issues.

Considerations
Data time periods are set according to the limits of available data providers. Ontario Health is working with data providers to make the source periods as recent as possible. The most recent data for the priority indicators will be available on the OHT Data Dashboard, which can be accessed through the eReports platform.

Important link
For help completing the cQIP, refer to the cQIP guidance document from Ontario Health.
The cQIP "points of contact" are encouraged to join the cQIP Community of Practice:

1. Visit the OHT Shared Space and click on "SIGN UP" to create your account.

2. Visit the cQIP Community of Practice and click the JOIN GROUP button. You will be notified via email once you have been accepted into the group.

3. Once you have been accepted into the community of practice, click on the "SUBSCRIBE TO UPDATES" button to receive an email notification when there is new activity, such as upcoming webinars and posted resources.

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Priority Indicator: Most Appropriate Setting

1. Alternate level of care days expressed as a percentage of all inpatient days in the same period

Dimension	Efficient
Direction of Improvement	Reduce (lower)
Type	Process
Description	Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment. This indicator can be stratified by characteristics such as fiscal year, month, Ontario Health team (OHT), discharge destination, diagnosis groups, and hospital of discharge.
Unit of Measure	Percentage
Calculation Methods	(Numerator ÷ Denominator) x 100
Numerator	Total number of inpatient days designated as ALC in a given time period Calculation Steps: • Select the DAD data field name "ALC length of stay" • Calculate (sum) the total number of inpatient days designated as ALC in a given time period Inclusions: • Data from acute care hospitals, including those with psychiatric beds ("AP hospitals") and without psychiatric beds ("AT hospitals") • Individuals designated as ALC Exclusions: • Newborns and stillborns • Records with missing or invalid "Discharge date"
Denominator	Total number of inpatient days in a given time period Calculation Steps: 1. Select the DAD data field name "Total length of stay" 2. Calculate (sum) the total number of inpatient days in a given time period Inclusions: • Data from acute care hospitals, including those with psychiatric beds (AP hospitals) and without psychiatric beds (AT hospitals) Exclusions: • Newborns and stillborns • Records with missing or invalid "Discharge date"
Risk Adjustment	None
Current Reporting Period	October 2021 to September 2022
Data Source	DAD, RPDB, OHTAM
How to Access Data	The data can be accessed from the Ontario Health OHT BI Dashboard in eReports. Data will also be pre-populated in Navigator by March 2023 (12 months rolling data)

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Priority Indicator: Mental Health and Addictions Services

2. Emergency Department visit as first point of contact for mental health and addictions–related care

Status	Priority for 2023/24
Dimension	Timely
Direction of Improvement	Reduce (lower)
Type	Process
Description	This indicator measures the number of individuals for whom the emergency department (ED) was the first point of contact for mental health and addictions (MHA) care. This indicator can be stratified by characteristics such as fiscal year, month, OHT, age, sex, diagnosis, after hours contact, weekend contact, and hospital of discharge.
Unit of Measure	Percentage
Calculation Methods	(Numerator ÷ Denominator) x 100
Numerator	Number of individuals in Ontario without an MHA-related service contact in the past 2 years

This only includes individuals who did not have an MHA-related outpatient visit to a psychiatrist or primary care provider/pediatrician, or an MHA-related ED visit (scheduled or unscheduled) or MHA-related hospitalization in the 2 years preceding the index period. |
| **Denominator** | Denominator for fiscal year data: Number of unique Ontario residents aged 0 to 105 years with an incident (first in a fiscal year) unscheduled MHA-related ED visit in the reporting period

Denominator for rolling 12 months (October 2021 to September 2022), and monthly data in the BI dashboard: Number of unique Ontario residents aged 0 to 105 years with an incident (first in a month) unscheduled MHA-related ED visit in the reporting period.

Diagnoses ICD-10 codes include:
Primary diagnosis field = F06–F99 or secondary diagnosis fields = X60–X84, Y10–Y19, Y28 when primary diagnosis is not F06–F99, and excluding substance abuse, ICD-10 F10–F19 |
Risk Adjustment	None
Current Reporting Period	October 2021 to September 2022
Data Source	DAD, NACRS, RPDB, OHIP, OMHRS, OHTAM
How to Access Data	The data can be accessed from the Ontario Health OHT BI dashboard in eReports.
Data will also be pre-populated in Navigator by March 2023 (12 months rolling data)

Abbreviations: DAD, Discharge Abstract Database; ED, emergency department; ICD, International Statistical Classification of Diseases and Related Health Problems; MHA, mental health and addictions; NACRS, National Ambulatory Care Reporting System; OHIP, Ontario Health Insurance Plan; OHT BI, Ontario Health Team Business Intelligence; OHTAM, Ontario Health Teams Attribution Models database; OMHRS, Ontario Mental Health Reporting System; RPDB, Registered Persons Database.

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Comments:

When access to timely community-based mental health and addictions (MHA) assessment and treatment is insufficient, individuals who require services may use the emergency department (ED) as their first point of contact. Therefore, a high rate of use of the ED as a first point of contact for MHA care may be a useful indicator of inadequate access to outpatient physician- and community-based care.

Priority Indicators: Preventive Care

3. Percentage of screen-eligible people who are up to date with Papanicolaou (Pap) tests

Status	Priority for 2023/24
Dimension	Effective
Direction of Improvement	Increase (higher)
Type	Process
Description	This indicator is measuring the percentage of screen-eligible people aged 21 to 69 years who had a cytology (Pap) test within the previous 3 years. The indicator can be stratified by characteristics such as fiscal year, quarter, Ontario Health team (OHT), forward sortation area (FSA), Ontario Health region, LHIN, PHU, marginalization index, age and sex. This indicator is calculated using the Ontario Health Screening Activity Report (OH-SAR) methodology and is slightly different from the previous ICES methodology for the same indicator.
Unit of Measure	Percentage
Calculation Methods	(Numerator ÷ Denominator) x 100
Numerator	Number of screen-eligible people aged 21 to 69 years who have completed at least one cytology (Pap) test within the past 3 years • Cytology tests were identified through CytoBase, or through OHIP using the fee codes listed in **Appendix A** • All cytology tests in CytoBase were counted, including those with inadequate specimens • Each person was counted once, regardless of the number of cytology tests performed in the past 3 years
Denominator	Total number of screen-eligible people aged 21 to 69 years in the reporting period in Ontario
Inclusion Criteria	• Screen-eligible people aged 21 to 69 years at the index date in Ontario • The index date was defined as the midpoint of the reporting period
Exclusion Criteria	• People with a missing or invalid health insurance number, date of birth, region, or postal code • People diagnosed with an invasive cervical cancer prior to the quarter; prior diagnosis of cervical cancer was defined as: ICD-O-3 codes C53, and a morphology indicative of cervical cancer, microscopically confirmed with a pathology report • People who had a colposcopy and/or treatment within 2 years prior to the reporting period • Colposcopy and/or treatment were identified using the OHIP fee codes in **Appendix B** • People with a hysterectomy prior to the reporting period • People with a hysterectomy were identified using the OHIP fee codes in **Appendix C**
Risk Adjustment	None
Current Reporting Period	Second Quarter (covering 3 years of participation up to September 2022)

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Data Source	CytoBase, OCR, OHIP, RPDB, OHTAM
How to Access Data	The data can be accessed from the Ontario Health OHT BI dashboard in eReports. Data will also be pre-populated in Navigator by March 2023

Abbreviations: ICD, International Statistical Classification of Diseases and Related Health Problems; LHIN, local health integration network; OCR, Ontario Cancer Registry; OHIP, Ontario Health Insurance Plan; OHT, Ontario Health Team; OHT BI, Ontario Health Team Business Intelligence; OHTAM, Ontario Health Teams Attribution Models database; PHU, Public Health Unit; RPDB, Registered Persons Database**Comments:**

Cervical cancer screening using cervical cytology (Pap) can lead to early detection of pre-cancerous lesions before they develop into invasive cervical cancer. Regular cervical screening is important because it significantly reduces cervical cancer incidence, morbidity (e.g., loss of fertility, which can result from treatment), and cervical cancer-related mortality. These potential harms of cervical cancer are why it is important to increase cervical screening participation rates in the population.

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4. Percentage of screen-eligible people who are up to date with mammograms

Status	Priority for 2023/24
Dimension	Effective
Direction of Improvement	Increase (higher)
Type	Process
Description	This indicator is measuring the percentage of screen-eligible people aged 50 to 74 years who had completed at least one screening mammogram within the past 2 years. The indicator can be stratified by characteristics such as fiscal year, quarter, Ontario Health team (OHT), forward sortation area (FSA), Ontario Health region, local health integration network (LHIN), public health unit (PHU), marginalization index, age and sex. This indicator is calculated using the Ontario Health Screening Activity Report (OH-SAR) methodology and is slightly different from the previous ICES methodology for the same indicator.
Unit of Measure	Percentage
Calculation Methods	(Numerator ÷ Denominator) x 100

Numerator	Number of screen-eligible people aged 50 to 74 years who completed at least one screening mammogram within the past 2 years
	• Screening mammograms were identified as follows:
	  ◦ OBSP screening mammograms were identified in ICMS
	  ◦ Non-OBSP screening mammograms were identified in OHIP using fee code X178 (screening bilateral mammogram) and X185 (diagnostic bilateral mammogram)
	• All mammograms in ICMS were counted, including those with partial views
	• Each person was counted once regardless of the number of mammograms performed in the past 2 years

Denominator	Total number of screen-eligible people aged 50 to 74 years in the reporting period in Ontario
Inclusion Criteria	• Screen-eligible people aged 50 to 74 years at the index date in Ontario • The index date was defined as the midpoint of the reporting period
Exclusion Criteria	• People with a missing or invalid health insurance number, date of birth, postal code, or region • People with a prior diagnosis of breast invasive cancer or ductal carcinoma in situ before the reporting period (prior diagnosis of breast cancer defined as: ICD-O-3 codes C50, and a morphology indicative of ductal carcinoma in-situ or invasive breast cancer, microscopically confirmed with a pathology report) • People with a mastectomy before the reporting period. Mastectomy was defined using OHIP fee codes E505, E506, E546, R108, R109, and R117
Risk Adjustment	None
Current Reporting Period	Second Quarter (covering 2 years of participation up to September 2022)
Data Source	ICMS-OBSP, OCR, RPDB, OHIP, OHTAM
How to Access Data	The data can be accessed from the Ontario Health OHT BI dashboard in eReports. Data will also be pre-populated in Navigator by March 2023

Abbreviations: ICD, International Statistical Classification of Diseases and Related Health Problems; ICMS, Integrated Client Management System; LHIN, local health integration network; OBSP, Ontario Breast Screening Program; OCR, Ontario Cancer Registry; OHIP, Ontario Health Insurance Plan; OHT, Ontario Health Team; OHT BI, Ontario Health Team Business Intelligence; OHTAM, Ontario Health Teams Attribution Models database; PHU, public health unit; RPDB, Registered Persons Database.

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Comments:

Regular breast screening is important because it can find cancer early, when it is less likely to have spread to other parts of the body. Treatment may also have a better chance of working when breast cancer is found early. Declining participation in breast screening may lead to poorer outcomes for people who develop breast cancer.

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5. Percentage of screen-eligible people who are up to date with colorectal tests

Status	Priority for 2023/24
Dimension	Effective
Direction of Improvement	Increase (higher)
Type	Process
Description	This indicator is measuring the percentage of Ontario screen-eligible people aged 50 to 74 years who had a fecal immunochemical test (FIT) within the past 2 years, a colonoscopy within the past 10 years, or a flexible sigmoidoscopy within the past 10 years. The indicator can be stratified by characteristics such fiscal year, quarter, OHT, forward sortation area (FSA), Ontario Health region, local health integration network (LHIN), public health unit (PHU), marginalization index, age and sex. This indicator is calculated using the Ontario Health Screening Activity Report (OH-SAR) screening methodology and is slightly different from the previous ICES methodology for the same indicator.
Unit of Measure	Percentage
Calculation Methods	(Numerator ÷ Denominator) x 100

Numerator	Number of screen-eligible people aged 50 to 74 years in Ontario who had a FIT within the past 2 years, a colonoscopy in the past 10 years, or a flexible sigmoidoscopy within the past 10 years
	• Individuals are considered up to date with colorectal cancer screening if they:
	  ○ had a FIT within the last 2 years OR
	  ○ had a colonoscopy in the last 10 years OR
	  ○ had a flexible sigmoidoscopy in the 10 ten years
	• FITs are identified in Fecal Immunochemical Test Data Submission Portal (FIT DSP)
	• Only valid FITs are included. FITs with either normal or abnormal results are considered valid
	• Colonoscopies are identified using OHIP fee codes Z555A, Z491A-Z499A, or in CIRT or the Gastrointestinal Endoscopy Data Submission Portal
	• Flexible sigmoidoscopies are identified using OHIP fee code Z580A
	• Multiple claims with the same health insurance number and service date are assumed for a single procedure
	• Each individual is counted once regardless of the number of tests performed

Denominator	Total number screen-eligible people aged 50 to 74 years in the reporting period in Ontario
Inclusion Criteria	• Ontario residents aged 50 to 74 years at the index date • Index date is defined as the date in the middle of the reporting period
Exclusion Criteria	• Individuals with a missing or invalid health insurance number, date of birth, or postal code • Individuals with an invasive colorectal cancer prior to the reporting period (prior diagnosis of colorectal cancer is defined as: ICD-O-3 codes C18.0, C18.2-C18.9, C19.9, C20.9, and a morphology indicative of colorectal cancer, microscopically confirmed with a pathology report) • Individuals with a total colectomy prior to the reporting period (total colectomy is defined in OHIP by fee codes S169A, S170A, S172A)
Risk Adjustment	None
Current Reporting Period	Second Quarter (covering 2 years of participation for FIT, and 10 years of participation for flexible sigmoidoscopy or colonoscopy up to September 2022)
Data Source	FIT DSP, GI Endoscopy DSP, OCR, RPDB, OHIP, OHTAM
How to Access Data	The data can be accessed from the Ontario Health OHT BI dashboard in eReports. Data will also be pre-populated in Navigator by March 2023.

Abbreviations: CIRT, Colonoscopy Interim Reporting Tool; FIT DSP, Fecal Immunochemical Test Data Submission Portal; GI Endoscopy DSP, Gastrointestinal Endoscopy Data Submission Portal; FIT, fecal immunochemical test; ICD, International Statistical Classification of Diseases and Related Health Problems; LHIN, local health integration network; OBSP, Ontario Breast Screening Program; OCR, Ontario Cancer Registry; OHIP,

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Ontario Health Insurance Plan; OHT, Ontario Health team; OHT BI, Ontario Health Team Business Intelligence; OHTAM, Ontario Health Teams Attribution Models database; PHU, public health unit; RPDB, Registered Persons Database.

Comments:

Regular screening using fecal immunochemical tests (FITs) can reduce colorectal cancer (CRC) mortality by detecting cancer earlier when treatment is more likely to be successful. Screening with some tests can also lower the incidence of CRC (through the detection of polyps that can be removed before they become cancerous).

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Supplementary Indicators

6. Alternate level of care rate

Status	Supplementary for 2023/24
Dimension	Efficient
Direction of Improvement	Reduce (lower)
Type	Process
Description	The proportion of inpatient days in acute and post-acute care beds that are spent designated as alternate level of care (ALC) in a specific time period. This indicator is different from priority indicator #1 (which uses data from DAD) because this indicator reports on both patients designated ALC that are still waiting (open), and patients designated ALC that were discharged/discontinued (closed).
	The ALC rate indicator can be segmented by characteristics such as hospitals, discharge destination, and type of inpatient care.
	The numerator associated with the ALC rate indicator is presented for OHTs as ALC days per 10,000 population.
Unit of Measure	Percentage
Calculation Methods	(Numerator ÷ Denominator) x 100
Numerator	Total number of days patients spent designated ALC within the specified time period
Denominator	Total number of inpatient bed days contributed by patients within the specific time period
	To calculate the "total number of inpatient days," an extract of the Daily Bed Census Summary (dBCS) is taken on the 6th business day of each reporting month to coincide with the Wait Time Information System (WTIS) data cut date.
	The following guiding principle is then used to calculate the "inpatient bed days" by the designated bed types: - Acute patient days = total number of days patients occupy beds for acute care, inclusive of beds occupied by children/adolescents for mental health care - Post-acute patient days = total number of days patients occupy beds for complex continuing care + general rehabilitation + special rehabilitation + adult mental health care - Complex continuing care patient days = total number of days patients occupy complex continuing care beds - Rehab patient days = total number of days patients occupy general rehabilitation + special rehabilitation beds - Mental health patient days = total number of days patients occupy beds for adult mental health care
Risk Adjustment	None
Reporting Frequency	Quarterly
Data Source	Daily Bed Census (dBCS), OHTAM, WTIS-ALC
How to Access Data	The data can be accessed from the Ontario Health OHT BI dashboard in eReports.

Abbreviations: ALC, alternate level of care; DAD, Discharge Abstract Database; dBCS, Daily Bed Census; OHT, Ontario Health teams; OHT BI, Ontario Health Team Business Intelligence; OHTAM, Ontario Health Teams Attribution Models database; WTIS, Wait Time Information System

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7. Cumulative alternate level of care days

Status	Supplementary for 2023/24
Dimension	Efficient
Direction of Improvement	Reduce (lower)
Type	Process
Description	This indicator measures the total number of days patients are actively waiting for an alternate level of care (a less intensive level care than an acute care hospital bed). The data can be segmented by characteristics such as month, Ontario Health team (OHT), type of inpatient care, discharge destination (discharge destination = most appropriate discharge destination), and by long -waiters (i.e., ALC Length of Stay >= 30 Days)
Unit of Measure	Number
Calculation Methods	Numerator
Numerator	Total number of days patients are actively waiting for an alternate level of care
Denominator	Not applicable
Risk Adjustment	None
Reporting Frequency	Quarterly
Data Source	OHTAM, WTIS
How to Access Data	The data can be accessed from the Ontario Health OHT BI dashboard in eReports.

Abbreviations: ALC, alternate level of care; OHT, Ontario Health team; OHT BI, Ontario Health Team Business Intelligence; WTIS, Wait Time Information System

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8. Volume of open alternate level of care cases

Status	Supplementary for 2023/24
Dimension	Efficient
Direction of Improvement	Reduce (lower)
Type	Process
Description	This indicator measures the number of patients waiting for an alternate level of care at a specified point in time. The data can be segmented by characteristics such as , month, Ontario Health team (OHT), type of inpatient care, discharge destination (discharge destination = most appropriate discharge destination), and by long-waiters (i.e., ALC Length of Stay >= 30 Days).
Unit of Measure	Number
Calculation Methods	Numerator
Numerator	Number of patients waiting for an alternate level of care at a specified point in time
Denominator	Not applicable
Risk Adjustment	None
Reporting Frequency	Quarterly
Data Source	OHTAM, WTIS
How to Access Data	The data can be accessed from the Ontario Health OHT BI dashboard in eReports.

Abbreviations: ALC, alternate level of care; OHT, Ontario Health teams; OHT BI, Ontario Health Team Business Intelligence; WTIS, Wait Time Information System

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Narrative Questions

Provide an overview of your OHT and patient population

Provide a brief description of your Ontario Health team (OHT) and an introduction to your OHT's collaborative Quality Improvement Plan (cQIP). Imagine you are telling a member of the public key facts about your OHT and the current focus of your efforts. Remark on how your work this past year has led to improvement in care for populations you serve that are more commonly affected by social determinants. Think of this as an executive summary that helps to contextualize and connect different parts of the cQIP.

Describe your OHT's greatest quality improvement (QI) achievement from the past year

Think of this as an opportunity to tell a story about a specific achievement for which your OHT is particularly proud. It should not be merely a reiteration of the indicator work plans in your cQIP—think of this as a "bright spot" that can be shared with other organizations. Consider including information about how patients/clients/communities were engaged in care model redesign, or a specific initiative or achievement that primarily focused on equity or improving the care of people most impacted by social determinants.

Patient/client/resident/provider engagement and partnering

Describe how your OHT has engaged, or is planning to engage, priority patient population(s) and providers in co-design activities for your cQIP quality initiatives. Please provide one to two examples of initiatives and include how you have engaged patients/clients/residents in co-designing this work.

Supporting resources

- [Resources to support patient, family and caregiver engagement and partnership](—)—RISE (Rapid-Improvement Support and Exchange, McMaster Forum)

- [Patient Family Caregiver (PFC) Engagement and Partnership OHT Shared Space](—)—PFC Engagement and Partnership Community of Practice

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Appendix A: OHIP fee codes for cytology (Papanicolaou) tests

The following are Ontario Health Insurance Plan (OHIP) fee codes used to identify cytology (Papanicolaou [Pap]) tests for priority indicator #3 (Percentage of screen-eligible people who are up to date with Pap tests):

- E430A: Add-on to A003, A004, A005, A006 when Pap test performed outside hospital
- G365A: Periodic – Pap smear
- E431A: When Papanicolaou smear is performed outside of hospital, to G394
- G394A: Additional for follow-up of abnormal or inadequate smears
- L713A: Lab/med/anat/path/hist/cyt/cytol/gynaecological specimen
- L733A: Cervicovaginal specimen (monolayer cell methodology)
- L812A: Cervical vaginal specimens including all types of cellular abnormality, assessment of flora, and/or cytohormonal evaluation
- Q678A: Gynaecology – pap smear – periodic – nurse practitioners

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Appendix B: OHIP fee codes for colposcopy and treatment

The following are Ontario Health Insurance Plan (OHIP) fee codes used to identify people who have had colposcopy and treatment, which are exclusion criteria for priority indicator #3 (Percentage of screen-eligible people who are up to date with Papanicolaou tests).

Colposcopy

- Z731 - Initial investigation of abnormal cytology of vulva and/or vagina or cervix under colposcopic technique with or without biopsy(ies) and/or endocervical curetting
- Z787 - Follow-up colposcopy with biopsy(ies) with or without endocervical curetting
- Z730 - Follow-up colposcopy without biopsy with or without endocervical curetting

Treatment

- Z732 - Cryotherapy
- Z724 - Electro
- Z766 - Electrosurgical Excision Procedure (LEEP)
- S744 - Cervix - cone biopsy - any technique, with or without D&C
- Z729 - Cryoconization, electroconization or CO_2 laser therapy with or without curettage for premalignant lesion (dysplasia or carcinoma in-situ), out-patient procedure

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Appendix C: OHIP fee codes for hysterectomy

The following are Ontario Health Insurance Plan (OHIP) fee codes used to identify people who have had a hysterectomy, which is an exclusion criterion for priority indicator #3 (Percentage of screen-eligible people who are up to date with Papanicolaou tests):

- E862A – When hysterectomy is performed laparoscopically, or with laparoscopic assistance
- P042A – Obstetrics – labour – delivery – caesarean section including hysterectomy
- Q140A – Exclusion code for enrolled female patients aged 35–70 with hysterectomy
- S710A – Hysterectomy – with or without adnexa (unless otherwise specified) – with omentectomy for malignancy
- S727A – Ovarian debulking for stage 2C, 3B, or 4 ovarian cancer and may include hysterectomy
- S757A – Hysterectomy – with or without adnexa (unless otherwise specified) – abdominal – total or subtotal
- S758A – Hysterectomy – with or without adnexa (unless otherwise specified) – with anterior and posterior vaginal repair and including enterocoele and/or vault prolapse repair when rendered
- S759A - Hysterectomy – with or without adnexa (unless otherwise specified) – with anterior or posterior vaginal repair and including enterocoele and/or vault prolapse repair when rendered
- S762A - Hysterectomy – with or without adnexa (unless otherwise specified) – radical trachelectomy – excluding node dissection
- S763A - Hysterectomy – with or without adnexa (unless otherwise specified) – radical (Wertheim or Schauta) – includes node dissection
- S765A – Amputation of cervix
- S766A – Cervix uteri – exc – cervical stump – abdominal
- S767A – Cervix uteri – exc – Cervical stump – vaginal
- S816A – Hysterectomy - with or without adnexa (unless otherwise specified) – vaginal

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