



2007 Cardiac Catheterization Survey

Part A : General Information

1. Identification

UID:

Facility Name:

County:

Street Address:

City:

Zip:

Mailing Address:

Mailing City:

Mailing Zip:

Medicare Provider Number:

Medicaid Provider Number:

2. Report Period

Report Data for the full twelve month period, January 1, 2007 - December 31, 2007 (365 days).

Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name:

Contact Title:

Phone:

Fax:

E-mail:

Part C : Catheterization Services Utilization

1A. Number of Cardiac Catheterization Services Labs or Rooms

Please report the total number of Cardiac Catheterization services labs or rooms. Include all labs or rooms that are authorized to provide cardiac catheterizations pursuant to Rule 111-2-2-21. Include both general purpose and dedicated rooms or labs.

1B. Room Details

Please provide details on each of the labs or rooms reported in 1A above. Report each lab or room on a separate row. The name of the lab or room should be the name used in your facility.

Room Name	Operational Date	Dedicated Room?	# Cath Procedures	If Dedicated What Type?

1C. Other Rooms

If your facility has other rooms that are equipped and capable of performing a cardiac catheterization (other than what is preorted in Part C, Q1 A and B above) please indicate the number of those other rooms below.

2. Cardiac Catheterization by Procedure Type

Report by age and procedure type the total number of cardiac catheterization procedures performed during the report year in the cardiac catheterization rooms reported in question #1 above. Report actual cardiac cath procedures performed by the categories provided. Do not report cardiac catheterization sessions, but the procedures. Please refer to the definitions of procedure and session in the instructions.

2A. Therapeutic Cardiac Catheterizations

Therapeutic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
PCI balloon angioplasty procedures			
PCI procedures utilizing drug eluting stent			
PCI procedures utilizing non drug eluting stent			
Rotational Atherectomy			
Directional Atherectomy			
Laser Atherectomy			
Excisional Atherectomy			
Use of Cutting Balloon			
Closure or patent ductus areriosus > 28 days, by card. cath.			
Closure or patent ductus arteriosus < 28 days, by card. cath.			
Total			

2B.1 Diagnostic Cardiac Catheterizations

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations			
Right Heart Diagnostic Cardiac Catheterizations			
Total Diagnostic Cardiac Catheterization Procedures			

Grand Total (All Cardiac Catheterization Procedures)

2B.2 Left Heart Cardiac Catheterization Details

Report the number of diagnostic left heart cardiac catheterizations that were not followed by a therapeutic cardiac cath procedure and then provide the number that were followed by PCI in the same sitting.

Left Heart Diagnostic Cardiac Catheterization Details	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Cath Only (without PCI)			
Left Heart Diagnostic Cardiac Cath Followed by PCI			

2C. Peripheral Catheterization by Patient Type

Report the total number of peripheral catheterization procedures.

Ages 0-14	Ages 15+	Total

2D. Major Coronary Circulation Vessels Treated per Patient

Report the number of major coronary circulation vessels treated per patient by therapeutic cardiac catheterizations.

PCI Type	1 Vessel	2 Vessels	3 Vessels	4 Vessels	Total
PCI balloon angioplasty and/or stent					
All other types of PCI (e.g. laser, etc.)					
Total					

2E. Cardiac Catheterization Sessions

Report by patient type and procedure type the total number of inpatient and outpatient cardiac catheterization sessions performed during the report year.

Cardiac Catheterizations by Patient Type	Ages 0-14	Ages 15+	Total
Inpatient Diagnostic Cardiac Catheterizations			
Outpatient Diagnostic Cardiac Catheterizations			
Inpatient Therapeutic Cardiac Catheterizations			
Outpatient Therapeutic Cardiac Catheterizations			
Total			

3A. Other Procedures Performed During Cardiac Catheterization Session

Report by age of patient and procedure type the total number of non-cardiac catheterization procedures that were performed during the cardiac catheterization session. Report by procedure code and procedure description.

Procedure Code	Procedure Description	Ages 0-14	Ages 15+	Total

3B. Non-Cardiac Catheterization in Cardiac Catheterization Facilities

Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year that were performed in the authorized cardiac catheterization labs or rooms reported in Part C Question 1A.

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies			
Pacemaker Insertions			
Angiograms/Venograms			
Angioplasty			
Stents			
Thrombolysis Procedures			
Embolizations			
Venocava filter insertions			
Biliary/Nephrostomy			
Perm cath/pic line placements			
Total			

3C. Non-Cardiac Catheterization Procedures Performed in Other Rooms

Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year that were performed in any other room that is equipped and capable of performing cardiac catheterization reported in Part C Question 1C.

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies			
Pacemaker Insertions			
Angiograms/Venograms			
Angioplasty			
Stents			
Thrombolysis Procedures			
Embolizations			
Venocava filter insertions			
Biliary/Nephrostomy			
Perm cath/pic line placements			
Total			

3D. Medical Specialties

List all of the medical specialties of the physicians performing non-cardiac catheterization procedures listed in 3B or 3C.

Radiology, Cardiology

4. Cardiac Catheterization Patients by Race/Ethnicity

Please report the number who received one or more cardiac catheterization procedures during the report period using the race and ethnicity categories provided. Please report patients as unduplicated. A patient should be counted once only.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	
Asian	
Black/African American	
Hispanic/Latino	
Pacific Islander/Hawaiian	
White	
Multi-Racial	
Total	

5. Cardiac Catheterization Patients by Gender

Please report the number of cardiac catheterization patients by gender served during the report period. Count a patient only once for an unduplicated patient count.

Gender	Number of Patients
Male	
Female	
Total	

Part D : Charges

1. Average Total Charge and Average Actual Reimbursement

If applicable, report the average total charge from admission to discharge (excluding Medicare outliers) for each of the following DRGs and report the average actual reimbursement for each DRG received from Medicare, Medicaid and all third parties (excluding individual self-payors, indigents and those payors whose charge was 'written off'). Please note that Average Total Charges, the number of cases used in the average, and the average reimbursement should be for services provided within authorized cardiac catheterization labs.

Selected DRGs Diseases/Disorders of the Circulatory System	Average Total Inpatient Charge in Lab	Cases Included in Calculation of Average	Actual Hospital Total Cases	Average Reimbursement in Lab
DRG 110: Major Cardiovascular Procedures w/CC				
DRG 121: Cds w/AMI and CV Complication, Discharged Alive				
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive				
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis				
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis				
DRG 127: Heart Failure and Shock				
DRG 130: Peripheral Vascular Disorders w/CC				
DRG 138: Cardiac arrhythmia and conduction disorders w/CC				
DRG 140: Angina Pectoris				

2. Mean, Median and Range of Total Charges

Where applicable, report the mean, median and range of total charges for all cases for which each of the following ICD-9-CM codes was the principal procedure.

Single Vessel PTCA Without Mention of Thrombolytic Agent

(ICD-900.66, previously 36.01)

Patient Category	Mean	Median	Range Low	Range High	# of Cases Included in Calculations
Inpatient					
Outpatient					

Left Heart Cardiac Catheterization (Excluding that with Catheterization of Right Heart)

ICD-937.22)

Patient Category	Mean	Median	Range Low	Range High	# of Cases Included in Calculations
Inpatient					
Outpatient					

3. Total Charges and Actual Reimbursement for Cardiac Catheterization Services

Please report the total charges and actual reimbursement received for cardiac catheterization services provided during the report period.

Total Charges	Actual Reimbursement

4. Total Uncompensated Charges for Cardiac Catheterization Services

Please report the total uncompensated charges for cardiac catheterization services provided to patients that qualified as indigent or charity care cases where the facility did not receive any compensation.

Total Uncompensated Charges	Total Uncompensated I/C Patients

5. Adjusted Gross Revenue for Cardiac Catheterization Services

Please report the Adjusted Gross Revenue for cardiac catheterization services provided during the report period.

Adjusted Gross Revenue

6. Primary Payment Source

Please report the total number of unduplicated cardiac catheterization patients, procedures, total charges and reimbursement by the patient's PRIMARY payer source. Report Peachcare for Kids patients with Third-Party. Then also provide the number of unduplicated patients, procedures, charges and reimbursement for patients who were qualified as Indigent or Charity Care cases. Patients do not have to balance or be unduplicated between two tables.

	Primary Payment Source				I/C Care Account
	Medicare	Medicaid	3rd Party (Including Peachcare)	Individual Self-Pay	
Number of Cardiac Catheterization Patients (unduplicated)					
Number of Procedures Billed					
Number of Procedures Not Billed or Written Off					
Total Charges					
Actual Reimbursement					

Part E : Peer Review, JCAHO Accreditation, OHS Referrals and Treatment Complications

1. Check the box to the right if your program/facility participates in an external or national peer review and outcomes reporting system.

If you indicated yes above, please provide the name(s) of the peer review/outcomes reporting organization(s) below.

2. Check the box to the right if your program/facility is JCAHO accredited.

Enter your accreditation category in the space below.

3. How many community education programs has your program/facility participated in during the reporting period?

4. OHSS Referrals

If your facility referred patients for open heart surgery services (regardless of whether your facility does or does not provide OHSS), please list the hospital(s) to which patients have been referred and the number referred. If your facility referred patients to out-ofstate providers please select the state from the pull-down menu.

Referral Hospital	Number of Referrals

5. Cardiac Catheterization Treatment Session Complications

Please provide the number of both inpatient and outpatient therapeutic and diagnostic cardiac catheterization sessions which encountered or resulted in major and/or minor complications. (Total therapeutic and total diagnostic catheterization sessions are provided based on what was reported in Part C, Question 2B). Please refer to the instructions for guidelines regarding major versus minor classifications. Report complications occurring during the procedures or before discharge.

Cardiac Catheterization Category	Total Cath Sessions from Part C	Major Complications	Minor Complications	Total Complications
Therapeutic Cardiac Catheterizations Inpatient and Outpatient				
Diagnostic Cardiac Catheterizations Inpatient and Outpatient				
Total				

Part F : Patient Origin

Please report the number of cardiac catheterization patients by county and age category. The total number of patients reported here must balance to the totals reported in Part C, Questions 4 and 5.

County	Patients 0-14	Patients 15+	Total
Alabama			
Appling			
Atkinson			
Bacon			
Baker			
Baldwin			
Banks			
Barrow			
Bartow			
Ben Hill			
Berrien			
Bibb			
Bleckley			
Brantley			

Brooks			
Bryan			
Bulloch			
Burke			
Butts			
Calhoun			
Camden			
Candler			
Carroll			
Catoosa			
Charlton			
Chatham			
Chattahoochee			
Chattooga			
Cherokee			
Clarke			
Clay			
Clayton			
Clinch			
Cobb			
Coffee			
Colquitt			
Columbia			
Cook			
Coweta			
Crawford			
Crisp			
Dade			
Dawson			
Decatur			
DeKalb			
Dodge			
Dooly			
Dougherty			
Douglas			
Early			
Echols			
Effingham			
Elbert			
Emanuel			
Evans			
Fannin			
Fayette			
Florida			

Floyd			
Forsyth			
Franklin			
Fulton			
Gilmer			
Glascokk			
Glynn			
Gordon			
Grady			
Greene			
Gwinnett			
Habersham			
Hall			
Hancock			
Haralson			
Harris			
Hart			
Heard			
Henry			
Houston			
Irwin			
Jackson			
Jasper			
Jeff Davis			
Jefferson			
Jenkins			
Johnson			
Jones			
Lamar			
Lanier			
Laurens			
Lee			
Liberty			
Lincoln			
Long			
Lowndes			
Lumpkin			
Macon			
Madison			
Marion			
McDuffie			
McIntosh			
Meriwether			
Miller			

Mitchell			
Monroe			
Montgomery			
Morgan			
Murray			
Muscogee			
Newton			
North Carolina			
Oconee			
Oglethorpe			
Other-Out of State			
Paulding			
Peach			
Pickens			
Pierce			
Pike			
Polk			
Pulaski			
Putnam			
Quitman			
Rabun			
Randolph			
Richmond			
Rockdale			
Schley			
Screven			
Seminole			
South Carolina			
Spalding			
Stephens			
Stewart			
Sumter			
Talbot			
Taliaferro			
Tattnall			
Taylor			
Telfair			
Tennessee			
Terrell			
Thomas			
Tift			
Toombs			
Towns			
Treutlen			

Troup			
Turner			
Twiggs			
Union			
Upson			
Walker			
Walton			
Ware			
Warren			
Washington			
Wayne			
Webster			
Wheeler			
White			
Whitfield			
Wilcox			
Wilkes			
Wilkinson			
Worth			
Total Patients			

Part G : Comments

Please enter below any comments and suggestions that you have about this survey.

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement or inaccurate data, nor omits requested material, information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature:

Title:

Date:

Comments: