



## 2010 Cardiac Catheterization Survey

### Part A : General Information

#### 1. Identification

UID:Hosp719

**Facility Name:** Georgia Health Sciences University

**County:** Richmond

**Street Address:** 1120 Fifteenth Street

**City:** Augusta

**Zip:** 30912-0006

**Mailing Address:** 1120 Fifteenth Street

**Mailing City:** Augusta

**Mailing Zip:** 30912-0006

**Medicare Provider Number:** 00000723

**Medicaid Provider Number:** 110034

#### 2. Report Period

Report Data for the full twelve month period, January 1, 2010 - December 31, 2010 (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:** Sheila O'Neal

**Contact Title:** Interim VP Communications and Marketing

**Phone:** 706-721-7406

**Fax:** 706-721-7506

**E-mail:** soneal@georgiahealth.edu

## 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?
Adult Catheterization Lab	1/1/1964	Yes	1,087	Adult Catheterization
Adult Catheterization Lab 2	3/1/2010	Yes	1,700	Adult Catheterization
Electrophysiology Lab	1/1/1995	Yes	488	Electrophysiology and related procedures
Electrophysiology Lab 2	9/15/2010	Yes	240	Electrophysiology and related procedures
Pediatric Catheterization Lab	9/9/2009	Yes	297	Pediatric Catheterization

### 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.

**0**

### 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	0	377	377
PCI procedures utilizing drug eluting stent	0	277	277
PCI procedures utilizing non drug eluting stent	0	22	22
Rotational Atherectomy	0	31	31
Directional Atherectomy	0	0	0
Laser Atherectomy	0	0	0
Excisional Atherectomy	0	0	0
Use of Cutting Balloon	0	49	49
Closure or patent ductus areriosus > 28 days, by card. cath.	11	5	16
Closure or patent ductus arteriosus < 28 days, by card. cath.	0	0	0
06/02/2011 01:00:51	11	32	43

<b>Total</b>	<b>22</b>	<b>793</b>	<b>815</b>
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## **2B.1 Diagnostic Cardiac Catheterizations**

<b>Diagnostic Cardiac Catheterizations</b>	<b>Ages 0-14</b>	<b>Ages 15+</b>	<b>Total</b>
Left Heart Diagnostic Cardiac Catheterizations	2	772	774
Right Heart Diagnostic Cardiac Catheterizations	16	61	77
<b>Total Diagnostic Cardiac Catheterization Procedures</b>	<b>18</b>	<b>833</b>	<b>851</b>
<b>Grand Total (All Cardiac Catheterization Procedures)</b>	<b>40</b>	<b>1,626</b>	<b>1,666</b>

## **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.

<b>Left Heart Diagnostic Cardiac Catheterization Details</b>	<b>Ages 0-14</b>	<b>Ages 15+</b>	<b>Total</b>
Left Heart Diagnostic Cardiac Cath Only (without PCI)	2	584	586
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	188	188

## **2C. Peripheral Catheterization by Patient Type**

Report the total number of peripheral catheterization procedures.

<b>Ages 0-14</b>	<b>Ages 15+</b>	<b>Total</b>
583	1,753	2,336

## **2D. Major Coronary Circulation Vessels Treated per Patient**

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

<b>PCI Type</b>	<b>1 Vessel</b>	<b>2 Vessels</b>	<b>3 Vessels</b>	<b>4 Vessels</b>	<b>Total</b>
PCI balloon angioplasty and/or stent	311	119	26	12	468
All other types of PCI (e.g. laser, etc.)	269	61	14	3	347
<b>Total</b>	<b>580</b>	<b>180</b>	<b>40</b>	<b>15</b>	<b>815</b>

## **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.

<b>Cardiac Catheterizations by Patient Type</b>	<b>Ages 0-14</b>	<b>Ages 15+</b>	<b>Total</b>
Inpatient Diagnostic Cardiac Catheterizations	8	527	535
Outpatient Diagnostic Cardiac Catheterizations	53	396	449
Inpatient Therapeutic Cardiac Catheterizations	0	377	377
Outpatient Therapeutic Cardiac Catheterizations	0	230	230
<b>Total</b>	<b>61</b>	<b>1,530</b>	<b>1,591</b>

### 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
3615	2 INT MAM-COR ART BYPASS	1	1	2
3582	TOTAL REPAIR OF TAPVC	2	0	2
0024	INTRAVASC IMG CORONARY	0	128	128
0002	THERAPEUT ULTRASND-HEART	0	4	4
0040	PROCEDURE ON SINGLE VESS	0	304	304
0041	PROCEDURE ON TWO VESSELS	0	63	63
0042	PROCEDURE ON THREE VESSE	0	14	14
0043	PROCEDURE ON 4/+ VESSE	0	3	3
0044	PROCEDURE ON VESS BIFURC	0	31	31
0045	INSERTION OF 1 VSC STENT	0	206	206
0046	INSERTION OF 2 VSC STENT	0	86	86
0047	INSERTION OF 3 VSC STENT	0	15	15
0048	INSERTION OF 4/+ VSC ST	0	10	10
0051	CARDIAC RESYNCH DEFIB	0	4	4
0055	INS D-E STENT OTH PERIPH	0	3	3
0059	INTRAVASC PRESUR MEAS CA	1	10	11
0066	PTCA/ CRNRY ATHRCT	0	384	384
0070	REV HIP REPL,ACTB&FEMR	0	1	1
0093	TRANSP FROM CADAVER	0	1	1
0331	SPINAL TAP	0	3	3
2122	NASAL BIOPSY	0	1	1
2309	TOOTH EXTRACTION NEC	0	1	1
2319	SURG TOOTH EXTRACT NEC	0	2	2
245	ALVEOLOPLASTY	0	2	2
2721	BONY PALATE BIOPSY	0	1	1
2749	EXCISION OF MOUTH NEC	0	1	1
2912	PHARYNGEAL BIOPSY	0	1	1
311	TEMPORARY TRACHEOSTOMY	0	5	5
3142	LARYNGOSCOPY/TRACHEOSCO	0	2	2
3323	OTHER BRONCHOSCOPY	0	4	4
3324	ENDOSCOPIC BRONCHUS BX	0	3	3
3401	INCISION OF CHEST WALL	0	1	1
3403	REOPEN THORACOTOMY SITE	0	2	2
3404	INSERT INTERCOSTAL CATH	0	4	4
3409	OTHER PLEURAL INCISION	1	1	2
341	INCISION OF MEDIASTINUM	0	1	1
3422	MEDIASTINOSCOPY	0	1	1

346	SCARIFICATION OF PLEURA	0	1	1
3513	OPN PULMON VALVULOPLASTY	1	0	1
3491	THORACENTESIS	0	4	4
3522	REPLACE AORTIC VALVE NEC	0	5	5
3524	REPLACE MITRAL VALVE NEC	0	3	3
3552	PROS REPAIR ATRIA DEF-CL	2	0	2
3596	PERC BALLOON VALVUPLASTY	4	0	4
3604	INTRACORON THROMBOLYSIS	0	4	4
3606	INSERT CORONARY STENT	0	21	21
3607	INS DRUG-ELUT COR STENT	0	293	293
3611	AORTOCOR BYPAS-1 COR ART	0	8	8
3612	AORTOCOR BYPAS-2 COR ART	0	7	7
3613	AORTOCOR BYPAS-3 COR ART	0	4	4
3571	ATRIA SEPTA DEF REP NEC	0	18	18
370	PERICARDIOCENTESIS	0	2	2
3711	CARDIOTOMY	0	1	1
3712	PERICARDIOTOMY	0	2	2
3720	NONINVAS PROG ELEC STIM	0	2	2
3721	RT HEART CARDIAC CATH	6	61	67
3722	LEFT HEART CARDIAC CATH	2	773	775
3723	RT/LEFT HEART CARD CATH	54	93	147
3724	PERICARDIAL BIOPSY	0	1	1
3725	CARDIAC BIOPSY	0	3	3
3726	INVAS ELECTROPHYSIO TEST	0	27	27
3727	CARDIAC MAPPING	0	16	16
3728	INTRACARDIAC ECHOCARDIOG	0	1	1
3734	EXC/DES HRT LES,ENDOASC	0	17	17
3761	PULSATION BALLOON IMPLAN	0	17	17
3764	RMVL EXT HRT ASSIST SYS	0	1	1
3768	INS PERC EXT HRT ASST DE	0	4	4
3772	INSERT IV LEAD-ATR&VENT	0	8	8
3774	INSERT EPICARDIAL LEAD	0	1	1
3778	INSERT TEMP PACEMAKR SYS	0	9	9
3783	INSERT DUAL CHAMBER DEV	0	8	8
3794	CARDIOVERT/DEFIB-TOT SYS	0	8	8
3805	THORACIC VESSEL INC NEC	0	1	1
3818	LOWER LIMB ENDARTERECT	0	1	1
3823	INTRAVASCLR SPECTROSCOPY	0	1	1
387	PLICATION OF VENA CAVA	0	1	1
3885	OCCLUDE THORACIC VES NEC	2	2	4
3891	ARTERIAL CATHETERIZATION	3	21	24
3892	UMBILICAL VEIN CATH	1	0	1
3893	VENOUS CATHETER NEC	1	33	34
3895	VEIN CATH FOR REN DIALYS	0	9	9

390	SYSTEMIC-PULM ART SHUNT	1	0	1
3927	DIALYSIS ARTERIOVENOSTOM	0	1	1
3950	PTA/ATHER OTH NONCOR VSL	0	8	8
3959	REPAIR OF VESSEL NEC	1	0	1
3961	EXTRACORPOREAL CIRCULAT	2	20	22
3964	INTRAOP CARDIAC PACEMAK	0	2	2
3965	ECMO	1	0	1
3966	PERCUT CARD/PULM BYPASS	1	0	1
3979	OTH ENDO PROC OTH VESSEL	14	4	18
3990	INS NON-D-E NON-COR STNT	0	4	4
3995	HEMODIALYSIS	0	35	35
4011	LYMPHATIC STRUCT BIOPSY	0	1	1
4040	RAD NECK DISSECTION NOS	0	1	1
4132	ASPIRAT BIOPSY OF SPLEEN	0	1	1
4223	ESOPHAGOSCOPY NEC	0	2	2
4233	ENDOSC DESTRCT ESOPH LES	0	1	1
4311	PERCUTANEOUS GASTROSTOMY	0	3	3
4432	PERC GASTROJEJUNOSTOMY	0	1	1
4443	ENDOS CNTRL GAST/DUO HEM	0	2	2
4513	SM BOWEL ENDOSCOPY NEC	0	8	8
4516	EGD WITH CLOSED BIOPSY	0	1	1
4523	COLONOSCOPY	0	1	1
4673	SMALL BOWEL SUTURE NEC	0	1	1
5061	CLOSURE LIVER LACERAT	0	1	1
5101	PERCUTAN ASPIRATION GB	0	1	1
5359	ABD WALL HERN REPAIR NEC	0	1	1
5411	EXPLORATORY LAPAROTOMY	0	2	2
5459	PERITONEAL ADHESIOLYSIS	0	3	3
5491	ABDOMINAL PARACENTESIS	0	3	3
5498	PERITONEAL DIALYSIS	0	2	2
5503	PERCUT NEPHROST-NO FRAG	0	1	1
5523	CLOSED RENAL BIOPSY	0	1	1
5569	KIDNEY TRANSPLANT NEC	0	1	1
5794	INSERT INDWELLING CATH	0	6	6
586	URETHRAL DILATION	0	1	1
7631	PARTIAL MANDIBULECTOMY	0	1	1
7731	SCAP/CLAV/THORX BONE DIV	0	1	1
7761	EXC SCAP/CLAV/RIB LES	0	1	1
7781	SCAP/CLAV/RIB PRT OSTECT	0	1	1
7865	REMOV IMPLANTD DEV-FEMUR	0	1	1
7867	REMV IMPLNTD DEV TIB/FIB	0	1	1
7869	REMOVE IMPLNTD DEVIC NEC	0	1	1
7935	OPEN REDUC-INT FIX FEMUR	0	5	5
7936	OP RED-INT FIX TIB/FIBUL	0	2	2

7939	OPN FX RED W INT FIX NEC	0	1	1
7975	CL REDUC DISLOC-HIP	0	1	1
8085	DESTRUCT-HIP LESION NEC	0	1	1
8152	PARTIAL HIP REPLACEMENT	0	1	1
8309	SOFT TISSUE INCISION NEC	0	1	1
835	BURSECTOMY	0	1	1
8411	TOE AMPUTATION	0	1	1
8604	OTHER SKIN & SUBQ I & D	0	2	2
8605	INC/REM FB/DEVICE SKIN	0	2	2
8609	SKIN & SUBQ INCISION NEC	0	1	1
8622	EXCIS DEBRIDEMENT WOUND	0	2	2
8659	SKIN & SUBQ CLOSURE NEC	0	1	1
8667	DERMAL REGENRATIVE GRAFT	0	1	1
8669	FREE SKIN GRAFT NEC	0	1	1
8674	ATTACH PEDICLE GRAFT NEC	0	1	1
8779	URINARY SYSTEM X-RAY NEC	0	1	1
8840	CONTRAST ARTERIOGRAM NOS	0	1	1
8841	CONTR CEREBR ARTERIOGRAM	0	2	2
8842	CONTRAST AORTOGRAM	29	292	321
8843	CONTR PULMON ARTERIOGRAM	21	17	38
8844	CONTR THOR ARTERIOGR NEC	0	6	6
8845	CONTRAST RENAL ARTERIOGR	0	67	67
8847	CONTR ABD ARTERIOGRM NEC	1	141	142
8848	CONTRAST ARTERIOGRAM-LEG	0	55	55
8849	CONTRAST ARTERIOGRAM NEC	0	2	2
8851	VENA CAVOGRAPHY	2	0	2
8852	RT HEART ANGIOCARDIOGRAM	10	9	19
8853	LT HEART ANGIOCARDIOGRAM	11	686	697
8854	RT & LT HEART ANGIOCARD	2	88	90
8855	CORONAR ARTERIOGR-1 CATH	0	2	2
8856	CORONAR ARTERIOGR-2 CATH	2	867	869
8857	CORONARY ARTERIOGRAM NEC	2	0	2
8866	CONTRAST PHLEBOGRAM-LEG	0	1	1
8867	CONTRAST PHLEBOGRAM NEC	1	0	1
8872	DX ULTRASOUND-HEART4	4	92	96
8874	DX ULTRASOUND-DIGESTIVE	0	1	1
8877	DX ULTRASOUND-VASCULAR	0	1	1
8919	VIDEO/TELEMETR EEG MONIT	0	3	3
8937	VITAL CAPACITY DETERMIN	0	3	3
8938	RESPIRATORY MEASURE NEC	0	1	1
8941	TREADMILL STRESS TEST	0	6	6
8944	CARDIAC STRESS TEST NEC	0	28	28
8945	PACEMAKER RATE CHECK	0	3	3
8949	AICD CHECK0	0	8	8



8959	NONOP CARDIOVAS EXAM NEC	0	3	3
8962	CVP MONITORING	0	3	3
8963	PULMON ART PRESS MONITOR	0	3	3
8964	PULMON ART WEDGE MONITOR	0	13	13
8965	ARTERIAL BLD GAS MEASURE	0	1	1
8967	OXYGEN CONSUMPTION MONIT	0	1	1
8968	CARDIAC OUTPUT MONIT NEC	1	17	18
9205	C-VASC SCAN/ISOTOP FUNCT	0	4	4
9359	IMMOBILIZ/WOUND ATTN NEC	0	1	1
9390	NON-INVAS MECH VENTILAT	0	12	12
9394	NEBULIZER THERAPY	0	3	3
9396	OXYGEN ENRICHMENT NEC	0	2	2
9444	OTHER GROUP THERAPY0	0	3	3
9462	ALCOHOL DETOXIFICATION	0	3	3
9468	ALC/DRUG DETOXIFICATION	0	1	1
9604	INSERT ENDOTRACHEAL TUBE	2	41	43
9607	INSERT GASTRIC TUBE NEC	1	5	6
9609	INSERT RECTAL TUBE	0	1	1
9633	GASTRIC LAVAGE	0	1	1
9648	INDWELL CATH IRRIG NEC	0	1	1
9652	IRRIGATION OF EAR	1	0	1
966	ENTERAL NUTRITION	1	4	5
9671	CONT INV MECH VENT-<96HR	1	25	26
9672	CONT INV MECH VENT->96HR	3	24	27
9744	NON-OP REMOVAL IABP	0	4	4
9761	REMOV PYELOS/NEPHROS TUB	0	1	1
9904	PACKED CELL TRANSFUSION	1	50	51
9905	PLATELET TRANSFUSION	0	7	7
9907	SERUM TRANSFUSION NEC	0	7	7
9910	INJ/INFUS THROMBOLYTIC	1	6	7
9914	INJCT/INF IMMUNOGLOBULIN	0	3	3
9915	PARENTERAL NUTRITION	2	0	2
9917	INJECT INSULIN	0	3	3
9919	INJECT ANTICOAGULANT	0	12	12
9920	INJ/INFUS PLATELET INHIB	0	49	49
9921	INJECT ANTIBIOTIC	1	4	5
9929	INJECT/INFUSE NEC	0	21	21
9960	CARDIOPULM RESUSCITA NOS	0	12	12
9962	HEART COUNTERSHOCK NEC	0	16	16
9969	CARDIAC RHYTHM CONV NEC	0	2	2
9973	THERA ERYTHROCYTAPHRESIS	0	1	1

### **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	2	208	210
Pacemaker Insertions	0	115	115
Angiograms/Venograms	22	685	707
Angioplasty	0	0	0
Stents	0	359	359
Thrombolysis Procedures	5	85	90
Embolizations	14	37	51
Venocava filter insertions	0	4	4
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	3	46	49
9	9	601	9
0	0	0	0
0	0	0	0
<b>Total</b>	<b>55</b>	<b>2,140</b>	<b>2,195</b>

### 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	0	0	0
Pacemaker Insertions	0	0	0
Angiograms/Venograms	0	0	0
Angioplasty	0	0	0
Stents	0	0	0
Thrombolysis Procedures	0	0	0
Embolizations	0	0	0
Venocava filter insertions	0	0	0
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 3D. Medical Specialties

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

Cardiology, Pediatric Cardiology, Electrophysiology

#### **4. Cardiac Catheterization Patients by Race/Ethnicity**

Please report the number who recieved 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.

<b>Race/Ethnicity</b>	<b>Number of Patients</b>
American Indian/Alaska Native	2
Asian	8
Black/African American	468
Hispanic/Latino	11
Pacific Islander/Hawaiian	0
White	548
Multi-Racial	5
<b>Total</b>	<b>1,042</b>

#### **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.

<b>Gender</b>	<b>Number of Patients</b>
Male	550
Female	492
<b>Total</b>	<b>1,042</b>

## 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 (MS-DRG 237)	185,202	38	38	59,503
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	25,695	71	71	11,076
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	14,387	28	28	5,824
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	27,513	41	41	12,753
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	17,552	200	200	5,618
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	14,705	333	333	7,224
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	28,904	27	27	12,795
DRG 138: Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	12,735	52	52	6,059
DRG 140: Angina Pectoris (MS-DRG 311)	8,925	18	18	2,412

### 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	\$57,696	\$49,243	\$8,865	\$401,425	209
Outpatient	\$40,002	\$37,033	\$4,776	\$124,195	136

#### 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	\$19,615	\$16,904	\$7,504	\$100,399	257
Outpatient	\$11,136	\$8,706	\$643	\$77,164	250

### 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
\$46,405,874	\$12,943,170

**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
\$6,197,610	155

**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
\$22,249,116

**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)	464	150	280	155	73
Number of Procedures Billed	885	496	496	293	145
Number of Procedures Not Billed or Written Off	11	8	19	254	145
Total Charges	\$23,515,644	\$6,411,698	\$10,280,368	\$6,198,164	\$3,019,798
Actual Reimbursement	\$7,189,462	\$1,750,598	\$4,002,556	\$554	\$274

**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.*

Society of Thoracic Surgeons Adult Cardiac Surgery Database, University HealthSystem Consortium, American College Of Cardiology CathPCI and ICD Database



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

Enter your accreditation category in the space below.

Accreditation without Type 1 Recommendation

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-of-state providers please select the state from the pull-down menu.

Referral Hospital	Number of Referrals
	0

**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	607	0	0	0
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	984	0	0	0
<b>Total</b>	<b>1,591</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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
South Carolina	2	160	162
Other- Out of State	0	2	2
North Carolina	0	1	1
Appling	0	1	1
Baldwin	0	4	4
Barrow	0	1	1
Bibb	0	2	2
Bulloch	1	57	58
Bryan	0	1	1
Burke	1	32	33
Candler	0	2	2
Charlton	0	1	1
Chatham	2	5	7

Coffee	0	1	1
Colquitt	2	0	2
Columbia	9	91	100
DeKalb	0	1	1
Dooly	0	1	1
Effingham	0	1	1
Elbert	0	2	2
Emanuel	0	33	33
Evans	1	1	2
Forsyth	0	1	1
Franklin	0	1	1
Fulton	0	1	1
Glascock	1	8	9
Glynn	0	3	3
Greene	0	12	12
Gwinnett	0	2	2
Hancock	0	6	6
Hart	0	1	1
Houston	0	1	1
Jackson	0	1	1
Jefferson	0	25	25
Jenkins	0	17	17
Johnson	0	2	2
Laurens	0	6	6
Liberty	0	1	1
Lincoln	0	17	17
Lowndes	2	2	4
McDuffie	0	31	31
Marion	0	1	1
McIntosh	0	1	1
Montgomery	1	2	3
Newton	0	1	1
Oglethorpe	0	1	1
Putnam	2	2	4
Richmond	9	352	361
Screven	1	17	18
Sumter	0	1	1
Taliaferro	0	7	7
Tattall	0	1	1
Telfair	0	3	3
Thomas	0	1	1
Tift	4	1	5
Toombs	0	2	2
Treutlen	0	2	2



Twiggs	0	1	1
Walton	0	1	1
Ware	0	1	1
Warren	0	15	15
Washington	1	26	27
Wilkes	0	26	26
<b>Total Patients</b>	<b>39</b>	<b>1,003</b>	<b>1,042</b>

## 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. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

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: Sandra McVicker

Title: SVP for Patient Care Services/CNO and Interim Chief Operating Officer, MCG Health, Inc.

Date: 7/1/2011

Comments: