



## 2011 Cardiac Catheterization Survey

### Part A : General Information

#### 1. Identification

UID:hosp709

**Facility Name:** Atlanta Medical Center

**County:** Fulton

**Street Address:** 303 Parkway Drive

**City:** Atlanta

**Zip:** 30312

**Mailing Address:** 303 Parkway Drive

**Mailing City:** Atlanta

**Mailing Zip:** 30312

**Medicare Provider Number:** 110115

**Medicaid Provider Number:** 00000789A

#### 2. Report Period

Report Data for the full twelve month period, January 1, 2011 - December 31, 2011 (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:** Ryan Wilson

**Contact Title:** Financial Analyst

**Phone:** 404-265-4709

**Fax:** 404-265-4763

**E-mail:** ryan.wilson@tenethealth.com

## 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?
Lab 1	1/1/1999	Yes	0	Implants
Lab 3	1/1/1998	Yes	0	Vascular
Lab 2	1/1/2002	Yes	453	Cardiac

### 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	76	76
PCI procedures utilizing drug eluting stent	0	70	70
PCI procedures utilizing non drug eluting stent	0	4	4
Rotational Atherectomy	0	0	0
Directional Atherectomy	0	0	0
Laser Atherectomy	0	0	0
Excisional Atherectomy	0	0	0
Use of Cutting Balloon	0	0	0
Closure or patent ductus areriosus > 28 days, by card. cath.	0	0	0
Closure or patent ductus arteriosus < 28 days, by card. cath.	0	0	0
	0	0	0
<b>Total</b>	<b>0</b>	<b>150</b>	<b>150</b>

## **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	0	274	274
Right Heart Diagnostic Cardiac Catheterizations	0	29	29
<b>Total Diagnostic Cardiac Catheterization Procedures</b>	<b>0</b>	<b>303</b>	<b>303</b>
<b>Grand Total (All Cardiac Catheterization Procedures)</b>	<b>0</b>	<b>453</b>	<b>453</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)	0	198	198
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	76	76

## **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>
172	2,018	2,190

## **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	69	6	1	0	76
All other types of PCI (e.g. laser, etc.)	0	0	0	0	0
<b>Total</b>	<b>69</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>76</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	0	207	207
Outpatient Diagnostic Cardiac Catheterizations	0	83	83
Inpatient Therapeutic Cardiac Catheterizations	0	66	66
Outpatient Therapeutic Cardiac Catheterizations	0	10	10
<b>Total</b>	<b>0</b>	<b>366</b>	<b>366</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
0024	IVUS CORONARY VESSELS	0	13	13
0040	PROCEDURE-ONE VESSEL	0	69	69
0041	PROCEDURE-TWO VESSELS	0	6	6
0042	PROCEDURE-THREE VESSELS	0	1	1
0045	INSERT 1 VASCULAR STENT	0	52	52
0046	INSERT 2 VASCULAR STENTS	0	15	15
0047	INSERT 3 VASCULAR STENTS	0	4	4
0048	INSERT 4+ VASCULR STENTS	0	2	2
3404	INSERT INTERCOSTAL CATH	0	2	2
3891	ARTERIAL CATHETERIZATION	0	6	6
3611	AORTOCOR BYPAS-1 COR ART	0	5	5
3612	AORTOCOR BYPAS-2 COR ART	0	9	9
3615	1 INT MAM-COR ART BYPASS	0	19	19
3761	PULSATION BALLOON IMPLAN	0	13	13
3778	INSER TEMP PACEMAKER SYS	0	2	2
3808	LOWER LIMB ARTERY INCIS	0	1	1
387	INTERRUPTION VENA CAVA	0	1	1
3893	VENOUS CATH NEC	0	33	33
3895	VEN CATH RENAL DIALYSIS	0	2	2
3957	REP VESS W SYNTH PATCH	0	1	1
3961	EXTRACORPOREAL CIRCULAT	0	9	9
3964	INTRAOP CARDIAC PACEMAK	0	4	4
3995	HEMODIALYSIS	0	19	19
4131	BONE MARROW BIOPSY	0	2	2
4823	RIGID PROCTOSIGMOIDOSCOPY	0	4	4
0051	IMPL CRT DEFIBRULLAT SYS	0	1	1
0294	INSERT/REPLAC SKULL TONG	0	1	1
0331	SPINAL TAP	0	2	2
0611	CLOSED THYROID GLAND BX	0	1	1
311	TEMPORARY TRACHEIOSTOMY	0	2	2
3321	BRONCHOSCOPY THRU STOMA	0	1	1
3324	CLOSED BRONCHIAL BIOPSY	0	2	2
3327	CLOS ENDOSCOPIC LUNG BX	0	2	2
8853	LT HEART ANGIOCARIOGRAM	0	262	262
3491	THORACENTESIS	0	2	2
8842	CONTRAST AORTOGRAM	0	83	83
3512	OPN MITRAL VALVULOPLASTY	0	1	1

3521	OPN/OTH REP AORT VLV-TIS	0	1	1
8848	CONTRAST ARTERIOGRM-LEG	0	23	23
8849	CONTRAST ARTERIOGRM NEC	0	1	1
8850	ANGIOCARDIOGRAPHY NOS	0	5	5
3522	OPN/OTH REP AORTIC VALVE	0	1	1
8852	RT HEART ANGIOCARDIOGRAM	0	1	1
8854	RT & LT HEART ANGIOCARD	0	5	5
8856	CORONAR ARTERIOGR-2 CATH	0	280	280
8857	CORONARY ARTERIOGRAM NEC	0	1	1
8872	DX ULTRASOUND-HEART	0	7	7
9390	NON-INVASIVE MECH VENT	0	10	10
9604	INSERT ENDOTRACHEAL TUBE	0	13	13
9671	CONT INV MEC VEN <96 HRS	0	6	6
9672	CONT INV MEC VEN 96+ HRS	0	9	9
9744	NONOP REMOV HRT ASST SYS	0	1	1
9904	PACKED CELL TRANSFUSION	0	23	23
9905	PLATELET TRANSFUSION	0	8	8
9907	SERUM TRANSFUSION NEC	0	10	10
9910	INJECT/INF THROMBO AGENT	0	3	3
9920	INJ/INF PLATELET INHIBIT	0	6	6
9960	CARDIOPULM RESUSCITA NOS	0	7	7
9962	HEART COUNTERSHOCK NEC	0	3	3
3613	AORTOCOR BYPAS-3 COR ART	0	7	7
3631	OPEN CHEST TRANS REVASC	0	1	1
3712	PERICARDIOTOMY	0	1	1
3726	CATH BASE INVASV EP TEST	0	2	2
3772	INT INSER LEAD ATRI-VENT	0	2	2
3783	INT INSERT DUAL-CHAM DEV	0	2	2
3791	OPN CHEST CARDIAC MASSAG	0	1	1
3794	IMPLT/REPL CARDDEFIB TOT	0	1	1
3803	UPPER LIMB VESSEL INCIS	0	1	1
3931	SUTURE OF ARTERY	0	1	1
4443	ENDOSC CONTROL GAST HEM	0	2	2
4513	SM BOWEL ENDOSCOPY NEC	0	5	5
4516	EGD WITH CLOSED BIOPSY	0	2	2
4523	COLONOSCOPY	0	2	2
4525	CLOS LARGE BOWEL BIOPSY	0	1	1
4542	ENDO POLPECTOMY LRGE INT	0	1	1
4701	LAP APPENDECTOMY	0	1	1
4836	POLYPECTOMY OF RECTUM	0	1	1
5101	PERCUTAN ASPIRATION GB	0	1	1
5424	CLOSED INTRA-ABD MASS BX	0	1	1
5451	LAP PERITON ADHESIOLYSIS	0	1	1
5491	PERCU ABDOMINAL DRAINAGE	0	1	1

7974	CL REDUC DISLOC-HAND/FNG	0	1	1
8021	SHOULDER ARTHROSCOPY	0	1	1
8071	SHOULDER SYNOVECTOMY	0	1	1
8191	ARTHROCENTESIS	0	2	2
8363	ROTATOR CURR REPAIR	0	1	1
8388	OTHER PLASTIC OPS TENDON	0	1	1
8401	FINGER AMPUTATION	0	1	1
8411	TOE AMPUTATION	0	1	1
8607	INSERT VASC ACCESS DEV	0	2	2
8628	NONEXCIS DEBRIDEMENT WND	0	1	1
8914	ELECTROENCEPHALOGRAM	0	1	1
8944	CARDIA STRESS TEST NEC	0	1	1
8945	PACEMAKER RATE CHECK	0	4	4
9608	INSERT INTESTINAL TUBE	0	1	1
9915	PARENT INFUS NUTRIT SUB	0	1	1
9925	INJECT CA CHEMOTHER NEC	0	1	1
9955	VACCINATION NEC	0	1	1
9973	THERAPEU ERYTHROPHERESIS	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	0	26	26
Pacemaker Insertions	0	39	39
Angiograms/Venograms	0	234	234
Angioplasty	0	18	18
Stents	0	4	4
Thrombolysis Procedures	0	6	6
Embolizations	0	5	5
Venocava filter insertions	0	68	68
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	120	120
0	0	0	0
0	0	0	0
0	0	0	0
<b>Total</b>	<b>0</b>	<b>520</b>	<b>520</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	26	26
Pacemaker Insertions	0	42	42
Angiograms/Venograms	1	411	412
Angioplasty	0	75	75
Stents	0	12	12
Thrombolysis Procedures	2	83	85
Embolizations	0	31	31
Venocava filter insertions	1	101	102
Biliary/Nephrostomy	0	10	10
Perm cath/pic line placements	168	1,531	1,699
0	0	0	0
0	0	0	0
0	0	0	0
<b>Total</b>	<b>172</b>	<b>2,322</b>	<b>2,494</b>

### **3D. Medical Specialties**

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

Cardiology, General Surgery, Orthopedic Surgery, Neuro Surgery, Internal Medicine, Radiology  
Diag

### **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	0
Asian	0
Black/African American	214
Hispanic/Latino	2
Pacific Islander/Hawaiian	2
White	59
Multi-Racial	11
<b>Total</b>	<b>288</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.

Gender	Number of Patients
Male	148
Female	140
<b>Total</b>	<b>288</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)	222,563	2	2	40,509
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	122,071	4	4	12,310
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	65,806	7	7	13,083
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	85,479	20	20	13,771
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	59,415	42	42	9,700
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	100,649	3	3	12,815
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	44,276	1	1	11,046
DRG 138: Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	0	0	0	0
DRG 140: Angina Pectoris (MS-DRG 311)	0	0	0	0

### 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	\$122,243	\$106,260	\$72,329	\$280,514	61
Outpatient	\$80,777	\$76,120	\$67,885	\$104,098	9

#### 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	\$65,132	\$59,855	\$24,121	\$179,186	84
Outpatient	\$30,295	\$24,522	\$19,699	\$81,267	61

### 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
\$31,006,666	\$4,434,505

**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
\$1,268,266	13

**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
\$13,336,710

**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)	84	37	139	15	13
Number of Procedures Billed	128	208	208	20	29
Number of Procedures Not Billed or Written Off	0	0	0	0	29
Total Charges	\$9,328,948	\$5,981,509	\$12,762,199	\$1,665,744	\$1,268,266
Actual Reimbursement	\$1,236,454	\$414,255	\$2,781,124	\$2,267	\$405

**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.*

JCAHO, CMS, STS, ACC

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

Enter your accreditation category in the space below.

Accredited without Type 1 Recommendations

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

10+

#### 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	76	1	0	1
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	290	4	0	4
<b>Total</b>	<b>366</b>	<b>5</b>	<b>0</b>	<b>5</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
Fulton	0	169	169
Gilmer	0	1	1
Gwinnett	0	3	3
Henry	0	5	5
Liberty	0	1	1
Meriwether	0	2	2
Paulding	0	1	1
Pickens	0	1	1
Macon	0	2	2
Polk	0	1	1
Rockdale	0	1	1
South Carolina	0	1	1
Spalding	0	3	3
Stephens	0	1	1

Tattnall	0	1	1
Telfair	0	1	1
Tennessee	0	1	1
Walker	0	1	1
Walton	0	2	2
Washington	0	1	1
Wilcox	0	2	2
Other- Out of State	0	7	7
Butts	0	4	4
Carroll	0	3	3
Clayton	0	7	7
Cobb	0	6	6
Colquitt	0	1	1
Coweta	0	4	4
DeKalb	0	45	45
Dougherty	0	2	2
Douglas	0	2	2
Fayette	0	5	5
Florida	0	1	1
<b>Total Patients</b>	<b>0</b>	<b>288</b>	<b>288</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: Lisa Napier

Title: Chief Financial Officer

Date: 7/12/2012

Comments: Part E Question 5 - We do not capture Minor Complications.