



## 2014 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:** 30312-1212

**Mailing Address:** 303 Parkway Drive

**Mailing City:** Atlanta

**Mailing Zip:** 30312-1212

**Medicare Provider Number:** 110115

**Medicaid Provider Number:** 00000789A

#### 2. Report Period

Report Data for the full twelve month period, January 1, 2014 - December 31, 2014 (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:** Hildred Jones

**Contact Title:** Senior Financial Analyst

**Phone:** 404-265-4709

**Fax:** 404-265-4763

**E-mail:** hildred.jones@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?
AMC South - Procedure Room	4/9/2003	Yes	323	Procedures - Cardiac, Diagnostic, Interventional
AMC Main - Room 2	1/1/1998	Yes	532	Ortho, Neuro
Cath Lab 3317/CC1	1/1/1998	No	0	Cardiac/Neuro/EP
Cath Lab 1	1/1/2002	Yes	0	Neuro

### 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	151	151
PCI procedures utilizing drug eluting stent	0	119	119
PCI procedures utilizing non drug eluting stent	0	30	30
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>300</b>	<b>300</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	511	511
Right Heart Diagnostic Cardiac Catheterizations	0	44	44
<b>Total Diagnostic Cardiac Catheterization Procedures</b>	<b>0</b>	<b>555</b>	<b>555</b>
<b>Grand Total (All Cardiac Catheterization Procedures)</b>	<b>0</b>	<b>855</b>	<b>855</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	365	365
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	146	146

## **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>
100	2,015	2,115

## **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	141	7	4	0	152
All other types of PCI (e.g. laser, etc.)	0	0	0	0	0
<b>Total</b>	<b>141</b>	<b>7</b>	<b>4</b>	<b>0</b>	<b>152</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	393	393
Outpatient Diagnostic Cardiac Catheterizations	0	156	156
Inpatient Therapeutic Cardiac Catheterizations	0	286	286
Outpatient Therapeutic Cardiac Catheterizations	0	14	14
<b>Total</b>	<b>0</b>	<b>849</b>	<b>849</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
0017	INFUSION OF VASOPRESSOR	0	6	6
0024	IVUS CORONARY VESSELS	0	5	5
0040	PROCEDURE-ONE VESSEL	0	141	141
0041	PROCEDURE-TWO VESSELS	0	7	7
0042	PROCEDURE-THREE VESSELS	0	4	4
0046	INSERT 2 VASCULAR STENTS	0	30	30
0047	INSERT 3 VASCULAR STENTS	0	9	9
0048	INSERT 4+ VASCULAR STENTS	0	4	4
0051	IMPL CRT DEFIBRILLAT SYS	0	3	3
0059	INTRAVASC MSMNT COR ART	0	1	1
0341	INCISION OF MEDIASTINUM	0	2	2
0387	INTERRUPTION VENA CAVA	0	1	1
0570	TU BLADDER CLEARANCE	0	1	1
0598	URETERAL CATHETERIZATION	0	1	1
0609	INCIS THYROID FIELD NEC	0	1	1
0611	CLOSED THYROID GLAND BX	0	2	2
2109	EPISTAXIS CONTROL NEC	0	1	1
2551	SUTURE OF TONGUE LACERAT	0	1	1
310599	PROC-VESSEL BIFURCATION	0	57	57
3322	FIBER-OPTIC BRONCHOSCOPY	0	2	2
3323	OTHER BRONCHOSCOPY	0	1	1
3324	CLOSED BRONCHIAL BIOPSY	0	2	2
3326	CLOSED LUNG BIOPSY	0	1	1
3327	CLOS ENDOSCOPIC LUNG BX	0	1	1
3403	REOPEN THORACOTOMY SITE	0	1	1
3404	INSERT INTERCOSTAL CATH	0	2	2
3491	THORACENTIS	0	12	12
3512	OPN MITRAL VALVULOPLASTY	0	2	2
3521	OPN/OTH REP AORT VLV-TIS	0	1	1
3522	OPN/OTH REP AORTIC VALVE	0	4	4
3524	OPN/OTH REP MITRAL VALVE	0	4	4
3528	OPN/OTH REPL TCSPN VALVE	0	1	1
3533	ANNULOPLASTY	0	2	2
3611	AORTOCOR BYPAS-1 COR ART	0	2	2
3612	AORTOCOR BYPAS-2 COR ART	0	6	6
3613	AORTOCOR BYPAS-3 COR ART	0	6	6
3614	AORTOCOR BYPAS-4+ COR ART	0	3	3

3615	1 INT MAM-COR ART BYPASS	0	16	16
3712	PERCARDIOTOMY	0	1	1
3726	CATH BASE	0	4	4
3727	CARDIAC MAPPING	0	1	1
3733	EXC/DEST HRT LESION OPEN	0	1	1
3761	PULSATION BALLOON IMPLAN	0	17	17
3772	INT INSER LEAD ATRI-VENT	0	4	4
3775	REVISION OF LEAD	0	1	1
3778	INSER TEMP PACEMAKER SYS	0	4	4
3779	REV/RELOC CARD DEV POCKT	0	1	1
3783	INT INSERT DUAL-CHAM DEV	0	4	4
3791	OPN CHEST CARDIAC MASSAG	0	1	1
3794	IMPLT/REPL CARDDEFIB TOT	0	17	17
3808	LOWER LIMB ARTERY INCIS	0	2	2
3844	RESECT ABDM AORTA W REPL	0	1	1
3845	RESECT THORAC VES W REPL	0	1	1
3891	ARTERIAL CATHETERIZATION	0	7	7
3893	VENOUS CATH NEC	0	25	25
3895	VEN CATH RENAL DIALYSIS	0	9	9
3897	CV CATH PLCMT W GUIDANCE	0	13	13
3950	ANGIO OTH NON-CORONARY	0	1	1
3957	REP VESS W SYNTH PATCH	0	1	1
3961	EXTRACORPOREAL CIRCULAT	0	23	23
3962	HYPOTHERMIA W OPEN HEART	0	8	8
3963	CARDIOPLEGIA	0	8	8
3964	INTRAOP CARDIAC PACEMAK	0	7	7
3990	INS NON-D-E NON-COR STNT	0	1	1
3995	HEMODIALYSIS	0	24	24
4223	ESOPHAGOSCOPY NEC	0	1	1
4292	ESOPHAGEAL DILATION	0	1	1
4311	PERCU ENDOSC GASTROSTOMY	0	1	1
4443	ENDOSC CONTROL GAST HEM	0	2	2
4513	SM BOWEL ENDOSCOPY NEC	0	6	6
4516	EGD WITH CLOSED BIOPSY	0	4	4
4523	COLONOSCOPY	0	5	5
4525	CLOS LARGE BOWEL BIOPSY	0	3	3
4542	ENDO POLPECTOMY LRGE INT	0	1	1
5011	CLOSED LIVER BIOPSY	0	1	1
5123	LAPAROSCOPIC CHOLECYSTEC	0	1	1
5185	ENDOSC SPINCTEROTOMY	0	1	1
5188	ENDOSC REMOVE BILE STONE	0	1	1
5491	PERCU ABDOMINAL DRAINAGE	0	1	1
5498	PERITONEAL DIALYSIS	0	1	1
5789	BLADDER REPAIR NEC	0	1	1

5792	BLADDER NECK DILATION	0	1	1
8016	OTH ARTHROTOMY-KNEE	0	1	1
8026	KNEE ARTHROSCOPY	0	1	1
8191	ARTHROCENTESIS	0	1	1
8659	SKIN CLOSURE NEC	0	2	2
8774	RETROGRADE PYELOGRAM	0	1	1
8841	CONTR CEREBR ARTERIOGRAM	0	1	1
8842	CONTRAST AORTOGRAM	0	104	104
8848	CONTRAST ARTERIOGRAM-LEG	0	6	6
8852	RT HEART ANGIOCARDIOGRAM	0	2	2
8853	LT HEART ANGIOCARDIOGRAM	0	516	516
8854	RT & LT HEART ANGIOCARD	0	15	15
8856	CORONAR ARTEROGR-2 CATH	0	537	537
8857	CORONARY ARTERIOGRAM NEC	0	1	1
8872	DX ULTRASOUND-HEART	0	11	11
8914	ELECTROENCEPHALOGRAM	0	1	1
8945	PACEMAKER RATE CHECK	0	1	1
8950	AMBU CARDIAC MONITORING	0	1	1
8963	PULMON ART PRESS MONITOR	0	1	1
8964	PULMON ART WEDGE MONITOR	0	4	4
8968	OTH CARDIAC MON OUTPUT	0	2	2
9390	NON-INVASIVE MECH VENT	0	20	20
9604	INSERT ENDOTRACHEAL TUBE	0	30	30
9656	BRONCH/TRACH LAVAGE NEC	0	2	2
9671	CONT INV MEC VEN <96 HRS	0	19	19
9672	CONT INV MEC VEN 96+ HRS	0	27	27
9744	NONOP REMOV HRT ASST SYS	0	2	2
9749	REMOV THOR THER DEV NEC	0	1	1
9851	ESWL KID/URETER/BLADDER	0	1	1
9904	PACKED CELL TRANSFUSION	0	48	48
9905	PLATELET TRANSFUSION	0	5	5
9907	SERUM TRANSFUSION NEC	0	10	10
9910	INJECT/INF THROMBO AGENT	0	4	4
9915	PARENT INFUS NUTRIT SUB	0	2	2
9920	INJ/INF PLATELET INHIBIT	0	8	8
9960	CARDIOPULM RESUCITA NOS	0	12	12
9961	ATRIAL CARDIOVERSION	0	1	1
9962	HEART COUNTERSHOCK NEC	0	6	6
9974	THERAPEU PLATELTPHERESIS	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	36	36
Pacemaker Insertions	0	40	40
Angiograms/Venograms	0	401	401
Angioplasty	0	25	25
Stents	0	13	13
Thrombolysis Procedures	0	19	19
Embolizations	0	59	59
Venocava filter insertions	0	44	44
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	223	223
0	0	0	0
0	0	0	0
0	0	0	0
<b>Total</b>	<b>0</b>	<b>860</b>	<b>860</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	36	36
Pacemaker Insertions	0	43	43
Angiograms/Venograms	0	591	591
Angioplasty	0	108	108
Stents	0	34	34
Thrombolysis Procedures	0	108	108
Embolizations	0	88	88
Venocava filter insertions	0	122	122
Biliary/Nephrostomy	0	12	12
Perm cath/pic line placements	98	2,035	2,133
0	0	0	0
0	0	0	0
0	0	0	0
<b>Total</b>	<b>98</b>	<b>3,177</b>	<b>3,275</b>

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

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

Cardio, Emer Med, Endo, Fam Practice, Gastro, Hematology, Infectious Disease, Internal Med, Nephrology, Neurology, OB/GYN, Pediatrics, Phys Medicine & Rehab, Pulmonary, Gen Surg, Neurological Surg

#### **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	0
Asian	3
Black/African American	439
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	87
Multi-Racial	20
<b>Total</b>	<b>549</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	300
Female	249
<b>Total</b>	<b>549</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)	166,799	3	3	32,788
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	112,590	9	9	14,791
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	66,069	11	11	10,981
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	118,728	29	29	19,500
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	66,713	75	75	10,382
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	138,668	4	4	12,681
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	39,574	1	1	11,435
DRG 138: Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	132,977	1	1	9,566
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	\$140,398	\$117,889	\$8,355	\$712,614	134
Outpatient	\$74,164	\$72,747	\$65,757	\$86,999	6

#### 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	\$78,960	\$72,220	\$23,899	\$413,202	177
Outpatient	\$26,386	\$24,660	\$2,593	\$80,365	135

### 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
\$64,670,589	\$9,639,335

**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
\$7,533,870	68

**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
\$29,883,396

**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)	254	76	151	29	39
Number of Procedures Billed	257	153	153	29	39
Number of Procedures Not Billed or Written Off	0	0	0	0	0
Total Charges	\$27,850,559	\$10,134,955	\$19,151,205	\$3,171,211	\$4,362,659
Actual Reimbursement	\$3,637,207	\$1,221,950	\$4,779,072	\$535	\$570

**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, ACC, NCDR Registry

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

Enter your accreditation category in the space below.

Accreditation with Type 1 Recommendations

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

25

#### 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	300	2	1	3
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	549	0	0	0
<b>Total</b>	<b>849</b>	<b>2</b>	<b>1</b>	<b>3</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
Barrow	0	1	1
Bartow	0	1	1
Bibb	0	1	1
Butts	0	1	1
Carroll	0	1	1
Chattahoochee	0	1	1
Cherokee	0	1	1
Decatur	0	1	1
Dougherty	0	1	1
Fayette	0	1	1
Haralson	0	1	1
Lamar	0	1	1
Meriwether	0	1	1
Morgan	0	1	1

Newton	0	1	1
Pike	0	1	1
Pulaski	0	1	1
Tattnall	0	1	1
Troup	0	1	1
Wilcox	0	1	1
Clayton	0	35	35
Cobb	0	11	11
Coweta	0	7	7
DeKalb	0	57	57
Dooly	0	1	1
Douglas	0	4	4
Fulton	0	364	364
Gwinnett	0	5	5
Muscogee	0	2	2
Other- Out of State	0	31	31
Rockdale	0	3	3
Spalding	0	2	2
Henry	0	5	5
Habersham	0	2	2
<b>Total Patients</b>	<b>0</b>	<b>549</b>	<b>549</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: Jay Pennisson

Title: Chief Financial Officer

Date: 7/31/2015

Comments: