



2015 Cardiac Catheterization Survey

Part A : General Information

1. Identification

UID:hosp704

Facility Name: Midtown Medical Center

County: Muscogee

Street Address: 710 Center Street

City: Columbus

Zip: 31901

Mailing Address: P O Box 951

Mailing City: Columbus

Mailing Zip: 31902-0951

Medicare Provider Number: 110064

Medicaid Provider Number: 00001196

2. Report Period

Report Data for the full twelve month period, January 1, 2015 - December 31, 2015 (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: Laura Flatt

Contact Title: Decision Support Analyst, II

Phone: 706-571-1381

Fax: 706-660-6515

E-mail: laura.flatt@columbusregional.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.

2

1B. Room Detail

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?
Cath Lab Room 1	7/1/1986	Yes	0	Cardiac Catheterization
Cath Lab Room 2	10/1/2015	Yes	0	Cardiac 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.

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	1	1
PCI procedures utilizing drug eluting stent	0	114	114
PCI procedures utilizing non drug eluting stent	0	24	24
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
Total	0	139	139

2B.1 Diagnostic Cardiac Catheterizations

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations	0	477	477
Right Heart Diagnostic Cardiac Catheterizations	0	125	125
Total Diagnostic Cardiac Catheterization Procedures	0	602	602
Grand Total (All Cardiac Catheterization Procedures)	0	741	741

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)	0	383	383
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	94	94

2C. Peripheral Catheterization by Patient Type

Report the total number of peripheral catheterization procedures.

Ages 0-14	Ages 15+	Total
0	6	6

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	129	10	0	0	139
All other types of PCI (e.g. laser, etc.)	0	0	0	0	0
Total	129	10	0	0	139

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	0	224	224
Outpatient Diagnostic Cardiac Catheterizations	0	311	311
Inpatient Therapeutic Cardiac Catheterizations	0	99	99
Outpatient Therapeutic Cardiac Catheterizations	0	40	40
Total	0	674	674

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	1	1
0024	IVUS CORONARY VESSELS	0	1	1
0040	PROCEDURE-ONE VESSEL	0	75	75
0041	PROCEDURE-TWO VESSELS	0	16	16
0042	PROCEDURE-THREE VESSELS	0	3	3
0043	PROCEDURE-FOUR+ VESSELS	0	1	1
0044	PROC-VESSEL BIFURCATION	0	3	3
0045	INSERT 1 VASCULAR STENT	0	70	70
0046	INSERT 2 VASCULAR STENTS	0	12	12
0047	INSERT 3 VASCULAR STENTS	0	5	5
0048	INSERT 4 VASCULAR STENTS	0	2	2
03HY32Z	Insertion of Monitoring Device into Up A	0	1	1
1755	TRANSLUM COR ATHERECTOMY	0	1	1
3604	INTRACORONRY THROMB INFUS	0	1	1
3609	REM OF COR ART OBSTR NEC	0	1	1
370	PERICARDIOCENTESIS	0	1	1
3761	PULSATION BALLOON IMPLAN	0	3	3
3778	INSERT TEMP PACEMAKER SYS	0	1	1
3891	ARTERIAL CATHETERIZATION	0	4	4
3893	VENOUS CATHETER NEC	0	13	13
3950	ANGIO OTH NON-CORONARY	0	5	5
3964	INTRAOP CARDIAC PACEMAK	0	1	1
3990	INS NON-D-E NON-COR STNT	0	3	3
3E033PZ	Introduce Platelet Inhibitor in Periph V	0	2	2
4A0335C	Measurement of Arterial Flow, Coronary,	0	2	2
4A033BC	Measurement of Arterial Pressure, Corona	0	1	1
4A133B1	Monitoring of Arterial Pressure, Periphe	0	1	1
5794	INSERT INDWELLING CATH	0	3	3
5A02210	Assist with Cardiac Output using Balloon	0	1	1
5A09357	Assistance with Respiratory Ventilation,	0	1	1
5A1213Z	Performance of Cardiac Pacing, Intermitt	0	1	1
5A2204Z	Restoration of Cardiac Rhythm, Single	0	2	2
8607	INSERT VASC ACCESS DEV	0	2	2
8842	AORTOGRAPHY	0	4	4
8847	CONTR ABD ARTERIOGRM NEC	0	5	5
8849	CONTRAST ARTERIOGRAM NEC	0	1	1
8850	ANGIOCARDIOGRAPHY NOS	0	5	5

8852	RT HEART ANGIOCARDIOGRAM	0	8	8
8853	LT HEART ANGIOCARDIOGRAM	0	304	304
8854	RT & LT HEART ANGIOCARD	0	11	11
8855	CORONAR ARTERIOGR-1 CATH	0	54	54
8856	CORONAR ARTERIOGR-2 CATH	0	243	243
8857	CORONARY ARTERIOGRAM NEC	0	18	18
8872	DX ULTRASOUND-HEART	0	3	3
8961	ARTERIAL PRESSURE MONIT	0	1	1
8963	PULMON ART PRESS MONITOR	0	6	6
8964	PULMON ART WEDGE MONITOR	0	5	5
8968	OTH CARDIAC MON OUTPUT	0	7	7
9604	INSERT ENDOTRACHEAL TUBE	0	17	17
9910	INJECT/INF THROMBO AGENT	0	7	7
9919	INJECT ANTICOAGULANT	0	1	1
9920	INJ/INF PLATELET INHBIT	0	3	3
9960	CARDIOPULM RESUSCITA NOS	0	3	3
9962	HEART COUNTERSHOCK NEC	0	7	7
9969	CARDIAC RHYTHM CONV NEC	0	1	1
B2000ZZ	Plain Radiography of Single Cor Art usin	0	3	3
B200YZZ	Plain Radiography of Single Cor Art usin	0	1	1
B2011ZZ	Plain Radiography of Mult Cor Art using	0	5	5
B201YZZ	Plain Radiography of Mult Cor Art using	0	12	12
B2041ZZ	Plain Radiography of Right Heart using L	0	1	1
B204YZZ	Plain Radiography of Right Heart using L	0	1	1
B2050ZZ	Plain Radiography of Right Heart using O	0	1	1
B2051ZZ	Plain Radiography of Left Heart using Hi	0	4	4
B205YZZ	Plain Radiography of Left Heart using Lo	0	3	3
B206YZZ	Plain Radiography of Left Heart using Ot	0	11	11
B2101ZZ	Plain Radiography of Right and Left Hear	0	2	2
B210YZZ	Fluoroscopy of Mult Cor Art using H Osm	0	2	2
B2110ZZ	Fluoroscopy of Mult Cor Art using L Osm	0	1	1
B2111ZZ	Fluoroscopy of Multiple Coronary Arterie	0	36	36
B211YZZ	Fluoroscopy of Sing Cor A Graft using Ot	0	11	11
B212YZZ	Fluoroscopy of Mult Cor A Graft using L	0	1	1
B2131ZZ	Fluoroscopy of Right Heart using Low Osm	0	2	2
B2141ZZ	Fluoroscopy of Left Heart using High Osm	0	3	3
B2150ZZ	Fluoroscopy of Left Heart using Low Osmo	0	1	1
B2151ZZ	Fluoroscopy of Left Heart using Low Osmo	0	37	37
B215YZZ	Fluoroscopy of Left Heart using Other Co	0	16	16
B2161ZZ	Fluoroscopy of Right and Left Heart usin	0	1	1
B216YZZ	Fluoroscopy of Right and Left Heart usin	0	1	1
B2181ZZ	Fluoroscopy of L Int Mamm Graft using L	0	1	1
B245ZZ4	Ultrasonography of Left Heart, Transesop	0	1	1
B300YZZ	Plain Radiography of Thoracic Aorta usin	0	1	1

B310YZZ	Fluoroscopy of Thoracic Aorta using Othe	0	1	1
B31S1ZZ	Fluoroscopy of Right Pulmonary Artery us	0	1	1
B31SYZZ	Fluoroscopy of Right Pulmonary Artery us	0	1	1
B41D1ZZ	Fluoroscopy of Aorta, Bi LE Art using L	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	0	0
Pacemaker Insertions	0	29	29
Angiograms/Venograms	0	10	10
Angioplasty	0	3	3
Stents	0	3	3
Thrombolysis Procedures	0	1	1
Embolizations	0	0	0
Venocava filter insertions	0	0	0
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	0	0
Spinal Procs, Tilt Tables, ICD Implants	0	24	0
Cardioversions	0	13	13
Pericardiocentesis	0	6	6
Total	0	89	89

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

Total	0	0	0
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3D. Medical Specialties

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

Cardiology, Critical Care Med, EMR, Family Practice, Gastroenterology, Gen. Surgery, Hospitalist, Internal Medicine, Nephrology, Neurosurgery, Radiology, Thoracic Surgery

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.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	0
Asian	2
Black/African American	254
Hispanic/Latino	8
Pacific Islander/Hawaiian	0
White	272
Multi-Racial	11
Total	547

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	242
Female	305
Total	547

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)	36,443	2	5	15,068
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	6,531	10	26	2,359
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	7,042	14	27	3,030
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	6,476	22	25	2,193
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	6,858	41	58	2,160
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	6,410	4	233	1,304
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	0	0	18	0
DRG 138: Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	0	0	22	0
DRG 140: Angina Pectoris (MS-DRG 311)	0	0	4	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	\$77,604	\$64,163	\$34,052	\$175,544	42
Outpatient	\$46,215	\$45,406	\$33,942	\$66,161	16

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	\$33,333	\$26,174	\$11,540	\$154,390	95
Outpatient	\$14,623	\$10,124	\$5,473	\$73,455	197

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
\$18,721,849	\$4,932,216

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
\$888,537	27

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
\$9,880,628

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)	235	61	196	55	27
Number of Procedures Billed	240	62	199	56	27
Number of Procedures Not Billed or Written Off	0	0	0	0	0
Total Charges	\$8,270,029	\$3,092,592	\$5,589,752	\$1,769,476	\$915,653
Actual Reimbursement	\$2,066,319	\$711,867	\$2,153,280	\$750	\$27,116

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.

GHA, JCAHO, CMS, ACC

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

Enter your accreditation category in the space below.

Hospital Accreditation

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

7-9

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
Emory University Hospital	3
St. Francis Hospital	28
	0
	0
	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	139	1	0	1
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	535	0	0	0
Total	674	1	0	1

Part F : Patient Origin 2015

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	0	136	136
Florida	0	3	3
Ben Hill	0	1	1
Bibb	0	2	2
Chattahoochee	0	2	2
Cherokee	0	1	1
Coweta	0	1	1
Dooly	0	1	1
Dougherty	0	6	6
Harris	0	23	23
Houston	0	1	1
Lee	0	2	2
Marion	0	2	2
Meriwether	0	3	3

Monroe	0	1	1
Muscogee	0	307	307
Peach	0	1	1
Randolph	0	1	1
Richmond	0	1	1
Schley	0	2	2
Stewart	0	5	5
Sumter	0	2	2
Talbot	0	17	17
Tattnall	0	1	1
Troup	0	13	13
Upton	0	1	1
Warren	0	1	1
Webster	0	2	2
Worth	0	1	1
North Carolina	0	1	1
Other- Out of State	0	5	5
Tennessee	0	1	1
Total Patients	0	547	547

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: Ryan Chandler

Title: EVP/System COO, President of Hospital Operations

Date:

Comments: Question Part C.1B - MMC added a cardiac cath lab in 2015 pursuant to the Department's ruling in DET 2013-132. Question Part C.2B.1 - Combined Right and Left Heart Cardiac Catheterizations (ICD-9 Proc code 37.23) counted in both Left Heart Cardiac Catheterizations (ICD-9 Proc code 37.22) and Right Heart Cardiac Catheterizations (ICD-9 Proc code 37.21). Equivalent ICD-10 and CPT procedure codes addressed similarly for the period of Oct-Dec, 2015, following transition to ICD-10 coding system.