

**Updates**  
**Cardiac Surgery Supplemental Clinical Data Reporting Manual**  
**Revised December 2011**

p. 3	<p><u>Overview</u></p> <p><b>Previous:</b> Hospitals are required to submit supplemental clinical data as described throughout this manual for inpatient discharges in which a coronary artery bypass graft (CABG) and/or heart valve surgery was performed.</p> <p><b>Current:</b> Hospitals are required to submit supplemental clinical data as described throughout this manual for inpatient discharges of patients 18 years of age and older in which a coronary artery bypass graft (CABG) and/or heart valve surgery was performed.</p> <p>Revised: December 2011</p>
p.4	<p><u>Options for Data Submission</u></p> <p><b>Previous:</b> Once the UB-04 data has been submitted to PHC4, the “Required Linking” and “UB-04 Data” data elements will be copied from the UB-04 data into the web-based tool. Hospitals can then complete the manual data entry.</p> <p><b>Current:</b> Once the UB-04 data has been submitted to PHC4, hospitals can extract the “Required Linking” and “UB-04 Data” data elements from the UB-04 data into the web-based tool using the Cardiac Surgery Data Administration tool. The option to “Extract all cardiac surgery data from billing data” is displayed at the bottom of the Main Page. This will extract all of the records in your hospital’s UB-04 data with a CABG and/or valve procedure code for patients 18 years of age and older. Hospitals can then complete the manual data entry (as described in this manual) and begin review and attestation of the cardiac surgery data (as described in the <i>Guide for Review and Attestation of Cardiac Surgery Data</i> available at <a href="http://www.phc4.org/dept/dc/dcmanuals.htm">http://www.phc4.org/dept/dc/dcmanuals.htm</a>).</p> <p>Revised: December 2011</p>
p. 5	<p><u>Where to Send the Data</u></p> <p><b>Previous:</b></p> <ul style="list-style-type: none"> <li>• Supplemental clinical data must be submitted according to the quarterly inpatient billing (UB-04) and laboratory data collection submission timeframe using PHC4’s secure portal at <a href="https://www.phc4submit.org">https://www.phc4submit.org</a>. Additional time will be provided to confirm the accuracy of the data, verify surgeon assignment, and obtain hospital and surgeon attestation.</li> </ul>

	<ul style="list-style-type: none"> <li>Data reporting schedules are located on PHC4's website at <a href="http://www.phc4.org">http://www.phc4.org</a>.</li> </ul> <p><b>Current:</b></p> <ul style="list-style-type: none"> <li>For both data submission options, the UB-04 data file must be submitted prior to submitting the cardiac surgery data. The cardiac surgery data must be submitted using PHC4's secure portal at <a href="https://www.phc4submit.org">https://www.phc4submit.org</a> according to the quarterly inpatient billing (UB-04) and laboratory data collection submission timeframes.</li> <li>Schedules for data reporting and review and attestation of the cardiac surgery data are located on PHC4's website at <a href="http://www.phc4.org">http://www.phc4.org</a>.</li> </ul> <p>Revised: December 2011</p>
--	--

p. 5	<p><u>Discharges for which Supplemental Clinical Data is to be Submitted</u></p> <p><b>Previous:</b> Hospitals are required to submit supplemental clinical data elements for CABG and/or heart valve surgery discharges as identified by the presence of one of the ICD-9-CM procedure codes in the principal and/or secondary procedure positions in Table 1.</p> <p><b>Current:</b> Hospitals are required to submit supplemental clinical data elements for CABG and/or heart valve surgery discharges of patients 18 years of age and older as identified by the presence of one of the ICD-9-CM procedure codes in the principal and/or secondary procedure positions in Table 1.</p> <p>Revised: December 2011</p>
------	---

p. 5 & 6	<p><u>Valve Procedure Codes</u></p> <p><b>Previous:</b></p> <table border="1"> <thead> <tr> <th>ICD-9-CM</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>35.10</td> <td>Open heart valvuloplasty without replacement,</td> </tr> <tr> <td>35.11</td> <td>Open heart valvuloplasty of aortic valve without</td> </tr> <tr> <td>35.12</td> <td>Open heart valvuloplasty of mitral valve without</td> </tr> <tr> <td>35.13</td> <td>Open heart valvuloplasty of pulmonary valve without</td> </tr> <tr> <td>35.14</td> <td>Open heart valvuloplasty of tricuspid valve without</td> </tr> <tr> <td>35.20</td> <td>Replacement of unspecified heart valve</td> </tr> <tr> <td>35.21</td> <td>Replacement of aortic valve with tissue graft</td> </tr> <tr> <td>35.22</td> <td>Other replacement of aortic graft</td> </tr> <tr> <td>35.23</td> <td>Replacement of mitral valve with tissue graft</td> </tr> <tr> <td>35.24</td> <td>Other replacement of mitral valve</td> </tr> <tr> <td>35.25</td> <td>Replacement of pulmonary valve with tissue graft</td> </tr> </tbody> </table>	ICD-9-CM	Description	35.10	Open heart valvuloplasty without replacement,	35.11	Open heart valvuloplasty of aortic valve without	35.12	Open heart valvuloplasty of mitral valve without	35.13	Open heart valvuloplasty of pulmonary valve without	35.14	Open heart valvuloplasty of tricuspid valve without	35.20	Replacement of unspecified heart valve	35.21	Replacement of aortic valve with tissue graft	35.22	Other replacement of aortic graft	35.23	Replacement of mitral valve with tissue graft	35.24	Other replacement of mitral valve	35.25	Replacement of pulmonary valve with tissue graft
ICD-9-CM	Description																								
35.10	Open heart valvuloplasty without replacement,																								
35.11	Open heart valvuloplasty of aortic valve without																								
35.12	Open heart valvuloplasty of mitral valve without																								
35.13	Open heart valvuloplasty of pulmonary valve without																								
35.14	Open heart valvuloplasty of tricuspid valve without																								
35.20	Replacement of unspecified heart valve																								
35.21	Replacement of aortic valve with tissue graft																								
35.22	Other replacement of aortic graft																								
35.23	Replacement of mitral valve with tissue graft																								
35.24	Other replacement of mitral valve																								
35.25	Replacement of pulmonary valve with tissue graft																								

35.26	Other replacement of pulmonary valve
35.27	Replacement of tricuspid valve with tissue graft
35.28	Other replacement of tricuspid valve
35.33	Annuloplasty
35.99	Other operations on valves of heart

**Current:**

ICD-9-CM	Description
35.10	Open heart valvuloplasty without replacement,
35.11	Open heart valvuloplasty of aortic valve without
35.12	Open heart valvuloplasty of mitral valve without
35.13	Open heart valvuloplasty of pulmonary valve without
35.14	Open heart valvuloplasty of tricuspid valve without
35.20 <sup>1</sup>	Open and other replacement of unspecified heart
35.21 <sup>1</sup>	Open and other replacement of aortic valve with
35.22 <sup>1</sup>	Open and other replacement of aortic graft
35.23 <sup>1</sup>	Open and other replacement of mitral valve with
35.24 <sup>1</sup>	Open and other replacement of mitral valve
35.25 <sup>1</sup>	Open and other replacement of pulmonary valve
35.26 <sup>1</sup>	Open and other replacement of pulmonary valve
35.27 <sup>1</sup>	Open and other replacement of tricuspid valve with
35.28 <sup>1</sup>	Open and other replacement of tricuspid valve
35.33	Annuloplasty
35.99	Other operations on valves of heart

<sup>1</sup> Revised code description effective 10/1/2011.

**Revised:**

December 2011

p. 8 & 9

**Coronary Artery Disease**

**Previous:** Did not exist.

**Current:** The goal is to capture CAD from the time the patient is admitted up to the first CABG and/or valve surgery. That is, when a patient is admitted and undergoes a cardiac catheterization and/or percutaneous coronary intervention (angioplasty, atherectomy, stent insertion) the documented CAD should be collected. If a percutaneous coronary intervention is performed prior to admission the CAD in the treated coronary artery/branch should be considered removed and should not be collected.

*Example:*

*A patient had a heart catheterization and stent insertion one month prior to admission and the 80% stenosis in the RCA was reduced to 0%. You should consider the area of stenosis removed/corrected.*

*Enter: CAD – Right Coronary Artery (RCA) – 0%.*

	<p><i>Example:</i></p> <p><i>A patient was admitted to the hospital and underwent an emergency heart catheterization. An area of 80% stenosis in the RCA was found and a stent was inserted reducing the stenosis to 0%. The patient required CABG surgery later in the admission. You should consider the stenosis a patient risk factor for this admission and collect the area of stenosis prior to the stent insertion.</i></p> <p><i>Enter: CAD – Right Coronary Artery (RCA) – 80%.</i></p> <p><i>Example:</i></p> <p><i>A patient had a heart catheterization and stent insertion one month prior to admission and the 80% stenosis in the RCA was reduced to 0%. The patient was admitted to the hospital and underwent another heart catheterization that showed 85% restenosis in the RCA at the previous stent insertion site. The patient required CABG surgery later in the admission. You should consider the area of restenosis a patient risk factor for this admission and collect the area of restenosis.</i></p> <p><i>Enter: CAD – Right Coronary Artery (RCA) – 85%.</i></p> <p>Revised: December 2011</p>
<p>p. 9</p>	<p><u>Coronary Artery Disease</u></p> <p><b>Previous:</b> Did not exist.</p> <p><b>Current:</b> If there is no documented stenosis in any coronary artery and/or artery branch the corresponding CAD fields associated with these vessels should be left blank. Acceptable values are 0-100 or blank if the coronary artery and/or artery branch is not mentioned in any of the applicable source documents or no report is available. Collect numerical values (1-100 percent) for documented stenosis of a coronary artery and/or artery branch and when a vessel is noted to be stenosis-free (0 percent).</p> <p><i>Example:</i></p> <p><i>The heart catheterization report states “there is left main stenosis of 20%, LAD shows an area of 80%, and RCA is patent with no areas of stenosis.” There are no other vessels mentioned in the report.</i></p> <p><i>Enter: 20 in CAD – Left Main, 80 in CAD – Left Anterior Descending (LAD) and 0 in CAD – Right Coronary Artery (RCA) fields. All other CAD fields should be left blank.</i></p> <p>Revised: December 2011</p>
<p>p. 12 &amp; 13</p>	<p><u>Laboratory Data and Risk Adjustment</u></p> <p><b>Previous:</b> Did not exist.</p>

	<p><b>Current:</b> The intention for risk adjustment is to continue using the laboratory test results from specimens collected prior to anesthesia start time and within the laboratory test collection timeframe that is specified in the Laboratory Data Reporting Manual (p.4).</p> <p>These results will be identified by comparing the “Anesthesia Start Date” and “Anesthesia Start Time” submitted in the supplemental clinical data with the “Date Specimen Collected” and “Time Specimen Collected” submitted in the laboratory data.</p> <p>As such, when laboratory test results within the admission timeframe are available for both prior to and after the anesthesia start time for the first CABG and/or valve surgery, we strongly suggest that hospitals submit laboratory results collected prior to the anesthesia start time. Having these results will help to fully capture the patient’s clinical condition (or risk) at the time of admission and prior to surgery.</p> <p><i>Examples:</i></p> <p><i>A patient is admitted at 4:00 pm and has a CABG procedure performed at 7:00 pm (start time of anesthesia).</i></p> <p><i>Action: Review laboratory test results from Day 1 up to 7:00 pm.</i></p> <p><i>A patient is admitted at 9:00 pm on Day 1 and has a CABG procedure performed on Day 2 at 8:00 am (start time of anesthesia).</i></p> <p><i>Action: Review laboratory test results from Day 1 and Day 2 up to 8:00 am.</i></p> <p><i>A patient is admitted at 4:00 pm and has a CABG procedure performed on Day 5.</i></p> <p><i>Action: Review laboratory test results from Day 1.</i></p> <p>Note that laboratory values can be reviewed and updated, if applicable, using PHC4’s Laboratory Data Administration tool.</p> <p>Revised: December 2011</p>
p. 22 & 23	<p><u>CAD – Circumflex</u></p> <p><b>Previous:</b> Acceptable values are 0-100.</p> <p><b>Current:</b> Acceptable values are 0-100 or blank if the circumflex artery is not mentioned in any of the applicable source documents or no report is available.</p> <p><u>CAD – Circumflex Branch</u></p> <p><b>Previous:</b> Acceptable values are 0-100.</p>

**Current:** Acceptable values are 0-100 or blank if the circumflex branch is not mentioned in any of the applicable source documents or no report is available.

CAD – Left Anterior Descending (LAD)

**Previous:** Acceptable values are 0-100.

**Current:** Acceptable values are 0-100 or blank if the LAD is not mentioned in any of the applicable source documents or no report is available.

CAD - Left Anterior Descending (LAD) Branch

**Previous:** Acceptable values are 0-100.

**Current:** Acceptable values are 0-100 or blank if the LAD branch is not mentioned in any of the applicable source documents or no report is available.

CAD - Left Main

**Previous:** Acceptable values are 0-100.

**Current:** Acceptable values are 0-100 or blank if the left main artery is not mentioned in any of the applicable source documents or no report is available.

CAD – Right Coronary Artery (RCA)

**Previous:** Acceptable values are 0-100.

**Current:** Acceptable values are 0-100 or blank if the RCA is not mentioned in any of the applicable source documents or no report is available.

CAD - Right Coronary Artery (RCA) Branch

**Previous:** Acceptable values are 0-100.

**Current:** Acceptable values are 0-100 or blank if the RCA branch is not mentioned in any of the applicable source documents or no report is available.

Revised:  
December 2011