

ITEMS FOR WHICH INSTRUCTIONS HAVE BEEN REVISED FOR 2001

Terminology– The term PTCA has been replaced by PCI or percutaneous coronary intervention.

Procedural Information

Heparin – Clarification on Coding

Major Complications Following Operation

Stroke (both categories) – Revised Definition

Pre-op Surgical Risk Factors

Hemodynamic Instability – Clarification on documentation required.

ECG Evidence of LVH – Clarification on coding.

CHF – New definition.

MVA – Revised definition.

Procedural Code

712 MAZE Procedure - New procedure code

825 Ventricular Assist Device Placed as a Bridge to Transplant - New procedure code

200 & 201 Atrial Septal Defect – Modification of procedure codes to include Patent Foramen Ovale Procedures

Instruction for When to Complete a Report Form

Complete a Cardiac Surgery Report, Adult, for every patient age 18 or over undergoing one or more operations on the heart or great vessels, with or without extracorporeal circulation, during a single hospital stay. If there was more than one cardiac or great vessel operation during the stay, complete only one form. (See item-by-item instructions below for Primary Cardiac Procedure and Other Cardiac Procedure)

Notes: Clarification on the coding and analyses of several procedures.

! Only operations on the heart or great vessels should be reported.

! For purposes of reporting post-operative events and pre-operative risk factors, a surgical procedure begins at the time of the first skin incision unless otherwise stated.

! Do not include intra-operative PCIs, implantations of pacemakers or removal of AICD or pacemaker leads and wires.

! Do not include carotid endarterectomies or implantations of AICD/As, unless these procedures occurred in combination with a coronary artery bypass graft.

! Coronary endarterectomies, inter-operative removal of a stent, right atrium repair, septal myomectomies and ventricular free wall rupture repairs performed during a coronary artery bypass procedure do not constitute a procedure for purposes of this report and should not be coded on the CSRS form. These procedures will be counted as isolated bypass cases in any analyses performed by the Department of Health.

! Procedure Code 721: Resection or Plication of LV Aneurysm combined with a CABG. This procedure will be counted as an isolated bypass case in any analyses performed by the Department of Health.

! Do not code aortic root enlargements when performed with aortic valve replacements. When done with a root replacement, code the entire procedure as 781 or 785.

ADULT CARDIAC SURGERY REPORT

ITEM-BY-ITEM INSTRUCTIONS

PFI NUMBER: The PFI Number is a Permanent Facility Identifier assigned by the Department of Health. Enter your facility's PFI Number as shown in Attachment A.

SEQUENCE NUMBER: If your facility assigns a sequence number to each case on a chronological flow sheet or similar log, enter the sequence number here. The sequence number is not required for the Cardiac Surgery Reporting System, but has been included on the form in case your facility finds it useful in identifying and tracking cases.

SECTION I. PATIENT INFORMATION	
MEDICAL RECORD NUMBER	Enter the patient's medical record number.
SOCIAL SECURITY NUMBER	Enter the patient's social security number as shown in the medical record. If the medical record does not contain the patient's social security number, leave this item blank. Do not ask the patient for the social security number for the sole purpose of reporting it on this form.
AGE IN YEARS	Enter the patient's age at admission to the hospital. If the patient's exact age cannot be determined, enter your best estimate.
DATE OF BIRTH	Enter the patient's exact date of birth, if known; otherwise, leave this item blank.
SEX	Check the appropriate box.
ETHNICITY	Check the appropriate box.
RACE	Check the appropriate box. For white Hispanics, check "White"; for black Hispanics, check "Black." "Other" refers to races other than white or black, such as Asian or American Indian.
RESIDENCE	Enter the county code of the patient's principal residence, as shown in Attachment B. If code 99 (<i>outside New York State</i>), print the name of the state or country in the space provided.
HOSPITAL ADMISSION DATE	Enter the date of admission for the current hospital stay.
SECTION II. PROCEDURAL INFORMATION	
HOSPITAL THAT PERFORMED DIAGNOSTIC CATH	If the cardiac surgery was preceded by a diagnostic catheterization, enter the name of the hospital in the space provided. If the catheterization was at a cardiac diagnostic center in New York State, enter its PFI Number from Attachment A; if done at a Veterans Administration hospital in New York State, enter "8888"; if done outside New York State, enter "9999". If there was no diagnostic catheterization, leave this item blank.
PRIMARY PHYSICIAN PERFORMING OPERATION	Enter the name and license number of the primary physician who performed the primary cardiac procedure.

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SECTION II. PROCEDURAL INFORMATION (Cont).	
DATE OF PRIMARY SURGERY	Enter the date on which the primary cardiac surgical procedure was performed.
PRIMARY CARDIAC PROCEDURE	Enter the three-digit State Cardiac Advisory Committee code from the procedure code list in Attachment C. If multiple procedures were performed during the same operation and there is an SCAC code for the combination of procedures, use the code for the combination. If there were two separate operations on the heart or great vessels during the same hospital stay, report the primary operation here, and the other operation under "Other Cardiac Procedure."
OTHER CARDIAC PROCEDURE	If multiple procedures were performed during the same operation and there is no SCAC code for the combination, enter the three-digit SCAC code for the other (<i>non-primary</i>) procedure. If there were two separate operations on the heart or great vessels during the same hospital stay, enter the three-digit SCAC code for the other (<i>non-primary</i>) operation.
LIMA TO LAD	For CABG procedures only. Check the appropriate box to indicate the use of the left internal mammary artery to the LAD.
MINIMALLY INVASIVE PROCEDURE	If the cardiac surgical procedure began through an incision other than a complete sternotomy (<i>usually less than 12 centimeters in length</i>) check <input type="checkbox"/> Yes <input type="checkbox"/> , regardless of whether the case converted to a standard incision/C-P Bypass. Otherwise check <input type="checkbox"/> No <input type="checkbox"/> .
CONVERTED TO STANDARD INCISION	Check standard incision to indicate the minimally invasive procedure was modified to a full or standard incision.
VIDEO ASSISTED THORACOSCOPIC SURGERY (VATS)	If a video assisted thoracoscope was used to perform all or part of the procedure, check <input type="checkbox"/> Yes <input type="checkbox"/> , otherwise check <input type="checkbox"/> No <input type="checkbox"/> .
CARDIOPLEGIA	If cardioplegia was not used, check "None". If cardioplegia was used, check one box in each of the other four sections (<i>cold or warm, intermittent or continuous, etc.</i>).
IV HEPARIN WITHIN 48 HRS PRE-OP	Check the appropriate box. Only code when unfractionated IV Heparin is administered. Subcutaneous or fractionated heparin are not included in this category.
GLOBAL MYOCARDIAL ISCHEMIC TIME	Enter the global myocardial ischemic time in minutes
CARDIOPULMONARY BYPASS TIME	Enter the cardiopulmonary bypass time in minutes. <i>! Note: Since the use of extracorporeal circulation will be determined from this item, it is extremely important that this item be complete and accurate.</i>
CONVERTED FROM OFF PUMP TO ON PUMP	Check if the procedure began without the use of C-P Bypass, but prior to the completion of the procedure the patient was placed on pump. C-P Bypass Time must also be completed for procedures that convert to on pump.

ADULT CARDIAC SURGERY REPORT

SECTION III. MAJOR EVENTS FOLLOWING OPERATION	
<i>! Check all of the listed major events that occurred during or after the primary surgery. If none of the listed events occurred, check "None." Please Note: <u>A Documented pre-operative condition that persists post-operatively with no increase in severity is not an event.</u> (Check at least one box in this section.)</i>	
0. NONE	
1. STROKE (NEW NEUROLOGICAL DEFICIT INTRA-OP TO 24 HOURS)	Permanent new focal neurological deficit occurring intra-operatively to 24 hours post-operative.
1A. STROKE (NEW NEUROLOGICAL DEFICIT > 24 HOURS)	Permanent new focal neurological deficit occurring over 24 hours post-operative.
2. TRANSMURAL MI (NEW Q WAVES)	New Q waves and a rise in CK-MB isoenzyme to a level indicating myocardial infarction, occurring within 48 hours after surgery.
4. DEEP STERNAL WOUND INFECTION (BONE-RELATED)	Drainage of purulent material from the sternotomy wound, and instability of the sternum. <i>! <u>Note:</u> A deep sternal wound infection should be reported as a complication even if it does not become apparent until after the patient is discharged from the hospital.</i>
5. BLEEDING REQUIRING REOPERATION	Return to the operating room within 36 hours post-op for reoperation to control bleeding or evacuate large hematomas in the thorax or pericardium.
8. SEPSIS OR ENDOCARDITIS	<u>Sepsis</u> : Fever and positive blood cultures related to the procedure. <u>Endocarditis</u> : Two or more positive blood cultures without other obvious source, or demonstrated valvular vegetation, or acute valvular dysfunction caused by infection.
9. G-I BLEEDING, PERFORATION, OR INFARCTION	Any post-operative episode, while still in the hospital, of vomiting blood, gross blood in the stool, or perforation or necrosis of stomach or intestine.
10. RENAL FAILURE, DIALYSIS	Creatinine greater than 2.5 for more than 7 post-operative days, or requirement for temporary or permanent renal dialysis of any type. Do not check this item if Risk Factor 27 (<i>Renal Failure, Dialysis</i>) was checked.
13. RESPIRATORY FAILURE	Pulmonary insufficiency requiring intubation and ventilation for a period of 72 hours or more, at any time during the post-operative stay. For patients who are placed on and taken off ventilation several times, the total of these episodes should be 72 hours or more.

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SECTION IV. DISCHARGE INFORMATION	
DISCHARGE STATUS	If the patient was discharged from the hospital alive, indicate where the patient was sent. If the patient died in the hospital, check the appropriate box to indicate specifically where the death occurred.
HOSPITAL DISCHARGE DATE	Enter the date the patient was discharged from the hospital. If the patient died in the hospital, the hospital discharge date is the date of death.
30 DAY STATUS	Report the patient's status at 30 days post-procedure.
SECTION V. PRE-OP SURGICAL RISK FACTORS	
SURGICAL PRIORITY ! Elective: ! Urgent: ! Emergency:	Check the appropriate box. All cases not classified as urgent or emergency as defined below. The patient is too ill or unstable to be discharged from the hospital, but is not classified as emergency as defined below. Patients requiring emergency procedures will have ongoing, refractory, unrelenting cardiac compromise, with or without hemodynamic instability. Typical patients include those in arrest with CPR administered immediately prior to the procedure, shock, ongoing ischemia, including rest angina or acute evolving MI or equivalent within 24 hours of procedure, or pulmonary edema requiring intubation.
HEIGHT	Enter the patient's height in centimeters.
WEIGHT	Enter the patient's weight in kilograms.
EJECTION FRACTION	Record the ejection fraction taken closest to the cardiac procedure. When a calculated measure is unavailable, the ejection fraction should be estimated visually from the ventriculogram or by echocardiography. If an ejection fraction is unavailable, check "Unknown". <i>! Note: Intraoperative direct observation of the heart is <u>not</u> an adequate basis for a visual estimate of the ejection fraction.</i>
EJECTION FRACTION MEASURE	Check the appropriate box indicating the method used to measure the ejection fraction. 1. LV Angiogram 2. Echocardiography (<i>Transthoracic</i>) 3. Radionuclide Studies 4. TEE including Intraoperative 8. Other 9. Unknown

ADULT CARDIAC SURGERY REPORT

SECTION V. PRE-OP SURGICAL RISK FACTORS (Cont.)	
STRESS TEST RESULTS	<p>Positive: ECG, radionuclide, or echo stress test was positive by standard criteria.</p> <p>Negative: ECG, radionuclide, or echo stress test was negative by standard criteria.</p> <p>Not Done: Stress test was not performed.</p> <p>Unknown: Stress test was performed, but results are unknown.</p>
ANGINA: CCS FUNCTIONAL CLASS	<p>Check the box corresponding to the patient's Canadian Cardiovascular Society Functional Class, as defined in Attachment D.</p> <p><i>! Note: The determination of functional class should be based on the typical level of exertion required to produce angina. For example, a single episode of anginal pain at rest does not qualify a patient as Class IV.</i></p>
VESSELS DISEASED	<p>For each diseased vessel, check the appropriate box to indicate the percent diameter stenosis. Include all vessels diseased, even branches.</p>
VALVULAR STENOSIS AND INCOMPETENCE (valve patients only)	<p>On each line, enter an assessment of the degree of stenosis or incompetence (<i>acute or chronic</i>). All six lines should be completed for all valve patients. For other patients, this item may be left blank.</p>
! Moderate or Severe Stenosis (aortic, mitral, or tricuspid)	<p>Should be demonstrated by appropriate imaging technique, echocardiography, or hemodynamic measurement at cardiac catheterization or operation.</p>
! Moderate or Severe Aortic Incompetence	<p>Should be demonstrated by aortography or by pre-op or intraoperative echocardiography.</p>
! Moderate or Severe Mitral Incompetence	<p>Should be demonstrated by left ventriculography or by pre-op or intraoperative echocardiography.</p>
! Moderate or Severe Tricuspid Incompetence	<p>Should be demonstrated by physical examination or by pre-op or intraoperative echocardiography.</p>
PULMONARY ARTERY PRESSURES (valve patients only)	<p>These pressures should be reported for patients who have valvular heart disease. For other patients, this item may be left blank.</p>
CARDIAC INDEX (valve patients only)	<p>For valve patients, enter the cardiac index to the nearest tenth. For other patients, this item may be left blank.</p>
0. None	<p>None of the pre-procedure risk factors listed below are present.</p>
1 - 3. PREVIOUS OPEN HEART OPERATIONS	<p>If the patient had open heart surgery previous to the current hospitalization, check the appropriate box to indicate the number of such operations. Do not count any operations during the current stay. For the purposes of this reporting system, minimally invasive procedures are considered open heart surgery.</p>
4 - 7. PREVIOUS MI (MOST RECENT)	<p>If the patient had one or more myocardial infarctions before surgery, report the length of time since the most recent MI. If less than 24 hours, check box 4 or 5. If 24 hours or more, enter the number of days in the space provided. If 21 days or more, enter "21". Transmural MI: If the most recent MI was transmural (new Q waves), check box 7.</p>

ADULT CARDIAC SURGERY REPORT

SECTION V. PRE-OP SURGICAL RISK FACTORS (Cont.)	
<p>PERIPHERAL VASCULAR DISEASE</p> <p>8. Stroke</p> <p>9. Carotid/Cerebrovascular</p> <p>10. Aortoiliac</p> <p>11. Femoral/Popliteal</p>	<p>A history of stroke, with or without residual deficit.</p> <p>Angiographic or ultrasound demonstration of at least 50% narrowing in a major cerebral or carotid artery (common or internal), history of non-embolic stroke, or previous surgery for such disease. A history of bruits or transient ischemic attacks is not sufficient evidence of carotid/cerebrovascular disease.</p> <p>Angiographic demonstration of at least 50% narrowing in a major aortoiliac vessel, previous surgery for such disease, absent femoral pulses, or inability to insert a catheter or intra-aortic balloon due to iliac aneurysm or obstruction of the aortoiliac arteries.</p> <p><i>! Note: Tortuosity of the vessel alone <u>does not</u> constitute aortoiliac disease. Abdominal Aortic Aneurysm (AAA), history of aorto-bifemoral bypass, or absence of a femoral pulse on either the right or left <u>do</u> constitute aortoiliac disease.</i></p> <p>Angiographic demonstration of at least 50% narrowing in a major femoral/popliteal vessel, previous surgery for such disease, absent pedal pulses, or inability to insert a catheter or intra-aortic balloon due to obstruction in the femoral arteries.</p> <p><i>! Note: Both dorsalis pedis (DP) and posterior tibial (PT) need to be absent in one foot to code; a negative popliteal pulse alone does not constitute femoral/popliteal disease; medications for peripheral vascular disease without indication of femoral/popliteal disease <u>do not</u> support coding.</i></p>
<p>HEMODYNAMIC INSTABILITY AT TIME OF PROCEDURE</p> <p>12. Unstable</p> <p>13. Shock</p> <p>37. CPR</p>	<p>! Determined just prior to or at the induction of anesthesia. These patients usually have hypotension and low cardiac output. Clinical evidence of hypotension or low cardiac output <u>and the administration of pharmacological or mechanical support must be contained in the patient's record. For purposes of reporting, the surgical procedure does not constitute the mechanical support.</u></p> <p>The patient requires pharmacologic or mechanical support to maintain blood pressure or output.</p> <p><i>! Note: The following conditions alone <u>do not</u> constitute hemodynamic instability: IV Nitroglycerin, IV Heparin, IABP inserted for pain control, inability to place IABP because of tortuous and diseased vessels.</i></p> <p>Acute hypotension (systolic blood pressure < 80 mmHg) or low cardiac index (<2.0 liters/min/m²), despite pharmacologic or mechanical support.</p> <p>The patient requires cardiopulmonary resuscitation within one hour prior to the surgery</p>
<p>14. > 1 PREVIOUS MI</p>	<p>Clinical or ECG evidence of more than one previous myocardial infarction.</p>
<p>15. HYPERTENSION HISTORY</p>	<p>Blood pressure greater than 140/90, history of hypertension, or current treatment for hypertension.</p>
<p>16. IV NTG WITHIN 24 HOURS BEFORE PROCEDURE</p>	<p>IV nitroglycerin, received at any time within 24 hours before surgery, for ongoing myocardial ischemia or left ventricular failure, clinical evidence of which should be contained in the patient's record.</p>

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SECTION V. PRE-OP SURGICAL RISK FACTORS (Cont.)	
17. ECG EVIDENCE OF LEFT VENTRICULAR HYPERTROPHY	Pre-op electrocardiogram shows evidence of LV hypertrophy. Diagnosis by echo is permitted for documented cases of LBBB or pacing. An EKG finding of minimal voltage criteria is not sufficient evidence to code ECG/LVH.
18. CONGESTIVE HEART FAILURE, CURRENT	<p>Within 2 weeks prior to the procedure, a physician has diagnosed CHF by one of the following:</p> <ul style="list-style-type: none"> • Paroxysmal nocturnal dyspnea (PND) • Dyspnea on exertion (DOE) due to heart failure, or • Chest X-Ray showing pulmonary congestion. <p>! Note: <i>Pedal edema or dyspnea alone are not diagnostic. Patient should also have received diuretics, digoxin, or vasodilator therapy such as ace inhibitors.</i></p>
19. CONGESTIVE HEART FAILURE, PAST	<p>Between 2 weeks to 6 months prior to the procedure, a physician has diagnosed CHF by one of the following:</p> <ul style="list-style-type: none"> • Paroxysmal nocturnal dyspnea (PND) • Dyspnea on exertion (DOE) due to heart failure, or • Chest X-Ray showing pulmonary congestion. <p>! Note: <i>Pedal edema or dyspnea alone are not diagnostic. Patient should also have received diuretics, digoxin, or vasodilator therapy such as ace inhibitors.</i></p>
20. MALIGNANT VENTRICULAR ARRHYTHMIA	Recent (<i>within the past 7 days</i>) recurrent ventricular tachycardia or ventricular fibrillation requiring electrical defibrillation or the use of intravenous antiarrhythmic agents. Excludes a single episode of VT or VF occurring within 6 hours of the diagnosis of a myocardial infarction and responding well to treatment.
21. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	<p>Ç Patients who require chronic (<i>longer than three months</i>) bronchodilator therapy to avoid disability from obstructive airway disease,</p> <p align="center"><i>or</i></p> <p>Ç have a forced expiratory volume in one second of less than 75% of the predicted value or less than 1.25 liters,</p> <p align="center"><i>or</i></p> <p>Ç have a room air pO₂ < 60 or a pCO₂ >50.</p> <p>! Note: <i>COPD should not be checked unless the patient's record contains documented evidence of the above criteria, regardless of how much the patient may have smoked.</i></p>
22. MYOCARDIAL RUPTURE	Acute rupture of ventricular septum (<i>postinfarction VSD</i>), mitral papillary muscle, or left ventricular free wall.
23. EXTENSIVELY CALCIFIED ASCENDING AORTA	More than the usual amount (<i>for age</i>) of calcification or plaque formation in the ascending aorta, or plaque, palpable at surgery, in the ascending aorta.
24. DIABETES REQUIRING MEDICATION	The patient is receiving either oral hypoglycemics or insulin.
25. HEPATIC FAILURE	The patient has cirrhosis or other liver disease and has a bilirubin greater than 2 mg/dl and a serum albumin less than 3.5 grams/dl.
26. RENAL FAILURE, CREATININE > 2.5	Pre-operative creatinine greater than 2.5 mg/dl.
27. RENAL FAILURE, DIALYSIS	The patient is on chronic peritoneal or hemodialysis.

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SECTION V. PRE-OP SURGICAL RISK FACTORS (Cont.)	
28. IMMUNE SYSTEM DEFICIENCY	Chronic use--continuing until the surgery--of steroids, anti-neoplastic therapy, cyclosporine, or other immunosuppressive therapy; or presence of AIDS.
29. IABP PRE-OP	The patient arrives in the operating room with an intra-aortic balloon pump in place, or requires its insertion prior to the induction of anesthesia, for ongoing myocardial ischemia, left ventricular failure, or shock--clinical evidence of which should be contained in the patient's record.
30. EMERGENCY TRANSFER TO OPERATING ROOM AFTER DX CATH	The patient requires immediate surgery following a diagnostic catheterization.
31. EMERGENCY TRANSFER TO OPERATING ROOM AFTER PCI	The patient requires immediate surgery following a PCI.
32. PREVIOUS PCI THIS ADMISSION	The patient has had a percutaneous coronary intervention during this admission.
33. PCI BEFORE THIS ADMISSION	The patient had a percutaneous coronary intervention before this admission.
34. THROMBOLYTIC THERAPY WITHIN 7 DAYS	Thrombolytic therapy such as streptokinase, urokinase, or thromboplastin activator (TPA) for the purpose of dissolving a coronary thrombosis within seven days prior to surgery.
35. SMOKING HISTORY, IN PAST 2 WEEKS	The patient has smoked any tobacco products, including chewing tobacco, within the past two weeks.
36. SMOKING HISTORY, IN PAST YEAR	The patient has smoked any tobacco products, including chewing tobacco, within the past year. It is unnecessary to check this item if 35 was checked.
37. STENT THROMBOSIS	Formation of a blood clot/thrombus in the stented segment of the artery and/or adjacent area. This usually results in an acute occlusion, chest pain or development of an acute MI. Stent thrombosis usually occurs up to 30 days following the procedure.
REPORT THE FOLLOWING RISK FACTORS FOR VALVE SURGERY ONLY	
61. CARDIOMEGALY	C-T ratio greater than 50%, determined from the chest x-ray.
62. ACTIVE ENDOCARDITIS	Two or more positive blood cultures without other obvious source, or demonstrated valvular vegetations, or acute valvular dysfunction caused by infection. Includes patients who are on antibiotics at the time of surgery. Excludes patients who have completed antibiotic therapy and have no evidence of residual infection.
SECTION VI. PERSON COMPLETING REPORT	
! Enter the name and telephone number of the person completing the report, and the date the report was completed.	

ADULT CARDIAC SURGERY REPORT

ATTACHMENT A

PFI NUMBERS FOR CARDIAC DIAGNOSTIC AND SURGICAL CENTERS

PFI #	HOSPITAL
0 0 0 1	Albany Medical Center Hospital
0 1 1 6	Arnot-Ogden Medical Center
1 4 3 8	Bellevue Hospital Center
1 4 3 9	Beth Israel Medical Center/Petrie Campus
1 1 6 4	Bronx-Lebanon Hospital Center, Fulton Division
1 2 8 6	Brookdale Hospital Medical Center
1 2 8 8	The Brooklyn Hospital Center, Downtown Campus
0 2 0 7	Buffalo General Hospital
3 0 1 3	Catholic Medical Center of Brooklyn & Queens @ Mary Immaculate Hospital
1 6 3 4	Catholic Medical Center of Brooklyn & Queens @ St. John's Queens Hospital
0 9 7 7	Cayuga Medical Center at Ithaca
0 1 3 5	Champlain Valley Physicians Hospital Medical Center
0 2 0 8	Children's Hospital - Buffalo
1 6 2 6	City Hospital Center at Elmhurst
1 2 9 4	Coney Island Hospital
0 6 3 6	Crouse-Irving Hospital
0 8 2 9	Ellis Hospital
0 2 1 0	Erie County Medical Center
0 4 0 7	Genesee Hospital - Rochester
1 0 0 5	Glens Falls Hospital
0 7 7 9	Good Samaritan Hospital of Suffern
0 9 2 5	Good Samaritan Hospital Medical Center- West Islip
1 4 4 5	Harlem Hospital Center
0 9 1 3	Huntington Hospital

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PFI #	HOSPITAL
1 3 0 0	Interfaith Medical Center, Jewish Hosp. Med. Ctr. of Brooklyn Division
1 6 2 9	Jamaica Hospital
1 4 5 0	Lenox Hill Hospital
1 3 0 2	Long Island College Hospital
1 6 3 0	Long Island Jewish Medical Center
1 3 0 4	Lutheran Medical Center
1 3 0 5	Maimonides Medical Center
0 7 4 6	Mary Imogene Bassett Hospital
0 2 1 3	Mercy Hospital - Buffalo
1 3 0 6	Methodist Hospital of Brooklyn
0 2 1 5	Millard Fillmore Hospital
3 0 5 8	Montefiore Med. Ctr., Jack D. Weiler Hosp. of A.Einstein College Division
1 1 6 9	Montefiore Medical Center, Henry & Lucy Moses Division
1 4 5 6	Mount Sinai Hospital
0 5 2 8	Nassau County Medical Center
1 4 5 8	New York Presbyterian Hospital @ New York Weill Cornell College
1 6 3 7	The New York Hospital Medical Center of Queens (Formerly Booth Memorial)
1 3 0 6	The New York Methodist Hospital (Formerly Methodist Hospital of Brooklyn)
1 4 6 3	NYU Medical Center
0 5 4 1	North Shore University Hospital
0 0 6 6	Olean General Hospital - Main
0 4 7 1	Park Ridge Hospital
1 4 6 4	New York Presbyterian Hospital @ Columbia Presbyterian Center
0 4 1 1	Rochester General Hospital
0 3 6 7	Samaritan Medical Center (Watertown)

ADULT CARDIAC SURGERY REPORT

ATTACHMENT A

PFI #	HOSPITAL Cont.
0 8 1 8	Saratoga Hospital
1 4 7 3	Sister's of Charity Medical Center @ Bayley Seton Campus
1 0 7 2	Sound Shore Medical Center of Westchester
0 5 2 7	South Nassau Communities Hospital
0 9 2 4	Southside Hospital
1 1 7 6	St. Barnabas Hospital
0 5 9 8	St. Elizabeth Hospital
0 5 6 3	St. Francis Hospital - Roslyn
0 8 7 0	St. James Mercy Hospital
0 9 4 3	St. Catherine of Siena Medical Center (Formerly St. John's Episcopal Hospital)
0 6 3 0	St. Joseph's Hospital Health Center – Syracuse
0 5 9 9	Faxton-St. Luke's Healthcare St. Luke's Division (New Hartford)
1 4 6 6	St. Luke's Roosevelt Hospital Center, Roosevelt Hospital Division
1 4 6 9	St. Luke's Roosevelt Hospital, St. Luke's Hospital Division
0 0 0 5	St. Peter's Hospital
0 4 1 2	Park Ridge Hospital Genesse St Campus (Formerly St. Mary's Hospital Rochester)
1 4 7 1	St. Vincent's Hospital and Medical Center of New York
1 7 3 8	Sister's of Charity @ St. Vincent's (Formerly St. Vincent's Medical Center of Richmond)
1 7 4 0	Staten Island University Hospital – North
0 4 1 3	Strong Memorial Hospital
0 0 5 8	United Health Services Wilson Hospital Division
0 2 4 5	University Hospital - Stony Brook
1 3 2 0	University Hospital of Brooklyn
0 6 3 5	State University Hospital Upstate Medical Center
0 1 8 1	Vassar Brothers Hospital
1 1 3 9	Westchester County Medical Center, Westchester Co. Med. Ctr. Division

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ATTACHMENT A

PFI #	HOSPITAL <i>Cont</i>
0 5 1 1	Winthrop-University Hospital
0 1 0 3	Woman's Christian Association
8888 Catheterization Laboratory at a Veterans Administration Hospital in New York State (for use only in this reporting system; not an official Permanent Facility Identifier)	
9999 Catheterization Laboratory Outside New York State (for use only in this reporting system; not an official Permanent Facility Identifier)	

ADULT CARDIAC SURGERY REPORT

ATTACHMENT B

Residence
Codes

The county codes shown below are also used in the SPARCS Discharge Data Abstract:

01 Albany	35 Oswego
02 Allegany	36 Otsego
03 Broome	37 Putnam
04 Cattaraugus	38 Rensselaer
05 Cayuga	39 Rockland
06 Chautauqua	40 St. Lawrence
07 Chemung	41 Saratoga
08 Chenango	42 Schenectady
09 Clinton	43 Schoharie
10 Columbia	44 Schuyler
11 Cortland	45 Seneca
12 Delaware	46 Steuben
13 Dutchess	47 Suffolk
14 Erie	48 Sullivan
15 Essex	49 Tioga
16 Franklin	50 Tompkins
17 Fulton	51 Ulster
18 Genesee	52 Warren
19 Greene	53 Washington
20 Hamilton	54 Wayne
21 Herkimer	55 Westchester
22 Jefferson	56 Wyoming
23 Lewis	57 Yates
24 Livingston	58 Bronx
25 Madison	59 Kings
26 Monroe	60 Manhattan
27 Montgomery	61 Queens
28 Nassau	62 Richmond
29 Niagara	
30 Oneida	
31 Onondaga	88 Unknown
32 Ontario	
33 Orange	99 Outside NYS
34 Orleans	

ATTACHMENT C

NEW YORK STATE DEPARTMENT OF HEALTH
CARDIAC ADVISORY COMMITTEE

CONGENITAL AND ACQUIRED HEART DISEASE PROCEDURE CODE LIST

**100-198 Congenital Heart Disease -
Operations Performed Without
Extracorporeal Circulation**

- 100 Patent Ductus Arteriosus Closure
- 101 Coarctation of Aorta Repair
- 102 Aortic Arch Anomalies Repair
- 103 Banding of Pulmonary Artery
- 104 Blalock-Hanlon Septectomy

- 105 Blalock-Taussig Shunt (*Classical or Modified*)
- 106 Waterson Shunt
- 107 Central Shunt
- 108 Other Shunt

- 109 Pulmonary Valvotomy (*With Inflow Occlusion*)
- 110 Aortic Valvotomy (*With Inflow Occlusion*)
- 111 Vascular Ring Repair

- 198 Other Operations for Congenital Heart Disease,
Performed Without Extracorporeal Circulation

**200-398 Congenital Heart Disease -
Operations Performed With Extracorporeal
Circulation**

- 200 Atrial Septal Defect, Secundum or Patent Foramen Ovale
- 201 Atrial Septal Defect, Primum or Patent Foramen Ovale
- 202 Atrial Septal Defect, Sinus Venosus
- 203 Partial Anomalous Pulmonary Venous Connection (*PAPVC*)
- 204 Atrial Septal Defect and PAPVC
- 205 Atrial Septal Defect and Mitral Valve Repair

**Total Anomalous Pulmonary Venous
Connection**

- 210 To the Left Innominate Vein
- 211 To the Superior Vena Cava
- 212 To the Coronary Sinus
- 213 To the Right Atrium

ATTACHMENT C

Total Anomalous Pulmonary Venous Connection (Cont.)

- 214 To the Infradiaphragmatic Vein
- 218 Mixed
- 220 Cor Triatriatum or Supravalvular Mitral Stenosis
- 221 Complete Atrioventricular Canal Defect

Ventricular Septal Defect Repair

- 230 Single VSD
- 231 Multiple VSD's
- 232 VSD Closure and Aortic Incompetence Repair
- 233 VSD Closure with Straddling or Overriding Tricuspid Valve

Tetralogy Of Fallot Repair

- 240 Tetralogy of Fallot, with Transannular Patch
- 241 Tetralogy of Fallot, without Transannular Patch
- 242 Tetralogy of Fallot, with Right Ventricle to Pulmonary Artery Conduit
- 243 Tetralogy of Fallot, with Pulmonary Atresia
- 248 Any of the above, with Other Cardiac Procedure

- 250 Pulmonary Valvotomy
- 251 Reconstruction of RV Outflow Tract, with Aortopulmonary Shunt
- 252 Reconstruction of RV Outflow Tract, without Aortopulmonary Shunt

- 260 Fontan (*or Modified*) Operation
- 261 Bidirectional Glenn Anastomosis
- 262 Total Cavo-Pulmonary Derivation

- 270 Ebstein's Malformation Repair
- 271 Truncus Arteriosus Repair
- 272 Aortopulmonary Window Repair
- 273 Coronary Fistula Closure
- 274 Anomalous Left Coronary from Pulmonary Artery

Aortic Valve Replacement

- 280 Mechanical
- 281 Heterograft
- 282 Homograft
- 283 Autograft
- 288 Other

ATTACHMENT C

**Aortic Root
Replacement**

- 290 Mechanical
- 291 Homograft
- 292 Autograft
- 298 Other

- 300 Other Operation for Left Ventricular Outlet Obstruction

- 310 Apical Aortic Conduit
- 311 Aortoventriculoplasty (*Konno, Pulmonary Autograft*)
- 312 Aortic Valvotomy
- 313 Aortic Stenosis, Subvalvular: Resection or Enucleation
- 314 Aortic Stenosis, Supravalvular
- 315 Interrupted Aortic Arch Repair

**Hypoplastic Left Heart Or Aortic
Atresia**

- 320 Norwood
- 321 Other

- 330 Mitral Valve Repair

**Mitral Valve
Replacement**

- 340 Mechanical
- 341 Heterograft
- 348 Other

- 350 Creation or Enlargement of Atrial Septal Defect

**Transposition Of Great Arteries (TGA)/ Double Outlet Right Ventricle
(DORV)**

- 360 Mustard Repair
- 361 Senning Repair
- 362 Arterial Switch
- 363 Arterial Switch and VSD closure
- 364 Arterial Switch and Other Cardiac Procedure
- 365 Rastelli Repair
- 366 Intraventricular Tunnel Repair
- 367 LV-PA Conduit, with or without Other Cardiac Procedure
- 378 Other Procedure for TGA or DORV

ATTACHMENT C

**Single Ventricle
Procedures**

- 380 Fontan (*or Modified*)
- 381 Bidirectional Glenn
- 382 Septation (*Primary or Staged*)
- 388 Other Procedure for Single Ventricle

- 390 Cardiac Arrhythmia Surgery

- 398 Other Operation for Congenital Heart Disease, Performed with Extracorporeal Circulation

**400-998 Acquired Heart Disease - Operations
Performed With or Without Extracorporeal
Circulation**

Note: *Extracorporeal circulation will be determined from the Cardiopulmonary Bypass Time reported under Procedural Information on the front of the form. Please accurately complete this item for all appropriate cases.*

Note: *Procedure Code 498 should be used to report "Other" operations performed without extracorporeal circulation.*

Note: *Procedure Code 998 should be used to report "Other" operations performed with extracorporeal circulation.*

- 401 Mitral Valvotomy
- 402 Pericardiectomy
- 403 Stab Wound of Heart or Great Vessel Repair
- 404 Saccular Aortic Aneurysm

**Repair Of Aortic Deceleration
Injury**

- 420 With Shunt
- 421 Without Shunt

- 498 Other Operation for Acquired Heart Disease
Performed without Extracorporeal Circulation

**Valvuloplasty - Single
Valve**

- 500 Aortic
- 501 Mitral
- 502 Tricuspid

ATTACHMENT C

Replacement - Single Valve

- 510-518* Ross Procedure
- 520-528* Aortic Mechanical
- 530-538* Aortic Heterograft
- 540-548* Aortic Homograft
- 550-558* Mitral Mechanical
- 560-568* Mitral Heterograft
- 570-578* Tricuspid Mechanical
- 580-588* Tricuspid Heterograft
- 590-598* Pulmonary
- 600-608* Mitral Valve Hemograft

Multiple Valve Surgery - Valvuloplasty Or Replacement

- 610-618 Double, Including Tricuspid
- 620-628* Double, Not Including Tricuspid
- 630-638* Triple

*REOPERATIONS: For Single Valve Replacement or Multiple Valve Surgery (510-638), use third digit to indicate reason for reoperation, as follows:

- | | |
|---------------------------|----------------------------|
| 0 Not a Reoperation | 4 Failed Valvuloplasty |
| 1 Periprosthetic Leak | 5 Disease of Another Valve |
| 2 Prosthetic Endocarditis | 8 Other Reason |
| 3 Prosthetic Malfunction | |

*Examples: Aortic Heterograft, not a reoperation: 530
Valvuloplasty or Replacement, Triple, due to Prosthetic Endocarditis: 632*

Valve Conduits: Aortic Valve And Ascending Aorta Replacement: Record Under Aneurysms

- 660 Apical Aortic Conduit

Coronary Artery Bypass Grafts

- 671-676** Saphenous Vein Graft Only
- 681-686** Single Artery Graft (Internal Mammary, Radial, Gastroepoic, or Other Arterial Graft)
- 691-696** Double Artery Graft (Internal Mammary, Radial, Gastroepoic, or Other Arterial Graft)
- 701-706** Other Graft (*Use for any other combination not listed above; including triple artery grafts*)

** For Coronary Artery Bypass Grafts (671-706), use the third digit to indicate the number of distal anastomoses. If more than 6, list as 6.

*Examples: Saphenous Vein Graft Only; three distal anastomoses: 673
Four saphenous vein anastomoses and double IMA: 696*

ATTACHMENT C

**Other
Revascularization**

- 710 Transmyocardial Revascularization
- 712 MAZE Procedure
- 715 Growth Factor Installation

**Combined CABG With
Other**

- 720 Acquired Ventricular Septal Defect
- 721 Resection or Plication of LV Aneurysm
- 722 Carotid Endarterectomy
- 723 Implantation of AICD

**Valve Surgery And
CABG**

- 740 Mitral Valve Replacement Plus Single or Multiple CABG
- 741 Mitral Valvuloplasty Plus Single or Multiple CABG
- 742 Aortic Valvuloplasty or Replacement Plus Single or Multiple CABG
- 744 Double Valvuloplasty or Replacement, including Tricuspid, Plus Single or Multiple CABG
- 745 Double Valvuloplasty or Replacement, not including Tricuspid, plus Single or Multiple CABG
- 748 Other Valve Surgery Plus CABG

**Surgery For Complication Of CAD Without
CABG**

- 760 Acquired Ventricular Septal Defect
- 761 Resection or Plication of LV Aneurysm
- 762 Ventricular Reduction (*Batiste Procedure*)

**Aortic Aneurysm Repair/Aortic Root
Replacement**

- 780 Ascending Aorta, With Graft
- 781 Aortic Root or Ascending Aorta, Replacement or Repair, Without Coronary Reimplantation
- 782 Transverse Aorta
- 783 Descending Aorta (*Excluding Acute Deceleration Injury*)
- 784 Thoracoabdominal
- 785 Aortic Root or Ascending Aorta, Replacement or Repair, With Graft, With Coronary Reimplantation

ADULT CARDIAC SURGERY REPORT

ATTACHMENT C

**Dissecting Aneurysm
Surgery**

- 800 Intraluminal Graft
- 801 Intraluminal Graft with Aortic Valve Suspension
- 802 Tube Graft with Aortic Valve Suspension
- 803 Tube Graft with Aortic Valve Replacement
- 818 Other Dissecting Aneurysm Surgery

**Transplant Procedures (Adult And
Pediatric)**

- 820 Heart Transplant
- 821 Heart and Lung Transplant
- 822 Lung Transplant
- 823 Ventricular Assist Device (*LVAD, RVAD, BIVAD*)
- 825 Ventricular Assist Device Placed as a Bridge to Transplant (Documentation must be present in the medical record stating that the patient is a transplant candidate prior to this procedure)

- 901 Artificial Heart
- 902 Pulmonary Embolectomy
- 903 Stab Wound of Heart or Great Vessel Repair
- 904 Removal of Intracardiac Tumor
- 905 Removal of Intracardiac Catheter
- 906 Repair of Aortic Deceleration Injury (*With Aortofemoral Bypass*)

Other

- 998 Other Operation for Acquired Heart Disease
Performed with Extracorporeal Circulation

ATTACHMENT D

Definitions Of CCS Functional Classes

Canadian Cardiovascular Society (CCS) Functional Classification

- Class I Ordinary physical activity, such as walking or climbing stairs, does not cause angina. Angina may occur with strenuous or rapid or prolonged exertion at work or recreation.
- Class II There is slight limitation of ordinary activity. Angina may occur with walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals or in the cold, in the wind, or under emotional stress, or walking more than two blocks on the level, or climbing more than one flight of stairs under normal conditions at a normal pace.
- Class III There is marked limitation of ordinary physical activity. Angina may occur after walking one or two blocks on the level or climbing one flight of stairs under normal conditions at a normal pace.
- Class IV There is inability to carry on any physical activity without discomfort; angina may be present at rest.