Clarification for 2003 PCIRS Instructions and Data Element Definitions

The following data elements have had definition changes and/or clarifications made. These changes/clarifications should take effect as of January 1, 2003. We encourage you to review cases that have already been coded to ensure compliance with the new definitions. The information should be used in addition to the definitions received in January, unless otherwise noted.

**Page 10 – Race**

The 2003 race codes are parallel to SPARCS race categories and are based on CDC codes that follow guidelines for minimum race and ethnicity categories as established for Federal programs by the Office of Management and Budget (OMB). More information on these reporting categories and the process of developing them can be found at [www.whitehouse.gov/omb/fedreg/ombdir15.html](http://www.whitehouse.gov/omb/fedreg/ombdir15.html).

--- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

--- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

--- **Native American / American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

--- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

--- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

--- **Other.** Report for those responses that are not covered by an above category or in the case where more than one of the above responses could be coded. Please specify the specific race for any case marked “other.”

**Page 11 – Time at start of Procedure**

*Add the following interpretation.*

In the case of an attempted PCI when no balloon or stent can be deployed, report the time at the start of the procedure (the time that the guidewire leaves the catheter).

**Page 13 – Timing of Use of IV GPIIbIIIA Platelet Inhibitors**

*Add the following interpretation:*

Mark “Pre” if the drug was started before the start of the procedure (before the guidewire leaves the catheter). Mark “Post” if used only during and/or after the procedure. Mark “Both” if the drug was used both “Pre” and “Post”. If the drug is started after the start of the procedure, even if it was ordered before the start of the procedure, mark “Post.”
Page 15 – Lesion Specific Information: Interpretation

*Replace the second to last paragraph on the page with:*

In the event of a failed PCI attempt, when the guidewire is advanced but no device is used, report the new device code 98 “Failed PCI attempt, No Device used.”

*Add the following note:*

New Device Code – 12 “Mechanical Thrombus Extraction”. Use this code for Export Catheters or Extraction/Aspiration Devices when they are used independently of Distal Protection Devices.

Page 28 – Malignant Ventricular Arrhythmia – Revised Definition

Recent (within the past 14 days) sustained ventricular tachycardia requiring electrical defibrillation or conversion with intravenous antiarrhythmic agents or ventricular fibrillation requiring electrical defibrillation. **Excludes** V-Tach or V-Fib occurring within 6 hours of the diagnosis of a myocardial infarction and responding well to treatment.

*The following interpretations should be removed:*

5. 20 beat run of V-tach, treated with Lidocaine. No recurrent episodes for medication.

The duration of the event **MUST** be documented. There **MUST** be recurrent episodes. A single episode should **NOT** be coded.

Page 31 – Immune System Deficiency

*Replace the existing definition with this one:*

Chronic use, that continues until surgery, of steroids, anti-neoplastic therapy, cyclosporine, or other immunosuppressive therapy **or** the presence of acute phase HIV/AIDS, acute Leukemia, or acute phase of other type of Immune System Disease.

Page 35 – Emergency Cardiac Surgery

*Add the following Interpretation:*

This major event should be reported for any cardiac surgery, not just those reportable in the NYS Cardiac Surgery Reporting System (CSRS). Examples of reportable surgeries include but are not limited to: CABG, pericardiocentesis, cardiac explorations.

Attachment F

*Add device codes:*

12 – Mechanical Thrombus Extraction
98 – Failed PCI, No Device Used