



Society of Thoracic Surgeons

Congenital Heart Surgery Database
Monthly Webinar

November 19, 2024

Agenda

- Welcome and Introduction
- STS Update
- STS Data Manager Education (Chasity Wellnitz and Leslie Wacker, CHSD Consultants)
- Q&A

Post AQO Info

- The deadline to complete your online evaluation and claim continuing education credit for AQO 2024 is **Friday, December 13, 2024.**
- Recordings of lectures and discussions are no longer available on the AQO virtual platform
- All recorded content has been moved to the STS Learning Center and will be available until AQO 2025.



STS Updates

- November Training Manual has been posted
- Fall 24 Harvest Update
 - Surgery dates 7/1/2020 – 6/30/2024
 - Report scheduled to be released in December
- 2025 Harvest Schedule has been posted
 - Spring 2025 close date: **March 21, 2025**
 - Fall 2025 close date: **September 26, 2025**
- Public Reporting Update
 - Website updated Nov. 11th using results from Spring 24 Harvest

Education Updates - *agenda*

- Important TM Updates
 - Chylothorax*
 - Acute Renal Failure, postop event*
- *NEW* Primary procedure determination
- Case scenarios

TM Updates – December update

Chylothorax

210	Chylothorax	<p><u>Defined:</u> Presence of lymphatic fluid in the pleural space, commonly secondary to leakage from the thoracic duct or one of its main tributaries. Thoracentesis is the gold standard for diagnosis.</p> <p><u>Timeframe:</u> Other postop event timeframe</p> <p>See General Information Postoperative Event Timeframe for additional information.</p> <p><u>Code this Event:</u> if there is biochemical evidence with a predominance of lymphocytes (> 50%) (update Oct-23) and/or triglyceride level greater than 110 mg/dl in the pleural fluid (update Jun-24).</p> <p><i>And at least one of the following:</i></p> <ul style="list-style-type: none">• placement of a new chest tube• high outputs > 10 ml/kg/day for greater than 48-hours from an existing chest tube <p><i>And at least one of the following:</i></p> <ul style="list-style-type: none">• chest tube to stay longer than 7-days• change in enteral diet to fat free diet for longer than 7-days• NPO and total parenteral nutrition(TPN)/intralipid (IL) for longer than 7-days• medication infusions such as octreotide, albumin, or IVIG at any time• surgery for chyle leak
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TM Updates – December update

Chylothorax

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TM Updates – December update

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And at least one of the following:

- placement of a new chest tube
- high outputs > 10 ml/kg/day for greater than 48-hours from an existing chest tube

And at least one of the following:

- chest tube to stay longer than 7-days
- change in enteral diet to fat free or low fat/fat modified (update Dec-24) diet for longer than 7-days
- NPO and total parenteral nutrition(TPN)/intralipid (IL) for longer than 7-days
- medication infusions such as octreotide, albumin, or IVIG at any time
- surgery for chyle leak

TM Updates – December update

Acute Renal Failure

570	Acute renal failure	<p>Defined: acute renal failure is defined as <i>at least one</i> of the following:</p> <ul style="list-style-type: none">• new requirement for dialysis (peritoneal and/or hemodialysis) or hemofiltration for acute renal failure dysfunction of the kidneys (renal failure, renal dysfunction, acute kidney injury). See examples below (update Jun-24). <p style="text-align: center;"><i>and/or</i></p> <ul style="list-style-type: none">• if < 6575-days (<18-years) of age, a new clinical diagnosis of acute renal failure in addition to <i>at least one</i> of the following (update Mar-24):<ul style="list-style-type: none">– new onset oliguria with sustained urine output < 0.5 ml/kg/hr for 24-hours– a rise in serum creatinine > 1.5 times the upper limits of normal for age (or twice the most recent preoperative value if available) <p style="text-align: center;"><i>and/or</i></p> <ul style="list-style-type: none">• if ≥ 6575-days (≥ 18-years) of age, a 3x increase in serum creatinine level from the preoperative value, and/or a serum creatinine level ≥ 4.0 mg/dl with at least a 0.5 mg/dl rise from the preoperative value.
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TM Updates – December update

Acute Renal Failure



Timeframe: Major event timeframe

See [General Information Postoperative Event Timeframe](#) for additional information.

Code this Event: if the patient experiences new onset acute renal failure as defined above during the defined timeframe.

Does not include the following:

- peritoneal drains not used for dialysis
- aquapheresis or ultrafiltration or slow continuous veno-venous ultrafiltration (SCUF) as these are used to remove fluid to achieve volume control and are not dialysis

Includes new onset renal failure only, do not include patients with preoperative renal failure (i.e., chronic renal failure) already being treated with dialysis.

Dialysis includes renal replacement therapy (RRT) for ARF including hemodialysis, peritoneal dialysis, hemofiltration and hemodiafiltration. RRT may be continuous (i.e.,

TM Updates – December update

Acute Renal Failure

Does not include the following:

- peritoneal drains not used for dialysis
- aquapheresis or ultrafiltration or slow continuous veno-venous ultrafiltration (SCUF) as these are used to remove fluid to achieve volume control and are not dialysis
- peritoneal dialysis or SCUF used prophylactically as part of standard routine postoperative care in the absence of acute renal failure. *Note:* Should the patient later develop acute renal failure (as determined by documented renal failure, a rise in creatinine, or decreased urine output as defined above), code this event as it represents new onset acute renal failure (update Dec-24).

The word "Introducing" is written in a large, black, cursive font. It is surrounded by several decorative stars of varying sizes and colors, including gold and black. The stars are scattered around the text, some appearing to be part of the background.

Introducing

Primary Procedure

Determination

Primary Procedure Determination

WHO

WHAT

WHERE

WHEN

WHY

HOW

Primary Procedure Determination



1. Data managers identified instances when primary procedure/STAT score didn't "make sense" given concomitant procedures

Primary Procedure Determination



WHY

1. Data managers identified instances when primary procedure/STAT score didn't "make sense" given concomitant procedures
2. Surgeons and TF appointed sub-committee to review these examples

Primary Procedure Determination



WHY

1. Data managers identified instances when primary procedure/STAT score didn't "make sense" given concomitant procedures
2. Surgeons and TF appointed sub-committee to review these examples
3. Committee reviewed ALL primary procedures/STAT score and all other procedures listed

Primary Procedure Determination



WHY

1. Data managers identified instances when primary procedure/STAT score didn't "make sense" given concomitant procedures
2. Surgeons and TF appointed sub-committee to review these examples
3. Committee reviewed ALL primary procedures/STAT score and all other procedures listed
4. PSF rule determined to be hindering **some** primary procedure determination

Primary Procedure Determination



WHY

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2. Surgeons and TF appointed sub-committee to review these examples
3. Committee reviewed ALL primary procedures/STAT score and all other procedures listed
4. PSF rule determined to be hindering *some* primary procedure determination
5. Review of possible solutions

Primary Procedure Determination



WHY

1. Data managers identified instances when primary procedure/STAT score didn't "make sense" given concomitant procedures
2. Surgeons and TF appointed sub-committee to review these examples
3. Committee reviewed ALL primary procedures/STAT score and all other procedures listed
4. PSF rule determined to be hindering *some* primary procedure determination
5. Review of possible solutions
6. Development of new strategy

Primary Procedure Determination



1. Replace “Exception 1” aka “Procedure Specific Factor Rule”

Primary Procedure Determination

1. Replace “Exception 1” aka “Procedure Specific Factor Rule”

WHAT

Determination of the Primary Procedure of an Operation and Classification of Multiple-Procedure Operations

The guiding principle for determining the primary procedure for a given operation is to select the procedure with the highest STAT Mortality Score.

Some procedures will be mapped to available combination procedures. **The individual procedures that make up the combination procedures will not be removed but will remain as secondary procedures. These individual procedures that make up the combination procedures will not be considered for primary procedure determination.** For a list of the combination procedure codes, please refer to the STS Website.

If there is a tie for highest STAT Mortality Score:

- a. The procedure indicated as the primary by the participant will become the primary procedure.
- b. If no procedure was selected as primary by the participant; the first procedure appearing in the procedures dataset will be selected as the primary procedure (this may, or may not, be the first procedure entered by the participant).

EXCEPTIONS TO THE ABOVE-STATED RULE:

1. **PROCEDURE Specific Factor Rule**

If a multiple procedure operation includes any of the following procedures (which are the procedures listed on the Data Collection Form in the section titled "PROCEDURE SPECIFIC FACTORS", exclusive of the VSD repair procedures), then that procedure will be designated as the primary procedure of the operation. In the event that two procedures from the list below are included in the same operative event, the procedure with the highest STAT Mortality Score will be designated as the primary procedure of that operation:

Primary Procedure Determination

WHAT

1. Replace “Exception 1” aka “Procedure Specific Factor Rule”

Determination of the Primary Procedure of an Operation and Classification of Multiple-Procedure Operations

The guiding principle for determining the primary procedure for a given operation is to select the procedure with the highest STAT Mortality Score.

Some procedures will be mapped to available combination procedures. **The individual procedures that make up the combination procedures will not be removed but will remain as secondary procedures. These individual procedures that make up the combination procedures will not be considered for primary procedure determination.** For a list of the combination procedure codes, please refer to the STS Website.

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- a. The procedure indicated as the primary by the participant will become the primary procedure.
- b. If no procedure was selected as primary by the participant; the first procedure appearing in the procedures dataset will be selected as the primary procedure (this may, or may not, be the first procedure entered by the participant).

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Primary Procedure Determination



1. Replace “Exception 1” aka “Procedure Specific Factor Rule”
2. New “Exception 1” spreadsheet (officially managed within TM)

Primary Procedure Determination



1. Replace “Exception 1” aka “Procedure Specific Factor Rule”
2. New “Exception 1” spreadsheet (officially managed within TM)

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Primary Procedure Determination

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

WHAT

Rule # states that	If this procedure is performed as part of a multi-component procedure	That includes any of the following as its components	Then the primary procedure will be
1 (a)	1670 = Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) (0.3,2) 1680 = Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn) (0.3,2) 1690 = Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn) (0.3,2) 1700 = HemiFontan (0.2,1) 2330 = Superior Cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty (1.1,4) 2130 = Superior Cavopulmonary anastomosis(es) + PA reconstruction (0.3,2) 3160 = Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation) (0.2,1)	1330 = PDA Closure, Surgical (0.3,2) 1630 = Shunt, Ligation and takedown (0.3,2) 1650 = PA debanding (0.4,2) 70 = ASD Partial Closure (0.5,3) 60 = ASD Creation Enlargement (0.4,2) 80 = Atrial Septal Fenestration (0.6,3) 3200= PA band adjustment 530= PA, reconstruction (plasty), Main (trunk) 540= PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation) 630= Valve excision, Pulmonary or Neo-Pulmonary (without replacement) 640= Valve closure, Semilunar 1790= Ligation, Pulmonary artery 3180= Intravascular stent removal 3220= Removal of transcatheter delivered device from heart 3210= Removal of transcatheter delivered device from blood vessel 1490= Arrhythmia surgery - atrial, Surgical Ablation 1500= Arrhythmia surgery - ventricular, Surgical Ablation 460= Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve (do not use this code if tricuspid valve malfunction is secondary to Ebstein's anomaly. Use 465= Ebstein's repair) 2280= Valvuloplasty converted to valve replacement in the same operation, Tricuspid or Non-systemic Atrioventricular Valve 470= Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve 480= Valve closure, Tricuspid or Non-systemic Atrioventricular Valve (exclusion, univentricular approach) 490= Valve excision, Tricuspid or Non-systemic Atrioventricular Valve (without	From column B unless the operation includes an additional simultaneous procedure with a higher STAT Mortality Score

EXAMPLE ONLY

Primary Procedure Determination

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

WHAT

1 (b)

950 = Fontan, Atrio-pulmonary connection (0.5,3)
960 = Fontan, Atrio-ventricular connection (0.4,2)
970 = Fontan, TCPC, Lateral tunnel, Fenestrated (0.1,1)
980 = Fontan, TCPC, Lateral tunnel, Nonfenestrated (0.1,1)
1000 = Fontan, TCPC, External conduit, Fenestrated (0.2,1)
5010 = Fontan, TCPC, External conduit, Fenestrated + Pacemaker procedure (0.8,3)
1010 = Fontan, TCPC, External conduit, Nonfenestrated (0.2,1)
2780 = Fontan, TCPC, Intra/extracardiac conduit, Fenestrated (0.2,1)
2790 = Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated (0.4,2)
3310 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated (0.8,3)
3320 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated (0.8,3)
1030 = Fontan, Other
2340 = Fontan + Atrioventricular valvuloplasty (0.2,1)
1025 = Fontan revision or conversion (Re-do Fontan) (1,4)

1330 = PDA Closure, Surgical (0.3,2)
1630 = Shunt, Ligation and takedown (0.3,2)
1650 = PA debanding (0.4,2)
70 = ASD Partial Closure (0.5,3)
60 = ASD Creation Enlargement (0.4,2)
80 = Atrial Septal Fenestration (0.6,3)
3200 = PA band adjustment
530 = PA, reconstruction (plasty), Main (trunk)
540 = PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)
630 = Valve excision, Pulmonary or Neo-Pulmonary (without replacement)
640 = Valve closure, Semilunar
1790 = Ligation, Pulmonary artery
3180 = Intravascular stent removal
3220 = Removal of transcatheter delivered device from heart
3210 = Removal of transcatheter delivered device from blood vessel
1490 = Arrhythmia surgery - atrial, Surgical Ablation
1500 = Arrhythmia surgery - ventricular, Surgical Ablation
340 = Systemic venous stenosis repair
460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve (do not use this code if tricuspid valve malfunction is secondary to Ebstein's anomaly. Use 465 = Ebstein's repair)
2280 = Valvuloplasty converted to valve replacement in the same operation, Tricuspid or Non-systemic Atrioventricular Valve
470 = Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve
480 = Valve closure, Tricuspid or Non-systemic Atrioventricular Valve (exclusion, univentricular approach)
490 = Valve excision, Tricuspid or Non-systemic Atrioventricular Valve (without

From column B unless the operation includes an additional simultaneous procedure with a higher STAT Mortality Score

****EXAMPLE ONLY****

Primary Procedure Determination

WHAT

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

From column B unless the operation includes an additional simultaneous procedure with a higher STAT Mortality Score

1 (c)

170 = AVC (AVSD) repair, Complete (CAVSD) (0.4,2)

3480 = AVC (AVSD) repair, Complete (CAVSD) + Arch repair (1.5,4)

5027 = AVC (AVSD) repair, Complete (CAVSD) + Vascular ring repair (0.9,3)

5034 = AVC (AVSD) repair, Complete (CAVSD) + Coarctation repair, End to end, Extended (1.5,4)

180 = AVC (AVSD) repair, Intermediate (Transitional) (0.1,1)

190 = AVC (AVSD) repair, Partial, Incomplete (PAVSD) (0.1,1)

1330 = PDA Closure, Surgical (0.3,2)

1630 = Shunt, Ligation and takedown (0.3,2)

1650 = PA debanding (0.4,2)

70 = ASD Partial Closure (0.5,3)

60 = ASD Creation Enlargement (0.4,2)

80 = Atrial Septal Fenestration (0.6,3)

3200 = PA band adjustment

530 = PA, reconstruction (plasty), Main (trunk)

540 = PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)

50 = ASD, Common atrium (single atrium), Septation

150 = Ventricular septal fenestration

460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve (do not use this code if tricuspid valve malfunction is secondary to Ebstein's anomaly. Use 465 = Ebstein's repair)

500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve

2280 = Valvuloplasty converted to valve replacement in the same operation, Tricuspid or Non-systemic Atrioventricular Valve

470 = Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve

830 = Valvuloplasty, Mitral or Systemic Atrioventricular Valve

860 = Valve surgery, Other, Mitral or Systemic Atrioventricular Valve

850 = Valve replacement, Mitral or Systemic Atrioventricular Valve (MVR)

2260 = Valvuloplasty converted to valve replacement in the same operation, Mitral or Systemic Atrioventricular Valve

****EXAMPLE ONLY****

Primary Procedure Determination

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If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

From column B unless the operation includes an additional simultaneous procedure with a higher STAT Mortality Score

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3480 = AVC (AVSD) repair, Complete (CAVSD) + Arch repair (1.5,4)

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5034 = AVC (AVSD) repair, Complete (CAVSD) + Coarctation repair, End to end, Extended (1.5,4)

180 = AVC (AVSD) repair, Intermediate (Transitional) (0.1,1)

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1330 = PDA Closure, Surgical (0.3,2)

1630 = Shunt, Ligation and takedown (0.3,2)

1650 = PA debanding (0.4,2)

70 = ASD Partial Closure (0.5,3)

60 = ASD Creation Enlargement (0.4,2)

80 = Atrial Septal Fenestration (0.6,3)

3200 = PA band adjustment

530 = PA, reconstruction (plasty), Main (trunk)

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50 = ASD, Common atrium (single atrium), Septation

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460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve (do not use this code if tricuspid valve malfunction is secondary to Ebstein's anomaly. Use 465= Ebstein's repair)

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860 = Valve surgery, Other, Mitral or Systemic Atrioventricular Valve

850 = Valve replacement, Mitral or Systemic Atrioventricular Valve (MVR)

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****EXAMPLE ONLY****

Primary Procedure Determination

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If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

From column B unless the operation includes an additional simultaneous procedure with a higher STAT Mortality Score

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3480 = AVC (AVSD) repair, Complete (CAVSD) + Arch repair (1.5,4)

5027 = AVC (AVSD) repair, Complete (CAVSD) + Vascular ring repair (0.9,3)

5034 = AVC (AVSD) repair, Complete (CAVSD) + Coarctation repair, End to end, Extended (1.5,4)

180 = AVC (AVSD) repair, Intermediate (Transitional) (0.1,1)

190 = AVC (AVSD) repair, Partial, Incomplete (PAVSD) (0.1,1)

1330 = PDA Closure, Surgical (0.3,2)

1630 = Shunt, Ligation and takedown (0.3,2)

1650 = PA debanding (0.4,2)

70 = ASD Partial Closure (0.5,3)

60 = ASD Creation Enlargement (0.4,2)

80 = Atrial Septal Fenestration (0.6,3)

3200 = PA band adjustment

530 = PA, reconstruction (plasty), Main (trunk)

540 = PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)

50 = ASD, Common atrium (single atrium), Septation

150 = Ventricular septal fenestration



460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve (do not use this code if tricuspid valve malfunction is secondary to Ebstein's anomaly. Use 465 = Ebstein's repair)

500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve

2280 = Valvuloplasty converted to valve replacement in the same operation, Tricuspid or Non-systemic Atrioventricular Valve

470 = Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve



830 = Valvuloplasty, Mitral or Systemic Atrioventricular Valve

860 = Valve surgery, Other, Mitral or Systemic Atrioventricular Valve

850 = Valve replacement, Mitral or Systemic Atrioventricular Valve (MVR)

2260 = Valvuloplasty converted to valve replacement in the same operation, Mitral or Systemic Atrioventricular Valve

EXAMPLE ONLY

Primary Procedure Determination

WHAT

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

1 (d)

390 = TOF - AVC (AVSD) repair (1.0,4)

350 = TOF repair, No ventriculotomy (0.1,1)

5004 = TOF repair, No ventriculotomy + ASD repair, Primary closure (0.3,2)

360 = TOF repair, Ventriculotomy, Nontransanular patch (0.1,1.0)

370 = TOF repair, Ventriculotomy, Transanular patch (0.2,1)

3330 = TOF repair, Ventriculotomy, Transanular patch, plus native valve reconstruction (0.2,1)

3340 = TOF repair, Ventriculotomy, Transanular patch, with monocusp or other surgically fashioned RVOT valve (0.2,1)

5018 = TOF repair, Ventriculotomy, Transanular patch + Vascular ring repair (1.0,4)

380 = TOF repair, RV-PA conduit (0.5,3)

400 = TOF - Absent pulmonary valve repair (1.4,4)

2700 = Pulmonary atresia - VSD - MAPCA repair, Complete single stage repair (1-stage that includes bilateral pulmonary unifocalization +VSD closure + RV to PA connection [with or without conduit]) (0.4,2)

2710 = Pulmonary atresia - VSD - MAPCA repair, Status post prior complete unifocalization (includes VSD closure + RV to PA connection [with or without conduit]) (0.3,2)

2720 = Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit]) (0.4,2)

420 = Pulmonary atresia - VSD (including TOF, PA) repair (0.4,2)

5031 = Pulmonary atresia - VSD (including TOF, PA) repair + ASD repair, Primary closure + PDA closure, Surgical (1.3,4)

1330 = PDA Closure, Surgical (0.3,2)

1630 = Shunt, Ligation and takedown (0.3,2)

1650 = PA debanding (0.4,2)

70 = ASD Partial Closure (0.5,3)

60 = ASD Creation Enlargement (0.4,2)

80 = Atrial Septal Fenestration (0.6,3)

530= PA, reconstruction (plasty), Main (trunk)

540= PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)

50= ASD, Common atrium (single atrium), Septation

150= Ventricular septal fenestration

460= Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve (do not use this code if tricuspid valve malfunction is secondary to Ebstein's anomaly. Use 465= Ebstein's repair)

500= Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve

5015= ASD repair, Patch + Valve replacement, Pulmonary or Neo-Pulmonary (PVR)

610= Conduit placement, RV to PA

611=Conduit placement, RV to PA, Non-valved

612 = Conduit placement, RV to PA, Valved

5013=Conduit placement, RV to PA + PDA closure, Surgical

3180= Intravascular stent removal

3220= Removal of transcatheter delivered device from heart

3210= Removal of transcatheter delivered device from blood vessel

600= Valve replacement, Pulmonary or Neo-Pulmonary (PVR)

EXAMPLE ONLY

Primary Procedure Determination

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WHAT

465 = Ebstein's Repair (0.4,2)

5030 = Ebstein's repair + PDA closure, Surgical (3.0,5)

2280= Valvuloplasty converted to valve replacement in the same operation, Tricuspid or Non-systemic Atrioventricular Valve

470= Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve

500= Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve

600= Valve replacement, Pulmonary or Neo-Pulmonary (PVR)

590= Valvuloplasty, Pulmonary or Neo-Pulmonary

2270= Valvuloplasty converted to valve replacement in the same operation, Pulmonary or Neo-Pulmonary

5015= ASD repair, Patch + Valve replacement, Pulmonary or Neo-Pulmonary (PVR)

610= Conduit placement, RV to PA

611=Conduit placement, RV to PA, Non-valved

612 = Conduit placement, RV to PA, Valved

5013=Conduit placement, RV to PA + PDA closure, Surgical

1670 = Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional)

1680 = Glenn (unidirectional cavopulmonary anastomosis) (unidirectional)

1690 = Bilateral bidirectional cavopulmonary anastomosis (BBDCPA)

1700 = HemiFontan (0.2, 1)

2330 = Superior Cavopulmonary anastomosis(es) (Glenn or HemiFontan)

2130 = Superior Cavopulmonary anastomosis(es) + PA reconstruction

3160 = Kawashima operation (superior cavopulmonary connection in

EXAMPLE ONLY

Primary Procedure Determination

WHAT

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

230 = Truncus arteriosus repair (1.3,4)

2220 = Truncus + Interrupted aortic arch repair (IAA) repair (2.0,5)

2730= Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Complete unifocalization (all usable MAPCA[s] are incorporated)

2740= Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Incomplete unifocalization (not all usable MAPCA[s] are incorporated)

2750= Unifocalization MAPCA(s), Unilateral pulmonary unifocalization

440= Unifocalization MAPCA(s)

5011=Unifocalization MAPCA(s) + Conduit placement, RV to PA

5013=Conduit placement, RV to PA + PDA closure, Surgical

660= Valvuloplasty, Aortic/Neo-Aortic

3540= Valvuloplasty, Aortic/Neo-Aortic Valve, , Reduction of number of cusps/si

3550=Valvuloplasty, Aortic/Neo-Aortic Valve, Augmentation of valve leaflet (one

3560=Valvuloplasty, Aortic/Neo-Aortic Valve Neo-cuspidization (including one c
more leaflet – 'Ozaki' type repair etc.)

3490 =Valvuloplasty, Truncal valve, Reduction of number of cusps/sinus resecti

3500 = Valvuloplasty, Truncal valve, Augmentation of valve leaflet (one or more)

3510=Valvuloplasty, Truncal valve, Neo-cuspidization (including one or more
leaflet – 'Ozaki' type repair etc.)

EXAMPLE ONLY

Primary Procedure Determination

WHAT

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

870 = Norwood procedure (2.1,5)

5012 = Norwood procedure + Valvuloplasty, Systemic Atrioventricular valve + Conduit placement, RV to PA or Norwood procedure + Valvuloplasty Systemic Atrioventricular valve + RV to PA shunt (4.3,5)

2160 = Hybrid Approach "Stage 1", Application of RPA & LPA bands (4.8,5)

2170 = Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) (2.7,5)

2180 = Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands (3.0,5)

2200 = TAPVC repair + Shunt - systemic-to-pulmonary

5006 = TAPVC repair + Shunt - systemic-to-pulmonary + PDA closure, Surgical

5017 = Damus-Kaye-Stansel procedure (DKS) (creation of AP anastomosis without arch reconstruction) + Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS)

EXAMPLE ONLY

Primary Procedure Determination



If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

1 (h)

1110 = Arterial switch operation (ASO) (0.4,2)

1123 = Arterial switch procedure + Aortic arch repair (0.3,2)

1120 = Arterial switch operation (ASO) and VSD repair (0.7,3)

1125 = Arterial switch procedure and VSD repair + Aortic arch repair (1.8,5)

150= Ventricular septal fenestration

530= PA, reconstruction (plasty), Main (trunk)

540= PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)

1160= REV

510= RVOT procedure

85= Atrial fenestration closure

660= Valvuloplasty, Aortic/Neo-Aortic

3540= Valvuloplasty, Aortic/Neo-Aortic Valve, Reduction of number of cusps/sinus r

3550=Valvuloplasty, Aortic/Neo-Aortic Valve, Augmentation of valve leaflet (one or m

3560=Valvuloplasty, Aortic/Neo-Aortic Valve Neo-cuspidization (including one or more leaflet - 'Ozaki' type repair etc.)

590= Valvuloplasty, Pulmonary or Neo-Pulmonary

****EXAMPLE ONLY****

Primary Procedure Determination



If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

- 1 (i)
- 120 = VSD repair, Device (0.4,2)
 - 110 = VSD repair, Patch (0.1,1)
 - 100 = VSD repair, Primary closure (0.1,1)
 - 130 =VSD, Multiple, Repair (0.3,2)
 - 5001 = VSD, repair, Patch + ASD repair, Primary Closure (0.2,1)
 - 5028 = VSD repair, Patch + ASD repair, Patch + PAPVC repair (1.1,4)
 - 5016 = VSD, repair, Patch + Conduit reoperation (0.3,2)
 - 5023 = VSD, repair, Patch + Valve replacement, Pulmonary or Neo-pulmonary (PVR) (0.4,2)
 - 5024 = VSD, repair, Patch + PAPVC repair (0.4,2)
 - 5022 = AVC (AVSD) repair, Partial (Incomplete) (PAVSD) + VSD repair, Patch (0.7,3)

460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve (do not use this code if tricuspid valve malfunction is secondary to Ebstein's anomaly. Use 465= Ebstein's repair) (0.2,1)
500= Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve
1650 = PA debanding (0.4,2)
3200= PA band adjustment

****EXAMPLE ONLY****

Primary Procedure Determination

WHAT

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

****EXAMPLE ONLY****

L (j) 2270 = Valvuloplasty converted to valve replacement in the same operation, Pulmonic (0.6,3)
600 = Valve replacement, PVR (0.1,1)

530 = Pa, reconstruction (plasty), Main (trunk) (0.2,1)

Primary Procedure Determination

WHAT

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

740 = Ross procedure (0.1,1)

760 = Ross-Konno procedure (1.0,4)

5026 = Ross-Konno procedure + Valve replacement, Mitral or systemic atrioventricular Valve (MVR) (3.5,5)

****EXAMPLE ONLY****

610 = Conduit placement, RV to PA (0.3,2)

3520 = Conduit placement, RV to PA, Valved (0.3,2)

3530 = Conduit placement, RV to PA, Non-valved (0.3,2)

3680 = RV to PA Shunt (e.g. Sano Shunt or palliative RV-PA non-valved conduit to augment pulmonary blood flow) (0.6,3)

Primary Procedure Determination



WHEN

1. January 1, 2025 – moving forward

Primary Procedure Determination



WHEN

1. January 1, 2025 – moving forward
2. Analysis with Spring 2025 harvest (Jan 2021 – Dec 2024)

Primary Procedure Determination



1. January 1, 2025 – moving forward
 - Training Manual update
2. Analysis with Spring 2025 harvest (Jan 2021 – Dec 2024)
 - IQVIA Primary Procedure mismatch
 - **NOT required**

Primary Procedure Determination



1. May change primary procedure
 - *May have some which cannot be updated (v3.41 cases with new codes)*

Primary Procedure Determination



1. May change primary procedure
 - *May have some which cannot be updated (v3.41 cases with new codes)*
2. Depending on your vendor, you may lose PSF already entered
 - *Shouldn't have any which NOW require PSF*

Primary Procedure Determination



1. May change primary procedure
 - *May have some which cannot be updated (v3.41 cases with new codes)*
2. Depending on your vendor, you may lose PSF already entered
 - *Shouldn't have any which NOW require PSF*
3. Will notify when reports are ready

Primary Procedure Determination



1. May change primary procedure
 - *May have some which cannot be updated (v3.41 cases with new codes)*
2. Depending on your vendor, you may lose PSF already entered
 - *Shouldn't have any which NOW require PSF*
3. Will notify when reports are ready
4. Submit FAQ if you have questions

Procedure Specific Factor Rule Update

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Procedure Specific Factor Rule Update

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Rule #	Column B	Column C
1i.	<ul style="list-style-type: none"> • 120 = VSD repair, Device • 110 = VSD repair, Patch • 100 = VSD repair, Primary closure • 130 =VSD, Multiple, Repair • 5001 = VSD, repair, Patch + ASD repair, Primary Closure • 5028 = VSD repair, Patch + ASD repair, Patch + PAPVC repair • 5016 = VSD, repair, Patch + Conduit reoperation • 5023 = VSD, repair, Patch + Valve replacement, Pulmonary or Neo-pulmonary (PVR) • 5024 = VSD, repair, Patch + PAPVC repair • 5022 = AVC (AVSD) repair, Partial (Incomplete) (PAVSD) + VSD repair, Patch 	<ul style="list-style-type: none"> • 460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve • 500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve • 1650 = PA debanding • 3200 = PA band adjustment

Question #1

Patient undergoes VSD repair, Patch (0.1, 1) and the previously placed PA band (0.4, 2) is removed. What is the primary procedure?

Rule #	Column B	Column C
1i.	<ul style="list-style-type: none">• 120 = VSD repair, Device• 110 = VSD repair, Patch• 100 = VSD repair, Primary closure• 130 = VSD, Multiple, Repair• 5001 = VSD, repair, Patch + ASD repair, Primary Closure• 5028 = VSD repair, Patch + ASD repair, Patch + PAPVC repair• 5016 = VSD, repair, Patch + Conduit reoperation• 5023 = VSD, repair, Patch + Valve replacement, Pulmonary or Neo-pulmonary (PVR)• 5024 = VSD, repair, Patch + PAPVC repair• 5022 = AVC (AVSD) repair, Partial (Incomplete) (PAVSD) + VSD repair, Patch	<ul style="list-style-type: none">• 460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve• 500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve• 1650 = PA debanding• 3200 = PA band adjustment

Discussion #1

Patient undergoes VSD repair, Patch (0.1, 1) and the previously placed PA band (0.4, 2) is removed. What is the primary procedure?

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Rule #	Column B	Column C
1i.	<ul style="list-style-type: none">• 120 = VSD repair, Device• 110 = VSD repair, Patch• 100 = VSD repair, Primary closure• 130 =VSD, Multiple, Repair• 5001 = VSD, repair, Patch + ASD repair, Primary Closure• 5028 = VSD repair, Patch + ASD repair, Patch + PAPVC repair• 5016 = VSD, repair, Patch + Conduit reoperation• 5023 = VSD, repair, Patch + Valve replacement, Pulmonary or Neo-pulmonary (PVR)• 5024 = VSD, repair, Patch + PAPVC repair• 5022 = AVC (AVSD) repair, Partial (Incomplete) (PAVSD) + VSD repair, Patch	<ul style="list-style-type: none">• 460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve• 500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve• 1650 = PA debanding• 3200 = PA band adjustment

Answer #1

Patient undergoes VSD repair, Patch (0.1, 1) and the previously placed PA band (0.4, 2) is removed. What is the primary procedure?

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Rule #	Column B	Column C
1i.	<ul style="list-style-type: none">• 120 = VSD repair, Device• 110 = VSD repair, Patch• 100 = VSD repair, Primary closure• 130 = VSD, Multiple, Repair• 5001 = VSD, repair, Patch + ASD repair, Primary Closure• 5028 = VSD repair, Patch + ASD repair, Patch + PAPVC repair• 5016 = VSD, repair, Patch + Conduit reoperation• 5023 = VSD, repair, Patch + Valve replacement, Pulmonary or Neo-pulmonary (PVR)• 5024 = VSD, repair, Patch + PAPVC repair• 5022 = AVC (AVSD) repair, Partial (Incomplete) (PAVSD) + VSD repair, Patch	<ul style="list-style-type: none">• 460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve• 500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve• 1650 = PA debanding• 3200 = PA band adjustment

Question #2

Can I code the cleft repair of the mitral valve (0.3, 2) repaired during AVC (AVSD) repair, Intermediate (Transitional) (0.1, 1)?

Rule #	Column B	Column C
1c.	<ul style="list-style-type: none"> • 170 = AVC (AVSD) repair, Complete (CAVSD) • 3480 = AVC (AVSD) repair, Complete (CAVSD) + Arch repair • 5027 = AVC (AVSD) repair, Complete (CAVSD) + Vascular ring repair • 5034 = AVC (AVSD) repair, Complete (CAVSD) + Coarctation repair, End to end, Extended • 180 = AVC (AVSD) repair, Intermediate (Transitional) • 190 = AVC (AVSD) repair, Partial, Incomplete (PAVSD) 	<ul style="list-style-type: none"> • 3200 = PA band adjustment • 530 = PA, reconstruction (plasty), Main (trunk) • 540 = PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation) • 50 = ASD, Common atrium (single atrium), Septation • 150 = Ventricular septal fenestration • 460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve • 500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve • 2280 = Valvuloplasty converted to valve replacement in the same operation, Tricuspid or Non-systemic Atrioventricular Valve • 470 = Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve • 830 = Valvuloplasty, Mitral or Systemic Atrioventricular Valve • 860 = Valve surgery, Other, Mitral or Systemic Atrioventricular Valve • 850 = Valve replacement, Mitral or Systemic Atrioventricular Valve (MVR) • 2260 = Valvuloplasty converted to valve replacement in the same operation, Mitral or Systemic Atrioventricular Valve

Discussion #2

Can I code the cleft repair of the mitral valve (0.3, 2) repaired during AVC (AVSD) repair, Intermediate (Transitional) (0.1, 1)?

Rule #	Column B	Column C
1c.	<ul style="list-style-type: none"> • 170 = AVC (AVSD) repair, Complete (CAVSD) • 3480 = AVC (AVSD) repair, Complete (CAVSD) + Arch repair • 5027 = AVC (AVSD) repair, Complete (CAVSD) + Vascular ring repair • 5034 = AVC (AVSD) repair, Complete (CAVSD) + Coarctation repair, End to end, Extended • 180 = AVC (AVSD) repair, Intermediate (Transitional) • 190 = AVC (AVSD) repair, Partial, Incomplete (PAVSD) 	<ul style="list-style-type: none"> • 3200 = PA band adjustment • 530 = PA, reconstruction (plasty), Main (trunk) • 540 = PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation) • 50 = ASD, Common atrium (single atrium), Septation • 150 = Ventricular septal fenestration • 460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve • 500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve • 2280 = Valvuloplasty converted to valve replacement in the same operation, Tricuspid or Non-systemic Atrioventricular Valve • 470 = Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve • 830 = Valvuloplasty, Mitral or Systemic Atrioventricular Valve • 860 = Valve surgery, Other, Mitral or Systemic Atrioventricular Valve • 850 = Valve replacement, Mitral or Systemic Atrioventricular Valve (MVR) • 2260 = Valvuloplasty converted to valve replacement in the same operation, Mitral or Systemic Atrioventricular Valve

Answer #2

Can I code the cleft repair of the mitral valve repaired during AVC (AVSD) repair, Intermediate (Transitional)?

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Rule #	Column B	Column C
1c.	<ul style="list-style-type: none">• 180 = AVC (AVSD) repair, Intermediate (Transitional)	<ul style="list-style-type: none">• 830 = Valvuloplasty, Mitral or Systemic Atrioventricular Valve

Yes, mitral/systemic AV valve repairs can now be included as secondary procedures to AVC repairs as they are listed in Column C

Question #3

Patient undergoes Ross procedure (0.1, 1) and Nicks procedure to enlarge the aortic annulus. What is the primary procedure?

Rule #	Column B	Column C
1k.	<ul style="list-style-type: none">• 740 = Ross procedure• 760 = Ross-Konno procedure• 5026 = Ross-Konno procedure + Valve replacement, Mitral or systemic atrioventricular Valve (MVR)	<ul style="list-style-type: none">• 610 = Conduit placement, RV to PA• 3520 = Conduit placement, RV to PA, Valved• 3530 = Conduit placement, RV to PA, Non-valved• 3680 = RV to PA Shunt (e.g. Sano Shunt or palliative RV-PA non-valved conduit to augment pulmonary blood flow)

Discussion #3

Patient undergoes Ross procedure (0.1, 1) and Nicks procedure to enlarge the aortic annulus. What is the primary procedure?

Nicks procedure = (770) Other annular enlargement procedure (0.3, 2)

Rule #	Column B	Column C
1k.	<ul style="list-style-type: none">• 740 = Ross procedure (0.1, 1)• 760 = Ross-Konno procedure• 5026 = Ross-Konno procedure + Valve replacement, Mitral or systemic atrioventricular Valve (MVR)	<ul style="list-style-type: none">• 610 = Conduit placement, RV to PA• 3520 = Conduit placement, RV to PA, Valved• 3530 = Conduit placement, RV to PA, Non-valved• 3680 = RV to PA Shunt (Konno Shunt or palliative RV-PA non-valved conduit placement pulmonary blood flow)

Answer #3

Patient undergoes Ross procedure (0.1, 1) and Nicks procedure to enlarge the aortic annulus. What is the primary procedure?

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Rule #	Column B
1k.	• 740 = Ross procedure (0.1, 1)

Nicks procedure = (770) Other annular enlargement procedure (0.3, 2)

The Nicks procedure is primary - not in Column C and has a higher STAT score than the Ross procedure

Question #4

Patient undergoes bidirectional cavopulmonary anastomosis (BDCPA) (0.3, 2) and aortic arch repair (0.5, 3). What is the primary procedure?

Rule #	Column B	Column C
1a.	<ul style="list-style-type: none"> • 1670 = Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) • 1680 = Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn) • 1690 = Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn) • 1700 = HemiFontan • 2330 = Superior Cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty • 2130 = Superior Cavopulmonary anastomosis(es) + PA reconstruction • 3160 = Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation) 	<ul style="list-style-type: none"> • 1330 = PDA Closure, Surgical • 1630 = Shunt, Ligation and takedown • 1650 = PA debanding • 70 = ASD Partial Closure • 60 = ASD Creation Enlargement • 80 = Atrial Septal Fenestration • 3200 = PA band adjustment • 530 = PA, reconstruction (plasty), Main (trunk) • 540 = PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation) • 630 = Valve excision, Pulmonary or Neo-Pulmonary (without replacement) • 640 = Valve closure, Semilunar • 1790 = Ligation, Pulmonary artery • 3180 = Intravascular stent removal • 3220 = Removal of transcatheter delivered device from heart • 3210 = Removal of transcatheter delivered device from blood vessel • 1490 = Arrhythmia surgery - atrial, Surgical Ablation • 1500 = Arrhythmia surgery - ventricular, Surgical Ablation • 460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve • 2280 = Valvuloplasty converted to valve replacement in the same operation, Tricuspid or Non-systemic Atrioventricular Valve • 470 = Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve • 480 = Valve closure, Tricuspid or Non-systemic Atrioventricular Valve (exclusion, univentricular approach) • 490 = Valve excision, Tricuspid or Non-systemic Atrioventricular Valve (without replacement) • 500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve

Discussion #4

Patient undergoes bidirectional cavopulmonary anastomosis (BDCPA) (0.3, 2) and aortic arch repair (0.5, 3). What is the primary procedure?

Rule #	Column B	Column C
1a.	<ul style="list-style-type: none"> • 1670 = Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) • 1680 = Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn) • 1690 = Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn) • 1700 = HemiFontan • 2330 = Superior Cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty • 2130 = Superior Cavopulmonary anastomosis(es) + PA reconstruction • 3160 = Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation) 	<ul style="list-style-type: none"> • 1330 = PDA Closure, Surgical • 1630 = Shunt, Ligation and takedown • 1650 = PA debanding • 70 = ASD Partial Closure • 60 = ASD Creation Enlargement • 80 = Atrial Septal Fenestration • 3200 = PA band adjustment • 530 = PA, reconstruction (primary) • 540 = PA, reconstruction (plastic or prosthetic, including bifurcation) • 630 = Valve excision, Pulmonary (with or without replacement) • 640 = Valve closure, Semilunar • 1790 = Ligation, Pulmonary artery • 3180 = Intravascular stent removal • 3220 = Removal of transcatheter device • 3210 = Removal of transcatheter device from vessel • 1490 = Arrhythmia surgery, Catheter ablation • 1500 = Arrhythmia surgery, Surgical Atrial Fibrillation • 460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve • 2280 = Valvuloplasty converted to valve replacement in same operation, Tricuspid or Non-systemic Atrioventricular Valve • 470 = Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve • 480 = Valve closure, Tricuspid or Non-systemic Atrioventricular Valve (exclusion, univentricular approach) • 490 = Valve excision, Tricuspid or Non-systemic Atrioventricular Valve (without replacement) • 500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve

Answer #4

Patient undergoes bidirectional cavopulmonary anastomosis (BDCPA) (0.3, 2) and aortic arch repair (0.5, 3). What is the primary procedure?

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Rule #	Column B
1a.	<ul style="list-style-type: none">• 1670 = Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) (0.3, 2)

(1280) Aortic arch repair (0.5, 3)

The aortic arch repair is primary as it is not listed in Column C and has a higher STAT score than the BDCPA procedure.

Question #5

Patient undergoes Fontan, TCPC, External conduit, Fenestrated (0.2, 1) and insertion of a new pacemaker. What is the correct Column B procedure?

Rule #	Column B
1b.	<ul style="list-style-type: none">• 950 = Fontan, Atrio-pulmonary connection• 960 = Fontan, Atrio-ventricular connection• 970 = Fontan, TCPC, Lateral tunnel, Fenestrated• 980 = Fontan, TCPC, Lateral tunnel, Nonfenestrated• 1000 = Fontan, TCPC, External conduit, Fenestrated• 5010 = Fontan, TCPC, External conduit, Fenestrated + Pacemaker procedure• 1010 = Fontan, TCPC, External conduit, Nonfenestrated• 2780 = Fontan, TCPC, Intra/extracardiac conduit, Fenestrated• 2790 = Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated• 3310 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated• 3320 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated• 1030 = Fontan, Other• 2340 = Fontan + Atrioventricular valvuloplasty• 1025 = Fontan revision or conversion (Re-do Fontan)

Discussion #5

Patient undergoes Fontan, TCPC, External conduit, Fenestrated (0.2, 1) and insertion of a new pacemaker. What is the correct Column B procedure?

Rule #	Column B
1b.	<ul style="list-style-type: none">• 950 = Fontan, Atrio-pulmonary connection• 960 = Fontan, Atrio-ventricular connection• 970 = Fontan, TCPC, Lateral tunnel, Fenestrated• 980 = Fontan, TCPC, Lateral tunnel, Nonfenestrated• 1000 = Fontan, TCPC, External conduit, Fenestrated• 5010 = Fontan, TCPC, External conduit, Fenestrated + Pacemaker procedure• 1010 = Fontan, TCPC, External conduit, Nonfenestrated• 2780 = Fontan, TCPC, Intra/extracardiac conduit, Fenestrated• 2790 = Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated• 3310 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated• 3320 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated• 1030 = Fontan, Other• 2340 = Fontan + Atrioventricular valvuloplasty• 1025 = Fontan revision or conversion (Re-do Fontan)

Discussion #5

Patient undergoes Fontan, TCPC, External conduit, Fenestrated (0.2, 1) and insertion of a new pacemaker (0.2, 1). What is the correct Column B procedure?

5010	Fontan, TCPC, External conduit, Fenestrated + Pacemaker procedure	<p>During the same operation, procedure (1000) Fontan, TCPC, External conduit, Fenestrated <i>and</i> procedure (1460) Pacemaker, Procedure.</p> <p><u>Coding Notes:</u></p> <p>See the individual procedure codes for more detail.</p> <p>Only code procedure (1460) Pacemaker procedure in the event the patient has an existing permanent pacemaker at the time of OR Entry Date/Time and a pacemaker procedure is completed. Do not code procedure (1460) Pacemaker procedure if only temporary pacing wires are placed during the operation (update Sept-24).</p>
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Patient underwent the placement of a new pacemaker, not a pacemaker procedure.

Do not use the combination code in Column B

Discussion #5

Patient undergoes Fontan, TCPC, External conduit, Fenestrated (0.2, 1) and insertion of a new pacemaker. What is the correct Column B procedure?

Rule #	Column B
1b.	<ul style="list-style-type: none"><li data-bbox="420 605 2038 668">• 1000 = Fontan, TCPC, External conduit, Fenestrated<li data-bbox="420 711 2089 862">• 5010 = Fontan, TCPC, External conduit, Fenestrated + Pacemaker procedure

Question #6

Patient undergoes Fontan, TCPC, External conduit, Fenestrated (0.2, 1) and insertion of a new pacemaker (0.2, 1). What is the primary procedure?

Rule #	Column B	Column C
1b.	<ul style="list-style-type: none"> • 950 = Fontan, Atrio-pulmonary connection • 960 = Fontan, Atrio-ventricular connection • 970 = Fontan, TCPC, Lateral tunnel, Fenestrated • 980 = Fontan, TCPC, Lateral tunnel, Nonfenestrated • 1000 = Fontan, TCPC, External conduit, Fenestrated • 5010 = Fontan, TCPC, External conduit, Fenestrated + Pacemaker procedure • 1010 = Fontan, TCPC, External conduit, Nonfenestrated • 2780 = Fontan, TCPC, Intra/extracardiac conduit, Fenestrated • 2790 = Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated • 3310 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated • 3320 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated • 1030 = Fontan, Other • 2340 = Fontan + Atrioventricular valvuloplasty • 1025 = Fontan revision or conversion (Re-do Fontan) 	<ul style="list-style-type: none"> • 1330 = PDA Closure, Surgical • 1630 = Shunt, Ligation and takedown • 1650 = PA debanding • 70 = ASD Partial Closure • 60 = ASD Creation Enlargement • 80 = Atrial Septal Fenestration • 3200 = PA band adjustment • 530 = PA, reconstruction (plasty), Main (trunk) • 540 = PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation) • 630 = Valve excision, Pulmonary or Neo-Pulmonary (without replacement) • 640 = Valve closure, Semilunar • 1790 = Ligation, Pulmonary artery • 3180 = Intravascular stent removal • 3220 = Removal of transcatheter delivered device from heart • 3210 = Removal of transcatheter delivered device from blood vessel • 1490 = Arrhythmia surgery - atrial, Surgical Ablation • 1500 = Arrhythmia surgery - ventricular, Surgical Ablation • 340 = Systemic venous stenosis repair • 460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve • 2280 = Valvuloplasty converted to valve replacement in the same operation, Tricuspid or Non-systemic Atrioventricular Valve • 470 = Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve • 480 = Valve closure, Tricuspid or Non-systemic Atrioventricular Valve (exclusion, univentricular approach) • 490 = Valve excision, Tricuspid or Non-systemic Atrioventricular Valve (without replacement) • 500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve

Discussion #6

Patient undergoes Fontan, TCPC, External conduit, Fenestrated (0.2, 1) and insertion of a new pacemaker (0.2, 1). What is the primary procedure?

Rule #	Column B	Column C
1b.	<ul style="list-style-type: none"> • 950 = Fontan, Atrio-pulmonary connection • 960 = Fontan, Atrio-ventricular connection • 970 = Fontan, TCPC, Lateral tunnel, Fenestrated • 980 = Fontan, TCPC, Lateral tunnel, Nonfenestrated • 1000 = Fontan, TCPC, External conduit, Fenestrated • 5010 = Fontan, TCPC, External conduit, Fenestrated + Pacemaker procedure • 1010 = Fontan, TCPC, External conduit, Nonfenestrated • 2780 = Fontan, TCPC, Intra/extracardiac conduit, Fenestrated • 2790 = Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated • 3310 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated • 3320 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated • 1030 = Fontan, Other • 2340 = Fontan + Atrioventricular valvuloplasty • 1025 = Fontan revision or conversion (Re-do Fontan) 	<ul style="list-style-type: none"> • 1330 = PDA Closure, Surgical • 1630 = Shunt, Ligation and takedown • 1650 = PA debanding • 70 = ASD Partial Closure • 60 = ASD Creation Enlargement • 80 = Atrial Septal Fenestration • 3200 = PA band adjustment • 530 = PA, reconstruction (trunk) • 540 = PA, reconstruction (bifurcation) • 630 = Valve excision, Pulmonary (placement) • 640 = Valve closure, Semilunar • 1790 = Ligation, Pulmonary artery • 3180 = Intravascular stent removal • 3220 = Removal of transcatheter device from heart • 3210 = Removal of transcatheter device from blood vessel • 1490 = Arrhythmia surgery - • 1500 = Arrhythmia surgery - • 340 = Systemic venous • 460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve • 2280 = Valvuloplasty conversion to valve replacement, same operation, Tricuspid or Non-systemic Atrioventricular Valve • 470 = Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve • 480 = Valve closure, Tricuspid or Non-systemic Atrioventricular Valve (exclusion, univentricular approach) • 490 = Valve excision, Tricuspid or Non-systemic Atrioventricular Valve (without replacement) • 500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve

Answer #6

Patient undergoes Fontan, TCPC, External conduit, Fenestrated (0.2, 1) and insertion of a new pacemaker (0.2, 1). What is the primary procedure?

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Rule #	Column B
1b.	<ul style="list-style-type: none">• 1000 = Fontan, TCPC, External conduit, Fenestrated (0.2, 1)

(1450) Pacemaker implantation, Permanent (0.2, 1)

The program gets to select the primary procedure as the STAT scores are tied and the pacemaker implantation is not in Column C

Question #7

Patient with Ebstein's anomaly undergoes a modified Starnes procedure. What is the primary procedure?

Rule #	Column B	Column C
1e.	<ul style="list-style-type: none"> • 465 = Ebstein's Repair • 5030 = Ebstein's repair + PDA closure, Surgical 	<ul style="list-style-type: none"> • 2280= Valvuloplasty converted to valve replacement in the same operation, Tricuspid or Non-systemic Atrioventricular Valve • 470= Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve • 500= Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve • 600= Valve replacement, Pulmonary or Neo-Pulmonary (PVR) • 590= Valvuloplasty, Pulmonary or Neo-Pulmonary • 2270= Valvuloplasty converted to valve replacement in the same operation, Pulmonary or Neo-Pulmonary • 5015= ASD repair, Patch + Valve replacement, Pulmonary or Neo-Pulmonary (PVR) • 610= Conduit placement, RV to PA • 611=Conduit placement, RV to PA, Non-valved • 612 = Conduit placement, RV to PA, Valved • 5013=Conduit placement, RV to PA + PDA closure, Surgical • 1670 = Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) • 1680 = Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn) • 1690 = Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn) • 1700 = HemiFontan • 2330 = Superior Cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty • 2130 = Superior Cavopulmonary anastomosis(es) + PA reconstruction • 3160 = Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation)

Discussion #7

Patient with Ebstein's anomaly undergoes a modified Starnes procedure. What is the primary procedure?

Rule #	Column B	Column C
1e.	<ul style="list-style-type: none"> • 465 = Ebstein's Repair • 5030 = Ebstein's repair + PDA closure, Surgical 	<ul style="list-style-type: none"> • 2280= Valvuloplasty converted to valve replacement in the same operation, Tricuspid or Non-systemic Atrioventricular Valve • 470= Valve replacement, Tricuspid or Non-systemic Atrioventricular Valve • 500= Valve replacement, Other, Tricuspid or Non-systemic Atrioventricular Valve • 600= Valve replacement, Pulmonary or Neo-Pulmonary (PVR) • 590= Valve replacement, Pulmonary or Neo-Pulmonary • 591= Valve replacement converted to valve replacement in the same operation, Pulmonary or Neo-Pulmonary • 592= Valve replacement with patch + Valve replacement, Pulmonary or Neo-Pulmonary (PVR) • 601= Valve replacement, RV to PA • 602= Valve replacement, RV to PA, Non-valved • 603= Valve replacement, RV to PA, Valved • 604= Valve replacement, RV to PA + PDA closure, Surgical • 1700= Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) • 1710= Unidirectional cavopulmonary anastomosis (unidirectional Glenn) • 1720= Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn) • 1730= Bidirectional cavopulmonary anastomosis (Glenn or HemiFontan) + Atrioventricular valvuloplasty • 2130 = Superior Cavopulmonary anastomosis(es) + PA reconstruction • 3160 = Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation)

Answer #7

Patient with Ebstein's anomaly undergoes a modified Starnes procedure. What is the primary procedure?

Primary procedure = (480) Valve closure, Tricuspid or Non-systemic Atrioventricular Valve

480	Valve closure, Tricuspid or Non-systemic Atrioventricular Valve (exclusion, univentricular approach)	<p>In a functional single ventricle heart, the tricuspid or non-systemic atrioventricular (AV) valve may be closed using a patch, thereby excluding the right ventricle (RV).</p> <p>Tricuspid or non-systemic AV valve closure may be used for infants with Ebstein's anomaly and severe tricuspid regurgitation or in patients with pulmonary atresia-intact ventricular septum with sinusoids.</p> <p><u>Coding Notes:</u></p> <p>Code this procedure for Starnes or modified Starnes procedure.</p>
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Question #8

Patient undergoes TOF repair, Ventriculotomy, Transanular patch, PA reconstruction (plasty), Branch, Central and PA reconstruction (plasty) Peripheral. What is the primary procedure?

Rule #	Column B	Column C
1d.	<ul style="list-style-type: none"> • 390 = TOF - AVC (AVSD) repair • 350 = TOF repair, No ventriculotomy • 5004 = TOF repair, No ventriculotomy + ASD repair, Primary closure • 360 = TOF repair, Ventriculotomy, Nontransanular patch • 370 = TOF repair, Ventriculotomy, Transanular patch • 3330 = TOF repair, Ventriculotomy, Transanular patch, plus native valve reconstruction • 3340 = TOF repair, Ventriculotomy, Transanular patch, with monocusp or other surgically fashioned RVOT valve • 5018 = TOF repair, Ventriculotomy, Transanular patch + Vascular ring repair • 380 = TOF repair, RV-PA conduit • 400 = TOF - Absent pulmonary valve repair 	<ul style="list-style-type: none"> • 1330 = PDA Closure, Surgical • 1630 = Shunt, Ligation and takedown • 1650 = PA debanding • 70 = ASD Partial Closure • 60 = ASD Creation Enlargement • 80 = Atrial Septal Fenestration • 530 = PA, reconstruction (plasty), Main (trunk) • 540 = PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation) • 50 = ASD, Common atrium (single atrium), Septation • 150 = Ventricular septal fenestration • 460 = Valvuloplasty, Tricuspid or Non-systemic Atrioventricular Valve • 500 = Valve surgery, Other, Tricuspid or Non-systemic Atrioventricular Valve • 5015 = ASD repair, Patch + Valve replacement, Pulmonary or Neo-Pulmonary (PVR) • 610 = Conduit placement, RV to PA • 611 =Conduit placement, RV to PA, Non-valved • 612 = Conduit placement, RV to PA, Valved • 5013 = Conduit placement, RV to PA + PDA closure, Surgical • 3180 = Intravascular stent removal • 3220 = Removal of transcatheter delivered device from heart • 3210 = Removal of transcatheter delivered device from blood vessel • 600 = Valve replacement, Pulmonary or Neo-Pulmonary (PVR) • 510 = RVOT procedure

Discussion #8

Patient undergoes TOF repair, Ventriculotomy, Transanular patch, PA reconstruction (plasty), Branch, Central and PA reconstruction (plasty) Peripheral. What is the primary procedure?

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Rule #	Column B	Column C
1d.	<ul style="list-style-type: none">• 370 = TOF repair, Ventriculotomy, Transanular patch (0.2, 1)	<ul style="list-style-type: none">• 540 = PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation) (0.3, 2)

- **(550) PA, reconstruction (plasty), Branch, Peripheral (0.3, 2)**
- **(3350) PA, reconstruction (plasty), Branch, Peripheral, (at or beyond the 1st lobar branch, proximal to first segmental branch) (0.6, 3)**
- **(3360) PA, reconstruction (plasty), Branch, Peripheral, (at or beyond the 1st lobar branch, beyond first segmental branch) (0.7, 3)**

Answer #8

Patient undergoes TOF repair, Ventriculotomy, Transanular patch, PA reconstruction (plasty), Branch, Central and PA reconstruction (plasty) Peripheral. What is the primary procedure?

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Rule #	Column B
1d.	<ul style="list-style-type: none">• 370 = TOF repair, Ventriculotomy, Transanular patch (0.2, 1)

- **(550) PA, reconstruction (plasty), Branch, Peripheral (at or beyond the hilar bifurcation) (0.3, 2)**
- **(3350) PA, reconstruction (plasty), Branch, Peripheral, (at or beyond the 1st lobar branch, proximal to first segmental branch) (0.6, 3)**
- **(3360) PA, reconstruction (plasty), Branch, Peripheral, (at or beyond the 1st lobar branch, beyond first segmental branch) (0.7, 3)**

All of the peripheral branch PA reconstructions have higher STAT scores than the TOF repair; thus, the PA reconstruction, branch (as appropriate) is the primary procedure.

Question #9

Patient undergoes truncus arteriosus repair (1.3, 4) with truncal valvuloplasty (0.2, 1).
What is the primary procedure?

Rule #	Column B	Column C
1f.	<ul style="list-style-type: none"> • 230 = Truncus arteriosus repair • 2220 = Truncus + Interrupted aortic arch repair (IAA) repair 	<ul style="list-style-type: none"> • 2730 = Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Complete unifocalization (all usable MAPCA[s] are incorporated) • 2740 = Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Incomplete unifocalization (not all usable MAPCA[s] are incorporated) • 2750 = Unifocalization MAPCA(s), Unilateral pulmonary unifocalization • 440 = Unifocalization MAPCA(s) • 5011 = Unifocalization MAPCA(s) + Conduit placement, RV to PA • 5013 = Conduit placement, RV to PA + PDA closure, Surgical • 660 = Valvuloplasty, Aortic/Neo-Aortic • 3540 = Valvuloplasty, Aortic/Neo-Aortic Valve, Reduction of number of cusps/sinus resection • 3550 = Valvuloplasty, Aortic/Neo-Aortic Valve, Augmentation of valve leaflet • 3560 = Valvuloplasty, Aortic/Neo-Aortic Valve Neo-cuspidization • 3490 = Valvuloplasty, Truncal valve, Reduction of number of cusps/sinus resection • 3500 = Valvuloplasty, Truncal valve, Augmentation of valve leaflet • 3510 = Valvuloplasty, Truncal valve, Neo-cuspidization

Discussion #9

Patient undergoes truncus arteriosus repair (1.3, 4) with truncal valvuloplasty (0.2, 1).
 What is the primary procedure?

Rule #	Column B	Column C
1f.	<ul style="list-style-type: none"> • 230 = Truncus arteriosus repair 	<ul style="list-style-type: none"> • 2730 = Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Complete unifocalization (all usable MAPCA[s] are incorporated) • 2740 = Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Incomplete unifocalization (not all usable MAPCA[s] are incorporated) • 2750 = Unifocalization MAPCA(s), Bilateral pulmonary unifocalization • 440 = Unifocalization MAPCA(s), Bilateral pulmonary unifocalization • 5011 = Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - New to PA • 5013 = Conduit placement, Bilateral pulmonary unifocalization - Surgical • 660 = Valvuloplasty, Aortic valve, Reduction of number of cusps/sinus resection • 3540 = Valvuloplasty, Aortic valve, Reduction of number of cusps/sinus resection • 3550 = Valvuloplasty, Aortic valve, Augmentation of valve leaflet • 3560 = Valvuloplasty, Aortic valve, Neo-cuspidization • 3490 = Valvuloplasty, Truncal valve, Reduction of number of cusps/sinus resection • 3500 = Valvuloplasty, Truncal valve, Augmentation of valve leaflet • 3510 = Valvuloplasty, Truncal valve, Neo-cuspidization

Answer #9

Patient undergoes truncus arteriosus repair (1.3, 4) with truncal valvuloplasty (0.2, 1).
What is the primary procedure?

If a procedure in Column B is performed as part of a multi-component procedure that includes a procedure from Column C, the primary procedure will be from Column B unless the operation includes an additional simultaneous procedure with a higher STAT score.

Rule #	Column B
1f.	• 230 = Truncus arteriosus repair (1.3, 4)

(240) Valvuloplasty, Truncal valve (0.2, 1)

The truncus arteriosus repair is primary as the truncal valvuloplasty has a lower STAT score

Procedure Specific Factor Rule Update

In Summary -

- Refer to TM for detailed explanation
- Continue to complete the PSF questions for the primary procedure
- Applied retrospectively for surgery dates Jan 2021 forward
- IQVIA primary procedure mismatch report to release prior to harvest close in March 2025

Open Discussion

Please use the
Q&A Function.

We will answer as
many questions as
possible.

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- 1/21/25 @ 12pmCT

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