Operating Room Methodology Work Group

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IBM Watson Health

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NC Medical Care Data Act
Mandate Requirements

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Required Fields for Hospitals

- Patient Control Number
- Bill Type
- Provider Identification
- Medicaid Base Provider Number
- Federal Tax Number
- Zip Code of Patient Address
- Patient Birth Date
- Patient Sex
- Patient Race and Ethnicity
- Payer Identification
- Admission Date
- Admission Type
- Source of Admission
- Patient Status
- Present on admission code
- Discharge Date (Statement Covers Period)
- All Revenue Codes and Associate Charges
- Certificate/Social Security/Health
- Insurance Group Number
- Principal Diagnosis
- Other Diagnoses 8 or more

Required Fields for Hospitals (cont.)

- External Cause of Injury Code (E Code)
- Principal Procedure and Date
- Other Procedures and Dates
- Attending Physician Identification
- Other Physician Identification

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Required Fields for ASCs

- Payer identification
- Insured's ID Number
- Patient's date of birth
- Gender of patient
- Zip code of patient address
- Diagnosis of nature of illness or injury (up to 4 is standard)
- Patient race and ethnicity
- Dates of service
- Place of service (indicates hospital or ambulatory surgery center)
- Type of service (indicates surgery, anesthesia, dental or ambulatory surgery)
- Procedures, services and supplies (including modifiers if applicable) (up to 12 is standard)
- Charges (submitted for each CPT code as applicable)
- Days or units
- Federal Tax ID
- Patient's account number
- Total Charge
- Attending physician's ID number
- Medicaid base provider number or number assigned by certified data processor

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Differences in reporting for hospitals and ASCs

- Hospitals use 5200 format

- ASCs use 702 format

- Hospitals and ASCs do not bill using the same form

- Hospitals submit detailed charge information including charges by revenue code

- ASCs submit charge information by procedure code (CPT)

Ideas for Determining Operating Room Utilization

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Ideas for determining OR Utilization

- Operating Room Revenue Codes:
  - 036X – charges for services provided to patients by specifically trained nursing personnel who assist physicians in the performance of surgical and related procedures during and immediately following surgery

- Anesthesia Revenue Codes:
  - 037X – charges for anesthesia services

- Ambulatory Surgical Care:
  - 049X – charges for ambulatory surgery not covered by other categories

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Ideas for determining OR Utilization

- Counts of Surgical Procedures – would need definition:
  - Truven has created groupings for outpatient data that classify each CPT code into separate groupings:

    - **Ambulatory Technical Groups (ATG)** – Indicates "technically" what is being performed. Includes broad services such as visits and consultations, major surgeries, minor surgeries, major invasive diagnostics, major imaging, etc.

    - **Clinical Service Categories (CSC)** – Indicates the "clinical" group or specialty that is performing the procedure. This group includes categories such as anesthesia, cardiology, neurology, etc.

    - Each of these groupings can be applied to just the principal CPT procedure **OR** all CPT procedures depending upon the goal of the analysis being conducted.

  - Outpatient Product lines are also available that include surgical classifications

Outpatient Groupings

Ambulatory Technical Groups (ATG):

- DRUGS
- IMAGING MAJOR
- INJECTIONS
- INVASIVE MAJOR
- INVASIVE MINOR
- LABS
- MEDICAL DIAGNOSTICS
- MEDICAL THERAPIES
- NUCLEAR
- RADIATION
- DIAGNOSTICS
- MAJOR SURGERY
- MINOR SURGERY
- VISITS/CONSULTATIONS

Clinical Service Categories (CSC):

- ALLERGY
- ANESTHESIA
- CARDIOLOGY
- CARDIOTHORACIC
- CHIROPRACTIC
- CT SCAN
- DERMATOLOGY
- DIAGNOSTIC RADIOLOGY
- EMERGENCY MEDICINE
- GASTROENTEROLOGY
- GENERAL SURGERY
- HEMATOLOGY ONCOLOGY
- LABS
- MEDICINE
- MISCELLANEOUS
- MAGNETIC RESONANCE IMAGING
- NEPHROLOGY
- NEUROLOGY
- NEUROSURGERY

- OBSTETRICS/GYNECOLOGY
- OPHTHALMOLOGY
- ORAL SURGERY
- ORTHOPEDICS
- OTOLARYNGOLOGY
- POSITRON EMISSION TOMOGRAPHY
- PHYSICAL THERAPY
- PLASTIC SURGERY
- PODIATRY
- PSYCHIATRY
- PULMONARY
- RADIATION THERAPY
- SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY
- UROLOGY
- VASCULAR

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Ideas for determining OR Utilization

- In addition to the hospital-designated principal procedure code, Truven is currently using an algorithm to independently designate one CPT procedure code per claim as the Principal CPT Procedure. Truven assigns a principal CPT code based on a rankings methodology – this field could be used to define a "surgical" product line

- If more than one CPT code is submitted on the claim, the algorithm ranks the codes based on resource intensity of the procedure. For instance, major surgery or major invasive diagnostics take priority over less significant procedures like minor surgery or medical therapies

  - **Priority of Procedures (descending):**
    - Major Surgery or Major Invasive Diagnostic = **priority 1**
    - Major Imaging = **priority 2**
    - Minor Surgery or Minor Invasive Diagnostic = **priority 3**
    - Nuclear = **priority 4**
    - Medical Therapy or Medical Diagnostics = **priority 5**
    - Any other CPT codes = **priority 6**

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Ideas for determining OR Utilization

- Site of Service Field – would require update to submission format and implementation by all facilities

Questions/Next Steps