

1 - HST8QA02 Laurel Scrub Surgery

Report ID: OP5025 - ASCA Benchmarking

Run Date: 2/24/2021 12:19 PM

Printing Selection: From Date of Service=2/1/2021 To Date of Service=2/28/2021 CPT Counts on Primary CPT only=No Total Joint CPT=(27130,27447,23472) Complex Spine CPT=(22554,22856,63050,63045,22558) Ophthalmology CPT=(66984,66982,66983)

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Section I Volume

1. **ASC Patient Encounters (Cases)** 48

1a. **Patient Encounters (Cases) performed by Non-Owner Physicians** 28

2. Procedure Type Summary (By Billed CPT)

Integumentary	10004 - 19499	0
MusculoSkeletal	20100 - 29999	48
Respiratory	30000 - 32999	0
Cardiovascular	33016 - 37799	0
Hemic and Lymphatic Systems	38100 - 38999	0
Mediastinum and Diaphragm	39000 - 39599	0
Digestive	40490 - 49999	3
Urinary	50010 - 53899	0
Male	54000 - 55899	0
Reproductive System	55920	0
Intersex Surgery	55970 - 55980	0
Female Genital System	56405 - 58999	0
Maternity	59000 - 59899	0
Endocrine System	60000 - 60699	0
Nervous	61000 - 64999	11
Eye and Ocular Adnexa	65091 - 68899	53
Auditory System	69000 - 69979	0
Operating Microscope	69990	0
Radiology	70010 - 76499	0
Diagnostic U/S	76506 - 76999	0
Radiolgy Guidance	77001 - 77022	0
Radiation Oncology	77261 - 77799	0
Diagnostic	78012 - 78999	0
Pathology and Lab	80047 - 89398	0
Medicine	90281 - 99607	4
Category III	0042T - 0639T	37
Other		59

3. Level of Care

					Local Anesthesia	
Level 1	Level 2	Level 3	Level 4	Level 5	No ASA Declared	Do Not Track
1	0	0	0	0	0	47

4. Payer Mix

Anthem/Blue Cross					
Aetna	/Blue Shield	Cigna	Humana	Medicaid	Medicare
6	1	4	0	0	9

United Health Grp	Workers Compensation	Auto Insurance	Self-Pay	Other
0	1	0	25	2

5. Charity Care Encounters

(Run ME9007 for your Charity Payer ID to obtain this information)

Section II Quality Measures**Part 1: Quality Measures Suspended by Medicare***(Based on GCodes entered in the Clinical Log for all Patients Records)*

- | | | |
|---------------------------------------|--------------------------------|---|
| 1. Number of Falls within the ASC | (G8910) | 0 |
| 1a - 1i Patient Fall Detail | <i>Not reportable from HST</i> | |
| 2. Number of Burns | (G8908) | 0 |
| 2a - 2i Patient Burn Detail | <i>Not reportable from HST</i> | |
| 3. Transfer to Acute Care or Hospital | (G8914) | 0 |
| 4. Wrong Side, Site, etc | (G8912) | 0 |

Part 2: Quality Measures Reported to MedicareNormothermia Outcome

1. A. Patients who met normothermia 0
- B. Number of Patients with General or Neuraxial Anesthesia equal or greater than 60 Min.

General	1
Neuraxial	0
Total	1

Part 3: Quality Measures NOT Reported to MedicareToxic Anterior Segment Syndrome (TASS) *Not reportable from HST*

1. Number of ASC Admissions with ED visit in 24hrs. _____ *Not reportable from HST*
2. Number of ASC admissions with Hospital admission in 24hrs. _____ *Not reportable from HST*

Perioperative Blood Glucose Monitoring

3. All ASC admissions with a known history of diabetes mellitus who are fasting for their procedure/surgery AND who had a blood glucose level determined on the day of service prior to their procedure/surgery and prior to discharge. 0
- 3a. All ASC admissions with a known history of diabetes mellitus who are fasting for their procedure/surgery. 0

Intravenous (IV) Prophylactic Antibiotic Administration for Prevention of Surgical Site Infection

- 4a. Number of intravenous (IV) prophylactic antibiotics administered on-time: (G8916) 0
- 4b. Number of admissions with a preoperative order for an intravenous (IV) prophylactic antibiotic for the prevention of surgical site infection: (G8916) & (G8917) 0
5. Safe Surgery Checklist - *Not reportable from HST*

Section III Operational Measures*(Based on indicator code mapping)*

1. Cancellations After Admission 0

(System Calculated)

2a. Total Hours Available	1804	2b. Total Hours Used:	0
3. Number of Operative Reports Dictated with 1 Business Day			1
4. Medical Records Completed within 30 days	0		
5. Total # of claims denied at initial submission	0		

Section IV Outcome of Care Measures*(Based on indicator code mapping)*

1. Medication Administration	0
2. Medical Device Errors	1
3. Death within 48 hours	0
4. Returned to Surgery within 48 hours	0

Section V Complication Measures*(Based on indicator code mapping)*

1. Cardiac / Respiratory	0
2. Colon Perforation	0
3. Post Polypectomy Bleed	0
4. Hemorrhage	0
5. Retained Foreign	0
6. Nausea / Vomiting	0
7. VTE within 30 Days	0

Obtain CPT information for VTE patients from the Pathways Account - Visit Ledger tab or report OP5016

7b. Primary CPT for VTE patient(s) (1st patient) _____

7c. Primary CPT for VTE patient(s) (2nd patient) _____

Section VI Staffing Measures *Not reportable from HST***Section VII Financial Measures****1. Net Accounts Receivable** \$1,138,538.43*(Note: Only report this amount if your center does contractual write-offs at the time of billing)***2. Net Patient Revenue** \$1,139,338.43*(Note: Only report this amount if your center operates on a cash basis)***3, 4 & 5.** *Not reportable from HST*

6. Inventory Balance (\$23,399,693,012.24)

*(Note: Only report this amount if your center does
quarterly physical counts)*

7. Supply Cost *(Note: Centers can obtain this amount by running the
IV4008 - Items Used report for the reporting quarter;
Group by Item category or Department and Hide
Detail)*

8 & 9. *Not reportable from HST*

Total Hip, Knee, Shoulder Joint Replacement

Printing Selection: From Date of Service=2/1/2021 To Date of Service=2/28/2021 Total Joint CPT = (27130,27447,23472)

Section I - Volume**1. Total Joint Replacement Encounters (Cases) by CPT** 6

CPT	CPT Description	Count
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	5
27130	ARTHROPLASTY ACETABULAR/PROX FEM PROSTHESIS	6
27447	ARTHROPLASTY KNEE CONDYLE AND PLAT MEDIAL AND LATERAL COMPARTMENTS	6

2. Total Joint Replacement - ASA Level of Care

Level 1	Level 2	Level 3	Level 4	Level 5
0	0	0	0	0

3. Total Joint Replacement - ASC Payer Mix

	Anthem/Blue Cross				
Aetna	/Blue Shield	Cigna	Humana	Medicaid	Medicare
2	0	0	0	0	3

United Health Grp	Workers Compensation	Auto Insurance	Self-Pay	Other
0	3	0	3	6

Section II - Quality**1. Total joint replacement patients with a pre-operative functional status assessment performed within 90 days prior to date of surgery***Not reportable from HST***2. Total joint replacement patients that experience a fall within the ASC**

(G8910) 0

2a - 2i Patient Fall Detail

*Not reportable from HST***3. Total joint replacement patients that experience a fall after discharge but within 14 days of the procedure***Not reportable from HST*

3a - 3c Patient Fall Detail

*Not reportable from HST***4. Total joint replacement patients with nausea and/or vomiting at the ASC requiring intervention**

0 (Based on indicator code mapping)

5. Total joint replacement patients not discharged prior to midnight on the day of surgery

0

6. Total joint replacement admissions that were transferred or admitted directly to an acute care hospital including hospital emergency room upon discharge from the ASC

(G8914) 0

7. Total joint replacement admissions who had an emergency department visit within one day of discharge from the ASC*Not reportable from HST*

8. Total joint replacement admissions who had an unplanned hospital admission within one day of discharge from the ASC

Not reportable from HST

9. Number of cancellations the ASC experienced on the patient's day of total joint surgery after admission to the ASC

0

(Based on indicator code mapping)

10. Number of total joint replacement patients that required a return to surgery within 48 hours of discharge from the ASC for:

0

(Based on indicator code mapping)

Hematoma: _____ Hemorrhage: 0 _____ Dislocation: _____ Implant Fracture/Failure: _____
Other: _____

11. Total joint replacement admissions diagnosed with a new Venous Thromboembolism (VTE) within 30 days of surgery

0

(Based on indicator code mapping)

12. Percentage of total joint replacement patients satisfied with the overall care provided at the ASC

Not reportable from HST

13. Total joint replacement patients with a grievance within 30 days from date of surgery

Not reportable from HST

Complex Spine

Printing Selection: From Date of Service=2/1/2021 To Date of Service=2/28/2021 Complex Spine CPT = (22554,22856,63050,63045,22558)

Section I - Volume**1. Total Complex Spine Encounters (Cases) by CPT** 6

CPT	CPT Description	Count
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	6
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	5
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	6
63045	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	6

2. Complex Spine - ASA Level of Care

Level 1	Level 2	Level 3	Level 4	Level 5
0	0	0	0	0

3. Complex Spine - ASC Payer Mix

Aetna	Anthem/Blue Cross /Blue Shield	Cigna	Humana	Medicaid	Medicare
3	0	0	0	0	4

United Health Grp	Workers Compensation	Auto Insurance	Self-Pay	Other
0	4	0	4	8

Section II - Quality**1. Complex spine patients with a pre-operative functional status assessment performed within 90 days prior to date of surgery***Not reportable from HST***2. Complex spine patients that experience a fall within the ASC**

(G8910) 0

2a - 2i Patient Fall Detail

*Not reportable from HST***3. Complex spine patients that experience a fall after discharge but within 14 days of the procedure***Not reportable from HST*

3a - 3c Patient Fall Detail

*Not reportable from HST***4. Complex spine patients with nausea and/or vomiting at the ASC requiring intervention**

0 (Based on indicator code mapping)

5. Complex spine patients not discharged prior to midnight on the day of surgery

0

6. Complex spine admissions that were transferred or admitted *directly* to an acute care hospital including hospital emergency room upon discharge from the ASC

(G8914) 0

7. Complex spine admissions who had an emergency department visit within one day of discharge from the ASC

Not reportable from HST

8. Complex spine admissions who had an unplanned hospital admission within one day of discharge from the ASC

Not reportable from HST

9. Number of cancellations the ASC experienced on the patient's day of complex spine surgery after admission to the ASC

0

(Based on indicator code mapping)

10. Number of complex spine patients that required a return to surgery within 48 hours of discharge from the ASC for:

0

(Based on indicator code mapping)

Hematoma: _____ Hemorrhage: 0 _____ Other: _____

11. Complex spine admissions diagnosed with a new Venous Thromboembolism (VTE) within 30 days of surgery

0

(Based on indicator code mapping)

12. Percentage of complex spine patients satisfied with the overall care provided at the ASC

Not reportable from HST

13. Complex spine patients with a grievance within 30 days from date of surgery

Not reportable from HST

Ophthalmology

Printing Selection: From Date of Service=2/1/2021 To Date of Service=2/28/2021 Ophthalmology CPT = (66984,66982,66983)

Section I - Volume**1. Ophthalmic Encounters (Cases) By CPT**

15

CPT	CPT Description	Count
66982	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	8
66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	5
66984	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	12

2. Number of cataract encounters (cases)*Not reportable from HST***3. Type of anesthesia administered for ophthalmic encounters (cases) (check all that apply)**

Local/topical

Not reportable from HST

IV administered sedation

Not reportable from HST

PO sedation

Not reportable from HST

MKO Melt

Not reportable from HST

Bulbar blocks

Not reportable from HST

Other

*Not reportable from HST***4. Who administers IV sedation?***Not reportable from HST***5. Ophthalmic – ASA Level of Care**

Level 1	Level 2	Level 3	Level 4	Level 5
0	0	0	0	0

6. Ophthalmic – ASC Payer Mix

Aetna	Anthem/Blue Cross /Blue Shield	Cigna	Humana	Medicaid	Medicare
2	0	4	0	0	6

United Health Grp	Workers Compensation	Auto Insurance	Self-Pay	Other
0	3	0	4	6

Section II - Quality**1. a. Number of cataract surgery patients who had an
unplanned anterior vitrectomy**

G9389	0
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66982	8
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b. Number of cataract surgery patients for the following CPT code ranges:

66983	5
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66984	12
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2. a. Number of ophthalmic anterior segment surgery patients diagnosed with TASS within 2 days of surgery.

Not reportable from HST

b. Number of TASS patients for the following CPT CODE Ranges:

65400 - 65756	
65760 - 66986	
66999	

3. Type of compounding pharmacy used to purchase ophthalmic medications

Not reportable from HST

4. Percentage of ophthalmic patients satisfied with the overall care provided at the ASC

Not reportable from HST

5. Ophthalmic patients with a grievance within 30 days from date of surgery

Not reportable from HST