

# **STS** National Database™

**Trusted. Transformed. Real-Time.**

**Society of Thoracic Surgeons**

**Congenital Heart Surgery Database  
Monthly Webinar**

**February 15, 2022**

# CHSD Monthly Webinar

- Welcome and Introductions
- STS Update
- STS Education (Chasity Wellnitz, CHSD Consultant)
- IQVIA Update
- User Feedback
  - Include Ticket Number/Case Number



# STS Updates

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- **February Training Manual available on STS website**
- **2021 Harvest Update**
  - Data in analysis
  - Inbound file expected from DCRI end of February
  - Analysis results expected to be available mid-March
- **Spring 2022 Harvest Update**
  - Official STS communication to be sent by the end of this week

CHSD					
Harvest	Close	Opt-Out	Includes procedures performed through	Report Posting	Comments
Spring 2022	<del>March 11</del> <b>April 8</b>	<del>March 15</del> <b>April 12</b>	December 31, 2021	Summer 2022	
Fall 2022	September 16	September 20	June 30, 2022	Winter 2022	



# STS Updates



- **6.22 Data Version Upgrade**
  - Specs sent to vendors
  - Upgrade webinars are underway
    - DCF walk-through
    - Opportunity for questions
  - Next webinar scheduled for Feb. 22<sup>nd</sup> @ 12pmCT
    - Preop Labs through Diagnosis
  
- **2021 and 2022 Analysis Updates**
  - 2021 - Implementation of 3.41 'more granular codes'
  - 2021 – 3 additional Rules/exceptions (presented on previous webinars) to be implemented
  - Spring 2022 - Updated STAT Scores to be implemented
    - **Will be applied to entire 4-year analytic period**
    - **This includes OR dates 1/1/2018 - 12/31/2021**

(3460) Coarctation repair, Descending aorta anastomosed to Ascending aorta	(3470) Coarctation repair, Extra-anatomic Bypass graft
(3450) DORV - AVC (AVSD) repair	(3410) DORV repair, No Ventriculotomy
(3440) DORV repair, RV-PA conduit	(3420) DORV repair, Ventriculotomy, Nontransannular patch
(3430) DORV repair, Ventriculotomy, Transannular patch	(3330) TOF repair, Ventriculotomy, Transannular patch, plus native valve reconstruction
(3340) TOF repair, Ventriculotomy, Transannular patch, with monocusp or other surgically fashioned RVOT valve	(3380) Extended Ventricular Septoplasty (modified Konno, VSD creation and patch enlargement of LVOT, sparing aortic valve) for tunnel type sub aortic stenosis
(3390) LV Endocardial Fibroelastosis resection	(3360) PA, reconstruction (plasty), Branch, Peripheral (at or beyond the first lobar branch, beyond the first segmental branch)
(3350) PA, reconstruction (plasty), Branch, Peripheral (at or beyond the first lobar branch, proximal to first segmental branch)	(3370) RV Rehabilitation, Endocardial Resection
(3400) Double root translocation	



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Chasity Wellnitz

CHSD Consultant/Core Group

Phoenix Children's Hospital

# Webinar Discussion Topics

## **Procedure Definition Updates**

- Pericardial drainage procedure update
- PA banding clarification
- IAA + VSD repairs

# *Definitional Update:*

Pericardial drainage  
procedure

# ( 920) Pericardial drainage procedure

## ***Current TM definition:***

Pericardial drainage can include a range of therapies including, but not limited to: pericardiocentesis, pericardiostomy tube placement, pericardial window creation, and open pericardial drainage (pericardiotomy).

## ***Additional Operation Type Clarifications:***

- Procedure for cardiovascular disease:  
Operation type = No CPB Cardiovascular
- Procedure for cancer:  
Operation type = Thoracic



# ( 920) Pericardial drainage procedure

## ***Current TM definition:***

Pericardial drainage can include a range of therapies including, but not limited to: pericardiocentesis, pericardiostomy tube placement, pericardial window creation, and open pericardial drainage (pericardiotomy).

## ***New Operation Type Clarifications:***

When isolated pericardial drainage procedures are undertaken as part of, or as a direct result of a direct intervention to address congenital or acquired heart disease (which includes heart failure), the operation type for these isolated pericardial drainage procedures should be categorized as CPB or No-CPB (as the case may be) cardiovascular procedures. In all other instances, isolated pericardial drainage procedures should be categorized as Thoracic procedures (Ootype = Thoracic).

# Pericardial Drainage Procedure Logistics

## Definitional change

- Definition applied as of surgery dates on or after 02/01/2022
- Prior operations should be coded per the original definition

Do not recode  
previous  
operations in  
your data file

## Scenario:

Post liver transplant on 02/03/22, patient returns to the OR with bleeding. Cardiac surgeon called to the OR to perform a right atrial repair related to central line insertion. What is the Op type?

## *Pericardial Effusion Op Type*

Operation Type: **Thoracic**

- Not related to congenital or acquired heart disease or heart failure
- The surgery date for the right atrial repair is after 02/01/22

## Scenario:

Patient presents to CICU on 02/01/22 with acute onset dilated cardiomyopathy. While awaiting transplant, a large pericardial effusion is drained with CPB on standby. What is the Op type?

## *Pericardial Effusion Op Type*

Operation Type: **No CPB Cardiovascular**

- The pericardial drainage procedure was completed to manage heart failure
- The procedure was done without bypass (CPB)
- The date of surgery has no bearing on this operation type

# *Definition Clarification:*

PA banding vs.

Hybrid approach Stage 1

# PA Banding Procedure Codes

- (1640) PA banding (PAB)

Placement of a pulmonary artery band, any type

- (2160) Hybrid Approach "Stage 1", Application of RPA & LPA bands

A “Hybrid Procedure” is defined as a procedure that combines surgical and transcatheter interventional approaches. The term “Hybrid approach” is used somewhat differently than the term “Hybrid Procedure.” A “Hybrid approach” is defined as any of a group of procedures that fit into the general silo of procedures developed from the combined use of surgical and transcatheter interventional techniques. Therefore, not all procedures classified as “Hybrid approach” are truly “Hybrid Procedures.”

# Clarifications to PA Banding Procedures

- (1640) PA banding (PAB) - *unchanged*
- (2160) Hybrid Approach "Stage 1", Application of RPA & LPA bands – *clarified...*

***Hybrid approach is for the application of bilateral pulmonary artery bands with:***

- ductal stent to maintain ductal patency
- concomitant use of PGE to maintain ductal patency

**Placement of  
bilateral PA  
bands are not  
necessarily  
Hybrid  
approaches**

## Next Steps...

### PA Band Procedure Coding

#### TM Updates

- Clarify definition

#### Recoding of Data

- Small number of procedures likely coded incorrectly
- Site specific decision to recode previous procedures



# How to Recode PA Banding Procedures

- Identify operations where the primary procedure is:
  - (1640) PA banding (PAB)
  - (2160) Hybrid Approach "Stage 1", Application of RPA & LPA bands
- Review clinical documentation for existing ductal stent or PGE use (anesthesia collects preop and intraop meds)

Questions or  
Need Help:  
Submit an FAQ  
or call a friend

## 6.22 Implications: PA Banding Procedures

### New / Changed Procedure Codes

- **Changed code:** (1640) PA banding (PAB), Placement of main pulmonary artery band
- **New code:** PA banding (PAB), Placement of unilateral or bilateral branch PA band(s) without the need for concomitant PGE and/or ductal stent
- **Changed code:** (2160) Hybrid approach 'Stage 1' with application of RPA & LPA bands with concomitant PGE to maintain ductal patency

## 6.22 Implications: PA Banding Procedures

- **Changed code:** ( )  
pulmonary arter
- **New code:** PA ba  
branch PA band(s)  
ductal stent
- **Changed code:** ( )  
RPA & LPA bands

Cannot recode  
operations prior to  
6.22 go live

des

nt of main

eral or bilateral  
ant PGE and/or

with application of  
in ductal patency

## *PA Banding Procedure Coding*

### Scenario:

Should all bilateral PA band placements be coded as (2160) Hybrid approach 'Stage 1' rather than (1640) PA banding, regardless of anatomy?

### Scenario Answer: **No**

- If there was concomitant use of **PGE/ductal stent**, the procedure is ***(2160) Hybrid approach 'Stage 1', Application of RPA and LPA bands***
- If there was not concomitant use of PGE/ductal stenting, the procedure is ***(1640) PA banding***

## Scenario:

If a patient undergoes RPA and LPA banding placed surgically, but ultimately goes down a 2-ventricle pathway, should the procedure be coded as PA banding or Hybrid approach stage 1?

## *PA Banding Procedure Coding*

### **Procedure Code: Depends...**

- If there was concomitant use of **PGE/ductal stent**, the procedure is ***(2160) Hybrid approach ‘Stage 1’, Application of RPA and LPA bands***
- If there was not concomitant use of PGE/ductal stenting, the procedure is ***(1640) PA banding***

# *Definition Clarification:*

Interrupted aortic arch +  
VSD repair

# Interrupted Aortic Arch (IAA) Repair Coding

## Current Coding

**(1320) Interrupted aortic arch repair:** *Repair of interrupted aortic arch (any type) by any technique (direct anastomosis, prosthetic graft, etc.). Does not include repair of IAA-VSD.*

- When repaired with a VSD, current instruction is to code (1285 Aortic arch repair + VSD repair)
- Previously discussed at AQO to update this coding...

# Clarifications to IAA + VSD Repair Coding

## Interrupted aortic arch repair + VSD repair

- Code (1320) Interrupted aortic arch repair as the primary procedure
- Code the VSD repair as a secondary procedure
- Institutional decision to update previous operations

TM updates to include changes to IAA repairs and aortic arch repair + VSD repair procedures





**IQVIA Update**  
**Joe Brower**

# IQVIA Upcoming Report Enhancements

**The below is currently under release review by the IQVIA development team.  
Release Timing: TBD**

## **CHSD Primary Procedure Report**

- **STS-7662** – Report update will be implemented to update the priority of transplants when done in conjunction with Rule 1 Exception codes
- **STS-7666** – Report update will be implemented to update to include a new rule to address PVR procedures.
- **STS-7667** – Report will be updated to include new STAT codes on the report
- **STS-7678** – Report will be updated to consider VSD repair patch (110) as the primary when the report identifies a tie with the PFO, Primary closure (100) when done in conjunction with the Valvuloplasty, Tricuspid (460)

# IQVIA Upcoming Report Enhancements

**The below is currently under release review by the IQVIA development team.**

**Release Timing: TBD**

## **CHSD Risk Adjusted Report**

- **STS-7589** – Updates will be applied to Table 21 to remove results for VSD + Aortic Arch Hypoplasia and VSD + Coarctation of Aorta (1275 and 1285)

# IQVIA Library Resources

**The full list of CHSD known Issues are posted to the Library. Enhancements are still under review and will be updated once the list is finalized.**

# IQVIA Update

**Please note: Submitted tickets are currently under review and the IQVIA support team will follow up on resolution and/or target release confirmation.**

**The IQVIA Team is currently reviewing items that will be released in an upcoming release. Those items will be posted to the Notifications section.**



# Analysis Report Questions

- Please contact IQVIA Support
  - [chsdsupport@iqvia.com](mailto:chsdsupport@iqvia.com)
- STS/DCRI will be looped in as needed when tickets are escalated to Tier 2



# Contact Information

Leigh Ann Jones, STS  
National Database Manager,  
Congenital and General  
Thoracic

- [Ljones@sts.org](mailto:Ljones@sts.org)
- 312-202-5822

Database Operational  
Questions

- [STSDB@sts.org](mailto:STSDB@sts.org)

# Upcoming CHSD Webinars

## Monthly Webinar

- March 15 @ 12pm CT

## Upgrade Webinars

- February 22 @ 12pm CT
- March 1 @ 12pm CT
- March 8 @ 12pm CT





# Open Discussion



Please use the Q&A Function.



We will answer as many questions as possible.



We encourage your feedback and want to hear from you!



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THANK YOU FOR JOINING!