

# 1 - HST8QA02 Laurel Scrub Surgery

## 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
Radiology 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 *Not reportable from HST*
- 2. Number of Burns (G8908) 0  
 2a - 2i Patient Burn Detail *Not reportable from HST*
- 3. Transfer to Acute Care or Hospital (G8914) 0
- 4. Wrong Side, Site, etc (G8912) 0

**Part 2: Quality Measures Reported to Medicare**

Normothermia Outcome

1. A. Patients who met normothermia

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 Medicare**

Toxic 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*



**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/PROXIMAL FEMORAL PROSTHESIS	6
27447	ARTHROPLASTY KNEE CONDYLE AND PLATAU 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		Cigna	Humana	Medicaid	Medicare
Aetna	/Blue Shield				
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**

Anthem/Blue Cross		Cigna	Humana	Medicaid	Medicare
Aetna	/Blue Shield				
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*