

Difficult Data Definitions and Scenario's

Presenter Disclosure Information

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To following relationships exist related to this
presentation:

No Disclosures

Objectives

- Discuss key data element definitions
- Discuss how key data elements related to specific metrics
- Demonstrate knowledge of data elements through participation with ARS

Cath Lab Visit

(Complete for Each Cath Lab Visit)

D. Cath Lab Visit (Completes For Each Cath Lab Visit)			
CLINICAL EVALUATION LEADING TO THE PROCEDURE			
CAD Presentation ⁵⁰⁰² : <input type="radio"/> No Sx, no angina (14 days) <input type="radio"/> Sx unlikely to be ischemic (14 days) <input type="radio"/> Stable angina (42 days)			
<input type="radio"/> Unstable angina (42 days) <input type="radio"/> Non-STEMI (7 days) <input type="radio"/> STEMI (7 days)			
→ If STEMI or Non-STEMI, Symptom Onset Date/Time ^{5002, 5000} (7 days): _____ <input type="checkbox"/> Time Estimated ⁵⁰⁰² <input type="checkbox"/> Time Not Available ⁵⁰⁰²			
→ If STEMI, Thrombolysis ⁵⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Start Date/Time ^{5002, 5003} : _____			
Anginal Classification w/in 2 Weeks ⁵⁰⁰² : <input type="radio"/> No symptoms <input type="radio"/> CCS I <input type="radio"/> CCS II <input type="radio"/> CCS III <input type="radio"/> CCS IV			
Anti-Anginal meds w/in 2 Weeks ⁵⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Type (check all that apply):			
<input type="checkbox"/> Beta Blockers ⁵⁰²⁹ <input type="checkbox"/> Ca Channel Blockers ⁵⁰²⁷ <input type="checkbox"/> Long Acting Nitrates ⁵⁰²⁸ <input type="checkbox"/> Ranolazine ⁵⁰²⁵ <input type="checkbox"/> Other ⁵⁰²⁰			
Heart Failure w/in 2 Weeks ⁵⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, NYHA Class w/in 2 Weeks ⁵⁰⁰² : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV			
Cardiomyopathy or LV Systolic Dysfunction ⁵⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Cardiogenic Shock w/in 24 Hours ⁵⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes			
Pre-operative Evaluation Before Non-Cardiac Surgery ⁵⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Cardiac Arrest w/in 24 Hours ⁵⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes			

CAD Presentation

Seq#5000

CAD Presentation ⁵⁰⁰² : <input type="radio"/> No Sx, no angina (14 days) <input type="radio"/> Sx unlikely to be ischemic (14 days) <input type="radio"/> Stable angina (42 days)	
<input type="radio"/> Unstable angina (42 days) <input type="radio"/> Non-STEMI (7 days) <input type="radio"/> STEMI (7 days)	
Seq. #: 5000 Name: CAD Presentation	
Coding Instructions: Indicate the patient's coronary artery disease (CAD) presentation. Choose the worst status.	
Notes:	
If this is a repeat visit to the cath lab during the same episode of care, code the CAD presentation based on the patient's clinical status prior to the subsequent procedure.	
If the patient presents with atypical symptoms of myocardial ischemia (i.e., only shortness of breath, upper abdominal pain, left arm pain, etc.) that is known and documented to be myocardial ischemia, and is considered to be an anginal equivalent, code the selection that fits their presentation. If these symptoms are not thought to be or have not been proven to be the anginal equivalent, code "Symptom unlikely to be ischemic."	
If this is a subsequent episode of care (within 7 days), do not code the CAD Presentation from the previous episode of care.	
For STEMI and NSTEMI, code the highest value within 1 week of the current procedure.	
Target Value: The highest value between 7 days prior to arrival and current procedure	

Anginal Classification w/in 2 Weeks

Seq#5020

Anginal Classification w/in 2 Weeks ⁵⁰⁰² : <input type="radio"/> No symptoms <input type="radio"/> CCS I <input type="radio"/> CCS II <input type="radio"/> CCS III <input type="radio"/> CCS IV	
Seq. #: 5020 Name: Anginal Classification w/in 2 Weeks	
Selection Text	Definition
No symptoms, no angina	The patient has no symptoms, no angina.
CCS I	Ordinary physical activity does not cause angina; for example walking or climbing stairs, angina occurs with strenuous or rapid or prolonged exertion at work or recreation.
CCS II	Slight limitation of ordinary activity; for example, angina occurs walking or stair climbing after meals, in cold, in wind, under emotional stress or only during the few hours after awakening, walking more than two blocks on the level or climbing more than one flight of ordinary stairs at a normal pace and in normal conditions.
CCS III	Marked limitation of ordinary activity; for example, angina occurs walking one or two blocks on the level or climbing one flight of stairs in normal conditions and at a normal pace.
CCS IV	Inability to carry on any physical activity without discomfort - angina syndrome may be present at rest.

Section D Cath Lab Visit

Seq#5000 CAD Presentation

Documentation:

- Patient presents to ED c/o one week 'discomfort' with moderate activity
- EKG and cardiac enzymes are negative for MI
- Presents to the cath lab the next day for tx of 'Unstable Angina, CCS IV'
- No stress or imaging studies are performed
- Patient has been pain free since ED presentation on a NTG drip

What is the CAD Presentation (Seq#5000) for the cath lab visit?

1. No Sx, No Angina
2. Sx unlikely to be ischemic
3. Stable Angina
4. Unstable Angina
5. Non-STEMI
6. STEMI

What is the CAD Presentation (Seq#5000) for the cath lab visit?

Documentation:

- Patient presents to ED c/o one week 'discomfort' with moderate activity
- Presents to the cath lab the next day for tx of 'Unstable Angina CCS IV'
- Patient has been pain free since ED presentation on a NTG drip

Question:

- 1.) No Sx, No Angina
- 2.) Sx unlikely to be ischemic
- 3.) Stable Angina
- 4.) Unstable Angina
- 5.) Non-STEMI
- 6.) STEMI

Section D Cath Lab Visit

Seq#5020 Anginal Classification

Documentation:

- Patient presents to ED c/o one week 'discomfort' with moderate activity
- EKG and cardiac enzymes are negative for MI
- Presents to the cath lab the next day for tx of 'Unstable Angina, CCS IV'
- No stress or imaging studies are performed
- Patient has been pain free since ED presentation on a NTG drip

What is the Anginal Classification w/in 2 Weeks Seq#5020?

1. No symptoms, no angina
2. CCS I – no pain with ordinary activity
3. CCS II – slight limitation of ordinary activity
4. CCS III – marked limitation of ordinary activity
5. CCS IV – inability to carry on any physician activity

What is the Anginal Classification w/in 2 Weeks Seq#5020?

Documentation:

- Patient presents to ED c/o one week 'discomfort' with moderate activity
- Presents to the cath lab the next day for tx of 'Unstable Angina CCS IV'
- Patient has been pain free since ED presentation on a NTG drip

Question:

1. No symptoms, no angina
2. CCS I – no pain with ordinary activity
3. CCS II – slight limitation of ordinary activity
4. CCS III – marked limitation of ordinary activity
5. CCS IV – inability to carry on any physician activity

Section D Cath Lab Visit

Seq#5000 CAD Presentation

Documentation:

- Patient presents to ED c/o one week 'discomfort' with moderate activity
- EKG and cardiac enzymes are negative for MI
- Presents to the cath lab the next day for tx of 'Unstable Angina, CCS IV'
- No stress or imaging studies are performed
- Patient has been pain free since ED presentation on a NTG drip
- Cath reveals 3 vessel disease with critical left main lesion
- CABG is recommend
- Evaluation by CV Surgeon
- Pt declines CABG returns to cath lab the next day for high-risk LM intervention

What is the CAD Presentation

(Seq#5000) for the PCI?

1. No Sx, No Angina
2. Sx unlikely to be ischemic
3. Stable Angina
4. Unstable Angina
5. Non-STEMI
6. STEMI

What is the CAD Presentation

(Seq#5000) for the PCI?

Documentation:

- Previous cath presentation of 'Unstable Angina, CCS IV'
- Patient has been pain free since ED presentation on a NTG drip
- Cath reveals 3 vessel disease with critical left main lesion
- CABG is recommend
- Evaluation by CV Surgeon
- Pt declines CABG returns to cath lab the next day for high-risk LM intervention

Question:

1. No Sx, No Angina
2. Sx unlikely to be ischemic
3. Stable Angina
4. Unstable Angina
5. Non-STEMI
6. STEMI

Section D Cath Lab Visit

Seq#5020 Anginal Classification

Documentation:

- Patient presents to ED c/o one week 'discomfort' with moderate activity
- EKG and cardiac enzymes are negative for MI
- Presents to the cath lab the next day for tx of 'Unstable Angina, CCS IV'
- No stress or imaging studies are performed
- Patient has been pain free since ED presentation on a NTG drip
- Cath reveals 3 vessel disease with critical left main lesion
- CABG is recommend
- Evaluation by CV Surgeon
- Pt declines CABG returns to cath lab the next day for high-risk LM intervention

What is the Anginal Classification w/in 2 Weeks for PCI?

1. No symptoms, no angina
2. CCS I – no pain with ordinary activity
3. CCS II – slight limitation of ordinary activity
4. CCS III – marked limitation of ordinary activity
5. CCS IV – inability to carry on any physician activity

What is the Anginal Classification w/in 2 Weeks for PCI?

Documentation:

- Patient presents to ED c/o one week 'discomfort' with moderate activity
- Presents to the cath lab the next day for tx of 'Unstable Angina CCS IV'
- Patient has been pain free since ED presentation on a NTG drip

Question:

1. No symptoms, no angina
2. CCS I – no pain with ordinary activity
3. CCS II – slight limitation of ordinary activity
4. CCS III – marked limitation of ordinary activity
5. CCS IV – inability to carry on any physician activity

Section D Cath Lab Visit

Seq#5000 CAD Presentation

Documentation:

- 65 yr old patient, presents to ED c/o one week of escalating chest pain
- Awoke in AM with 'crushing' chest pain
- On arrival at 10am ECG shows ST elevation lead II, III with STEMI diagnosis
- Immediate PCI for STEMI mid RCA lesion
- 3 vessel disease is diagnosed
- Overnight in ICU pain free
- Staged for PCI for prox LAD lesion

What is the CAD Presentation
(Seq#5000) for the first cath lab visit?

1. No Sx, No Angina
2. Sx unlikely to be ischemic
3. Stable Angina
4. Unstable Angina
5. Non-STEMI
6. STEMI

What is the CAD Presentation
(Seq#5000) for the first cath lab visit?

Documentation:

- 65 yr old patient, presents to ED c/o one week of escalating chest pain
- Awoke in AM with 'crushing' chest pain
- ECG on arrival at 10am shows ST elevation lead II, III with STEMI diagnosis
- Immediate PCI for STEMI mid RCA lesion

Question:

1. No Sx, No Angina
2. Sx unlikely to be ischemic
3. Stable Angina
4. Unstable Angina
5. Non-STEMI
6. STEMI

Section D Cath Lab Visit**Seq#5005/5006 Symptom Onset Date/Time****Documentation:**

- 65 yr old patient, presents to ED c/o intermittent chest pain x1 week
- Awoke in AM with 'crushing' chest pain
- ECG on arrival at 10am shows ST elevation lead II, III with STEMI diagnosis
- Immediate PCI for STEMI mid RCA lesion
- 3 vessel is diagnosed
- Overnight in ICU pain free
- Staged for PCI for prox LAD lesion

What is the Symptom Onset
Date/Time? Seq#5005/5006

1. 0700
2. One week
3. On arrival
4. Select Seq#5008 Time Not Available
5. Unknown, leave blank

What is the Symptom Onset
Date/Time? Seq#5005/5006

Documentation:

- 65 yr old patient, presents to ED c/o intermittent chest pain x1 week
- Awoke in AM with 'crushing' chest pain
- ECG on arrival at 10am shows ST elevation lead II, III with STEMI diagnosis
- Immediate PCI for STEMI

Question:

1. 0700
2. One week
3. On arrival
4. Select Seq#5008 Time Not Available
5. Unknown, leave blank

Section D Cath Lab Visit

Seq#5000 CAD Presentation

Documentation:

- 65 yr old patient, presents to ED c/o intermittent chest pain x1 week
- Awoke in AM with 'crushing' chest pain
- On arrival at 10am ECG shows ST elevation lead II, III with STEMI diagnosis
- Immediate PCI for STEMI mid RCA lesion
- 3 vessel is diagnosed
- Overnight in ICU pain free
- Staged for PCI for prox LAD lesion

What is the CAD Presentation
(Seq#5000) for the 2nd cath lab visit?

1. No Sx, No Angina
2. Sx unlikely to be ischemic
3. Stable Angina
4. Unstable Angina
5. Non-STEMI
6. STEMI

What is the CAD Presentation
(Seq#5000) for the 2nd cath lab visit?

Documentation:

- On arrival at 10am ECG shows ST elevation lead II, II with STEMI diagnosis
- Immediate PCI for STEMI mid RCA lesion
- Overnight in ICU pain free
- Staged for PCI for prox LAD lesion

Question:

1. No Sx, No Angina
2. Sx unlikely to be ischemic
3. Stable Angina
4. Unstable Angina
5. Non-STEMI
6. STEMI

Section D Cath Lab Visit

Seq#5000 CAD Presentation

Documentation:

- STEMI diagnosed on arrival with elevated CKMBs
- Nausea and constant chest pain since 3pm
- Initial ECG – Inferior ST elevation in II, III and aVF and 2mm ST depression in I and aVL. Q waves in leads III and aVF
- On and off chest pain since 5am the previous day
- Sycopal episode with nausea the previous day
- STEMI documented but 'appears to have happened yesterday'
- Emergently to lab, Immediate PCI

What is the CAD Presentation?

Seq#5000

1. No Sx, No Angina
2. Sx unlikely to be ischemic
3. Stable Angina
4. Unstable Angina
5. Non-STEMI
6. STEMI

What is the CAD Presentation?

Seq#5000

Documentation:

- STEMI diagnosed on arrival with elevated CKMBs
- Initial ECG – Inferior ST elevation in II, III and aVF and 2mm ST depression in I and aVL. Q waves in leads III and aVF
- STEMI documented but 'appears to have happened yesterday'

Question:

1. No Sx, No Angina
2. Sx unlikely to be ischemic
3. Stable Angina
4. Unstable Angina
5. Non-STEMI
6. STEMI

Section D Cath Lab Visit**Seq#5005/5006 Sx Onset Date/Time****Documentation:**

- STEMI diagnosed on arrival with elevated CKMBs
- Nausea and constant chest pain since 3pm
- Initial ECG – Inferior ST elevation in II, III and aVF and 2mm ST depression in I and aVL. Q waves in leads III and aVF
- On and off chest pain since 5am the previous day
- Sycopal episode with nausea the previous day
- STEMI documented but 'appears to have happened yesterday'
- Emergently to lab, Immediate PCI

What is the Symptom Onset
Date/Time? Seq#5005/5006

1. Time of arrival
2. 2 days ago
3. 3pm
4. 5am
5. Select 'Time Unavailable'

What is the Symptom Onset
Date/Time? Seq#5005/5006

Documentation:

- STEMI diagnosed on arrival with elevated CKMBs
- Nausea and constant chest pain since 3pm
- On and off chest pain since 5am the previous day
- STEMI documented but 'appears to have happened yesterday'

Question:

1. Time of arrival
2. 2 days ago
3. 3pm
4. 5am
5. Select 'Time Unavailable'

Section D Cath Lab Visit

Seq#5000 CAD Presentation

Documentation:

- Patient presents with chest pain ECG shows Sinus tachycardia, LBBB, Abnormal EKG
- No ECG for comparison
- ER physician documents "does not meet Sgarbosa criteria"
- Cardiologist states he will not take patient to cath lab unless the Cardiac enzymes are elevated

Has the definition been met to code
STEMI for Seq#5000 CAD
Presentation?

1. Yes
2. No

Has the definition been met to code
STEMI for Seq#5000 CAD
Presentation?

Documentation:

- PT presents with chest pain ECG shows Sinus tachycardia, LBBB, Abnormal EKG
- No ECG for comparison
- ER physician documents "does not meet Sgarbosa criteria"
- Cardiologist states he will not take patient to cath lab unless the Cardiac enzymes are elevated

Question:

1. Yes
2. No

Section D Cath Lab Visit

Seq#5000 CAD Presentation

Documentation:

- Patient presents with cardiomyopathy, dyspnea on exertion has to stop every 100 feet
- Increasing dyspnea over past month
- Complaints of palpitations and dizziness
- Lexiscan MPI shows normal perfusion
- No documented 'angina'

What is the CAD Presentation?

Seq#5000

1. No Sx, No Angina
2. Sx unlikely to be ischemic
3. Stable Angina
4. Unstable Angina
5. Non-STEMI
6. STEMI

What is the CAD Presentation?

Seq#5000

Documentation:

- Patient presents with cardiomyopathy, dyspnea on exertion has to stop every 100 feet
- Increasing dyspnea over past month
- Complaints of palpitations and dizziness
- Lexiscan MPI shows normal perfusion
- No documented 'angina'

Question:

1. No Sx, No Angina
2. Sx unlikely to be ischemic
3. Stable Angina
4. Unstable Angina
5. Non-STEMI
6. STEMI

What is the Anginal Classification w/in 2 Weeks Seq#5020?

1. No symptoms, no angina
2. CCS I – no pain with ordinary activity
3. CCS II – slight limitation of ordinary activity
4. CCS III – marked limitation of ordinary activity
5. CCS IV – inability to carry on any physician activity

What is the Anginal Classification w/in 2 Weeks Seq#5020?

Documentation:

- Patient presents with cardiomyopathy, dyspnea on exertion has to stop every 100 feet
- Increasing dyspnea over past month
- Complaints of palpitations and dizziness
- No documented 'angina'

Question:

1. No symptoms, no angina
2. CCS I – no pain with ordinary activity
3. CCS II – slight limitation of ordinary activity
4. CCS III – marked limitation of ordinary activity
5. CCS IV – inability to carry on any physician activity

Cath Lab Visit (Complete for Each Cath Lab Visit)

D. CATH LAB VISIT (COMPLETE FOR EACH CATH LAB VISIT)	
CLINICAL EVALUATION LEADING TO THE PROCEDURE	
CAD Presentation ¹⁰⁰² :	<input type="radio"/> No Sx's, no angina (1st step) <input type="radio"/> Unstable angina (4th step)
	<input type="radio"/> Sx unlikely to be ischemic (1st step) <input type="radio"/> Non-STEMI (2nd step)
	<input type="radio"/> Stable angina (4th step) <input type="radio"/> STEMI (2nd step)
<input type="checkbox"/> If STEMI or Non-STEMI, Symptom Onset Date/Time ^{1006, 1009} (7 days) <input type="checkbox"/> Time Estimated ¹⁰⁰⁷ <input type="checkbox"/> Time Not Available ¹⁰⁰⁸	
<input type="checkbox"/> If STEMI, Thrombolytics ¹⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Start Date/Time ^{1010, 1012}	
Anginal Classification w/in 2 Weeks ¹⁰⁰² : <input type="radio"/> No symptoms <input type="radio"/> CCS I <input type="radio"/> CCS II <input type="radio"/> CCS III <input type="radio"/> CCS IV	
Anti-Anginal meds w/in 2 Weeks ¹⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Type (check all that apply):	
<input type="checkbox"/> Beta Blockers ¹⁰²⁹ <input type="checkbox"/> Ca Channel Blockers ¹⁰²⁷ <input type="checkbox"/> Long Acting Nitrates ¹⁰²⁸ <input type="checkbox"/> Ranolazine ¹⁰²⁹ <input type="checkbox"/> Other ¹⁰³⁰	
Heart Failure w/in 2 Weeks ¹⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, NYHA Class w/in 2 Weeks ¹⁰⁰² : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV	
Cardiomyopathy or LV Systolic Dysfunction ¹⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes	
Cardiac Arrest w/in 24 Hours ¹⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes	
Pre-operative Evaluation Before Non-Cardiac Surgery ¹⁰⁰² : <input type="radio"/> No <input type="radio"/> Yes	

Heart Failure w/in 2 Weeks

Seq#5040

Heart Failure w/in 2 Weeks ⁽⁵⁰⁴⁰⁾ :	<input type="radio"/> No	<input type="radio"/> Yes
→ If Yes, NYHA Class w/in 2 Weeks ⁽⁵⁰⁴⁰⁾ :	<input type="radio"/> Class I	<input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV

Seq. #: 5040 Name: Heart Failure w/in 2 Weeks

Coding Instructions: Indicate if there is physician documentation or report that the patient has been in a state of heart failure within the past 2 weeks.

Note(s):

If this is a subsequent episode of care (within 2 weeks), do not code the Heart Failure w/in 2 Weeks(5040) from the previous episode of care.

Target Value: Any occurrence between 2 weeks prior to current procedure and current procedure

Selections: Selection Text Definition

No

Yes

Section D Cath Lab Visit

Seq#5040 Heart Failure w/in 2 Weeks

Documentation:

- Patient has a known history of heart failure
- Daily Furosemide
- ED echo reports the LVEF is 35%
- Physician dictates this is a 'worsening' of the patients cardiac function from a previous report
- Identifies cardiomyopathy as a reason for the cath lab procedure
- Lung sounds are documented as 'clear'

How is Seq#5040 Heart Failure w/in 2 Weeks coded?

1. Yes
2. No

How is Seq#5040 Heart Failure w/in 2 Weeks coded?

Documentation:

- Patient has a known history of heart failure, daily Furosemide
- ED echo reports the LVEF is 35%
- Physician dictates this is a 'worsening' of the patients cardiac function from a previous report
- Identifies cardiomyopathy as a reason for the cath lab procedure
- Lung sounds are documented as 'clear'

Question:

1. Yes
2. No

Section D Cath Lab Visit

Seq#5040 Heart Failure within 2 Weeks

Documentation:

- Patient presents with acute Inferior STEMI s/p defibrillation and intubation in the field
- Emergently to lab for PCI
- Initial exam NO JVD, S3 or peripheral edema; lung sounds clear
- Echo post procedure EF is 35-40%.
- The day after the cath the MD documents Acute Systolic heart failure

How is Seq#5040 Heart Failure within 2 Weeks coded?

1. Yes
2. No

How is Seq#5040 Heart Failure within 2 Weeks coded?

Documentation:

- Patient presents with acute Inferior STEMI s/p defibrillation and intubation in the field
- Emergently to lab for PCI
- Initial exam NO JVD, S3 or peripheral edema; lung sounds clear
- Echo post procedure EF is 35-40%.
- The day after the cath the MD documents Acute Systolic heart failure

Question:

- 1.) Yes
- 2.) No

Section D Cath Lab Visit

Seq#5040 Heart Failure within 2 Weeks

Documentation:

- Patient is hospitalized at facility A for STEMI
- Emergently treated with PCI
- Post procedure, while supine, pt becomes SOB with scattered rales
- Furosemide 40mg IV
- No prior hx of HF
- Transferred to facility B for staged PCI

How is Seq#5040 Heart Failure within 2 Weeks coded at Facility B?

1. Yes
2. No

How is Seq#5040 Heart Failure within 2 Weeks coded?

Documentation:

- Emergently treated with PCI
- Post procedure, while supine, pt becomes SOB with scattered rales
- Furosemide 40mg IV
- No prior hx of HF
- Transferred to facility B for staged PCI

Question:

1. Yes
2. No

NYHA Class w/in 2 Weeks Seq#5045

Heart Failure w/in 2 Weeks ⁵⁰⁴⁰ :	<input type="radio"/> No	<input type="radio"/> Yes
→ If Yes, NYHA Class w/in 2 Weeks ⁵⁰⁴⁵ :	<input type="radio"/> Class I	<input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV

Seq. #: 5045 Name: NYHA Class w/in 2 Weeks

Coding Instructions: Indicate the patient's worst dyspnea or functional class, coded as the New York Heart Association (NYHA) classification within the past 2 weeks.

Target Value: The highest value between 2 weeks prior to current procedure and current procedure

New York Heart Association Classification

Class I	
Class II	
Class III	
Class IV	Patient has symptoms at rest that increase with any physical activity. Patient has cardiac disease resulting in inability to perform any physical activity without discomfort. Symptoms may be present even at rest. If any physical activity is undertaken, discomfort is increased.

Section D Cath Lab Visit

Seq#5045 NYHA Class 2/in Weeks

- Patient is hospitalized at facility A for STEMI
- Emergently treated with PCI
- Post procedure, while supine, pt becomes SOB with scattered rales
- Furosemide 40mg IV
- No prior hx of HF
- Transferred to facility B for staged PCI

How is Seq#5045 NYHA Class
Coded at Facility B?

1. Class I
2. Class II
3. Class III
4. Class IV

How is Seq#5045 NYHA Class
Coded at Facility B?

Documentation:

- Patient is hospitalized at facility A for STEMI
- Emergently treated with PCI
- Post procedure, while supine, pt becomes SOB with scattered rales
- Furosemide 40mg IV
- No prior hx of HF
- Transferred to facility B for staged PCI

Question:

1. Class I
2. Class II
3. Class III
4. Class IV

Section D Cath Lab Visit

Seq#5040 Heart Failure within 2 Week

Documentation:

- Patient is admitted with HF 'Yes' is coded for Seq#5040
- Receives PCI for Unstable Angina presentation
- Second staged PCI performed the following week, during same episode of care
- No HF symptoms prior to 2nd PCI but HF symptoms were within two weeks

How is Seq#5040 Heart Failure within 2 Weeks coded?

Documentation:

- Patient is admitted with HF 'Yes' is coded for Seq#5040
- Receives PCI for Unstable Angina presentation
- Second staged PCI performed the following week, during same episode of care
- No HF symptoms prior to 2nd PCI but HF sx within two weeks

Question:

1. Yes
2. No

Cath Lab Visit

(Complete for Each Cath Lab Visit)

D. CATH LAB VISIT (COMPLETE FOR EACH CATH LAB VISIT)	
CLINICAL EVALUATION LEADING TO THE PROCEDURE	
CAD Presentation ¹⁰⁰¹ :	<input type="radio"/> No Sx, no angina (1st stage) <input type="radio"/> Unstable angina (1st stage)
	<input type="radio"/> Sx unlikely to be ischemic (1st stage) <input type="radio"/> Non-STEMI (2nd stage)
	<input type="radio"/> Stable angina (1st stage) <input type="radio"/> STEMI (2nd stage)
<input type="checkbox"/> If STEMI or Non-STEMI, Symptom Onset Date/Time ^{1001, 1002} (if date): <input type="checkbox"/> Time Estimated ¹⁰⁰¹ <input type="checkbox"/> Time Not Available ¹⁰⁰¹	
<input type="checkbox"/> If STEMI, Thrombolytics ¹⁰⁰¹ : <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> If Yes, Start Date/Time ^{1001, 1002}	
Anginal Classification w/in 2 Weeks ¹⁰⁰¹ : <input type="radio"/> No symptoms <input type="radio"/> CCS I <input type="radio"/> CCS II <input type="radio"/> CCS III <input type="radio"/> CCS IV	
Anti-Anginal meds w/in 2 Weeks ¹⁰⁰¹ : <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> If Yes, Type (check all that apply):	
<input type="checkbox"/> Beta Blockers ¹⁰⁰¹ <input type="checkbox"/> Ca Channel Blockers ¹⁰⁰¹ <input type="checkbox"/> Long Acting Nitrates ¹⁰⁰¹ <input type="checkbox"/> Ranolazine ¹⁰⁰¹ <input type="checkbox"/> Other ¹⁰⁰¹	
Heart Failure w/in 2 Weeks ¹⁰⁰¹ : <input type="radio"/> No <input type="radio"/> Yes	
<input type="checkbox"/> If Yes, NYHA Class w/in 2 Weeks ¹⁰⁰¹ : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV	
Cardiomyopathy or LV Systolic Dysfunction ¹⁰⁰¹ : <input type="radio"/> No <input type="radio"/> Yes	
Cardiogenic Shock w/in 24 Hours ¹⁰⁰¹ : <input type="radio"/> No <input type="radio"/> Yes	
Pre-operative Evaluation Before Non-Cardiac Surgery ¹⁰⁰¹ : <input type="radio"/> No <input type="radio"/> Yes	
Cardiac Arrest w/in 24 Hours ¹⁰⁰¹ : <input type="radio"/> No <input type="radio"/> Yes	

Cardiogenic Shock w/in 24 Hours

Seq#5060

 Cardiogenic Shock w/in 24 Hours⁵⁰⁶⁰: ☐ No ☐ Yes

Supporting Definitions: Cardiogenic Shock:

Cardiogenic shock is defined as a sustained (>30 minutes) episode of systolic blood pressure <90 mm Hg, and/or cardiac index <2.2 L/min/m² determined to be secondary to cardiac dysfunction, and/or the requirement for parenteral inotropic or vasopressor agents or mechanical support (e.g., Intra aortic balloon pump (IABP), extracorporeal circulation, ventricular assist devices) to maintain blood pressure and cardiac index above those specified levels.

Note: Transient episodes of hypotension reversed with IV fluid or atropine do not constitute cardiogenic shock. The hemodynamic compromise (with or without extraordinary supportive therapy) must persist for at least 30 minutes.

Section D Cath Lab Visit

Seq#5060 Cardiogenic Shock w/in 24 Hours

Documentation:

- Patient had out of hospital arrest @1700
- CPR with defibrillated 3 times
- Intubated
- Arrived in our ER after 10min of CPR
- No inotropes or vasopressors given
- 1st BP 113/65 was never any lower

How is Seq#5060 Cardiogenic Shock w/in 24 Hours coded?

1. No
2. Yes
3. Leave blank

How is Seq#5060 Cardiogenic Shock w/in 24 Hours coded?

Documentation:

- Patient had out of hospital arrest @1700
- CPR with defibrillated 3 times
- Intubated
- Arrived in our ER after 10min of CPR
- No inotropes or vasopressors given
- 1st BP 113/65 was never any lower

Question:

1. No
2. Yes
3. Leave blank

Section D Cath Lab Visit

Seq#5060 Cardiogenic Shock w/in 24 Hours

Documentation:

- Patient has out of hospital cardiac arrest with subsequent cardiogenic shock.
- ECG +STEMI → Emergent PCI to culprit lesion
- The following morning, patient c/o chest pain → cath lab CAD Presentation USA
- PCI for partial re-occlusion of culprit lesion

How is Seq#5060 Cardiogenic Shock w/in 24 Hours coded for the second cath lab visit?

1. No
2. Yes
3. Leave blank

How is Seq#5060 Cardiogenic Shock w/in 24 Hours coded for the second cath lab visit?

Documentation:

- Patient has out of hospital cardiac arrest with subsequent cardiogenic shock.
- ECG +STEMI → Emergent PCI to culprit lesion (first cath lab visit)
- The following morning, patient c/o chest pain → cath lab CAD Presentation USA
- PCI for partial re-occlusion of culprit lesion (second cath lab visit)

Question:

1. No
2. Yes
3. Leave blank



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