

## Office of Statewide Health Planning and Development

**Healthcare Quality and Analysis Division**

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**CCORP Bulletin 04-01**

To: All CCORP Hospitals

Subject: **Changes in CCORP isolated CABG definition**

This bulletin is to inform you of changes in the definition of the isolated CABG data element resulting from the Clinical Advisory Panel Meeting that was held on July 26, 2004.

The Clinical Advisory Panel made the following revisions to the definition of isolated CABG:

- Amputation of any part of an extremity, when performed concurrently with CABG, is considered non-isolated CABG surgery.
- Thymectomy or thyroidectomy, when performed concurrently with CABG, is considered isolated CABG surgery.
- Only complete Maze procedures, not partial or 'mini Maze' procedures, when performed concurrently with CABG is considered non-isolated CABG surgery.
- Certain lung excisions performed concurrently with CABG will be considered isolated CABG surgery.

Please refer to Attachment A for the revised CCORP isolated CABG definition. Changes are underlined.

We are working on revising the CCORP regulations to reflect these changes, but this is a lengthy process. In the meantime, please be aware that these changes will be applied retrospectively to CCORP data submissions beginning in 2003. Hospitals will have an opportunity to review and make changes to their 2003 isolated CABG coding when they receive their Data Discrepancy Report (DDR) this Fall. The DDR is a data verification process in which CCORP data are linked with OSHPD Patient Discharge Data (PDD) and hospitals are asked to verify submitted data through chart review when discrepancies between the data sources occur. More information will be available this Fall on the data verification process.

For the 2004 January–June CCORP data submission, it is important that hospitals now apply the above changes to their coding of isolated CABG. The January–June 2004 CCORP data is due to OSHPD by September 29, 2004.

Please call (916) 322-9137 or email [Hchan@oshpd.state.ca.us](mailto:Hchan@oshpd.state.ca.us) with any questions regarding this letter.

Sincerely,



Hilva Chan  
CABG Programs Data Manager  
Encl.



## Attachment A

### CCORP Isolated CABG Definition

#### **Definition/Description:**

When any of the procedures listed in Section A is performed concurrently with the coronary artery bypass surgery, the surgery will be considered non-isolated and the data element coded 'No'. It is not possible to list all procedures because cases can be complex and clinical definitions are not always precise. When in doubt, the data abstractor should first seek an opinion from the responsible surgeon and then consult CCORP.

#### **Section A (Excluded):**

- Any aortic aneurysm repair (abdominal or thoracic)
- Aorta-iliac-femoral bypass
- Aorta-renal bypass
- Aorta-subclavian-carotid bypass
- Caval-pulmonary artery anastomosis
- Coronary artery fistula
- Endarterectomy of aorta
- Excision of aneurysm of heart
- Extracranial-intracranial (EC-IC) vascular bypass
- Head and neck, intracranial endarterectomy
- Heart transplantation
- Implantation of cardiomyostimulation system (Note: Refers to cardiomyoplasty systems only, not other heart-assist systems such as pacemakers or internal cardiac defibrillators (ICDs))
- Mastectomy for breast cancer (not simple breast biopsy)
- [Full surgical Maze procedures. Requires that the left atrium be opened to create the 'maze' with incisions. Does not include "mini" Maze procedures limited to pulmonary vein isolation and/or amputation of the left atrial appendage.](#)
- Operations on structures adjacent to heart valves (papillary muscle, chordae tendineae, trabeculae carneae cordis, annuloplasty, infundibulectomy)
- Other open heart surgeries, such as aortic arch repair, pulmonary endarterectomy
- Repair of atrial and ventricular septa, excluding closure of patent foramen ovale
- Repair of certain congenital cardiac anomalies, excluding closure of patent foramen ovale (e.g., tetralogy of fallot, atrial septal defect (ASD), ventricular septal defect (VSD), valvular abnormality)
- [Resection of a lobe or segment of the lung \(e.g., lobectomy or segmental resection of lung\). Does not include simple biopsy of lung nodule in which surrounding lung is not resected, biopsy of a thoracic lymph node, or excision or stapling of an emphysematous bleb.](#)
- Thoracic endarterectomy (endarterectomy on an artery outside the heart)
- [Amputation of any extremity \(e.g., foot or toe\)](#)
- Valve repairs or replacements
- Ventriculectomy

If a procedure listed in Section B is performed concurrently with the coronary artery bypass surgery, the surgery will be considered an isolated CABG and the data element coded 'Yes,' unless a procedure listed in section A is performed during the same surgery. These particular procedures are listed because the Office has received frequent questions regarding their coding.

#### **Section B (Included):**

- Coronary endarterectomy

- Internal cardiac defibrillators (ICDs)
- Fem-fem cardiopulmonary bypass (a form of cardiopulmonary bypass that should not be confused with aortofemoral bypass surgery listed in Section A)
- Pacemakers
- Pericardiectomy and excision of lesions of heart
- Repair/restoration of the heart or pericardium
- Transmyocardial laser revascularization (TMR)
- [Thymectomy](#)
- [Thyroidectomy](#)