



**Reporting of Procedures for Emergency Department and
Ambulatory Surgery Patient Level Data**

At the request of the Office of Statewide Health Planning and Development's (OSHPD) Healthcare Outcomes Center, the Patient Data Section recently conducted a research project on the reporting of Percutaneous Coronary Intervention (PCI) procedures performed in hospital ambulatory surgery settings.

Our findings indicate that there are continued misconceptions among many facilities regarding the reporting of procedures that are performed on an outpatient basis, as well as system difficulties in reporting these procedures. The problems we found during our research encompassed a much broader range of reporting issues beyond the reporting of PCIs. The two major areas noted were:

- 1) Facility software incorrectly excluded entire groups of Current Procedural Terminology, 4th Edition (CPT-4) procedure codes as not reportable to OSHPD.
- 2) Facilities were incorrectly reporting Healthcare Common Procedural Coding System codes (HCPCS) Level II which are part of CMS guidelines but not accepted by OSHPD. Because facilities were reporting Level II codes, they erroneously omitted the Level I codes required by OSHPD.

Healthcare Common Procedure Coding System (HCPCS)			
	Terminology	Codes	For OSHPD
Level I	"CPT"		
	Category I	00001-99999	Report
	Category II	0001F-9999F	See below*
	Category III	0001T-9999T	Report
	Modifiers	-00 thru -99	See below*
Level II	Terminology	Codes	For OSHPD
	"National Codes" or "HCPCS"	A0000-V9999	See below*
	Modifiers	-AA thru -ZZ, -A thru -Z, and -A1 thru -Z9	See below*

HCPCS Level II codes are increasingly being required by Medicare for the reporting of medical screening procedures (for example, screening colonoscopies). If a facility is not converting those procedures to Level I codes when reporting to OSHPD as required, the number of missing records and/or procedures could be substantial. The misreporting or absence of required procedures indicates potential gaps in data reporting which could significantly impact research and other projects that use OSHPD data. For example, OSHPD would not be able to use outpatient PCI records in any readmission studies.

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*Codes in this category will cause an error if reported to OSHPD. Please convert to a Category I or Category III code when applicable to report procedure to OSHPD.

Reporting ED/AS Procedures (continued)

It is important to remember for the purposes of reporting to OSHPD, a procedure is one that is surgical in nature, carries a procedural risk, or carries an anesthetic risk. When reporting ED data, all such procedures must be reported on the record. When reporting AS data, these procedures must be reported when they are performed on an outpatient basis in the general operating rooms, ambulatory surgery rooms, endoscopy units, or cardiac catheterization laboratories of a hospital or a freestanding ambulatory surgery clinic.

Facilities are instructed to use the full range of CPT- 4 Level I codes except those in Category II. Modifiers are not reported to OSHPD. Level II codes must be converted to Level I, Category I or III codes and included on the record submitted to OSHPD if the procedure meets OSHPD’s definition of a procedure.

Please see our [Reporting Manual](#) for more information. Your assigned MIRCAl analyst can assist you with any additional questions.

Updated Manuals Available

New editions of the *Inpatient Data Reporting Manual* and the *ED & AS Data Reporting Manual* are available on the [Manuals and Guides](#) page of our website. Updates are posted frequently so please check back often.

Please Stop By to Say Hello

If you ever plan to be in the Sacramento area, we welcome you to visit our office near downtown Sacramento at 400 R Street. Please contact our office at least a day ahead at (916)326-3920 to notify us when to expect you. We would be happy to show you around the Patient Data Section, introduce you to our team, and answer any questions you may have.

Is Your Facility Accurately Reporting Mothers and Babies?

OSHPD has discovered a discrepancy in the way some facilities report records of mothers and babies. Specifically, more delivery records for mothers are being reported than birth records.

OSHPD requires facilities to report mothers' and babies' records separately. However, some facilities are combining mothers' and babies' records for purposes of Medi-Cal reimbursement. Reporting the two records separately, as OSHPD requires, ensures that data is accurate and useful.

Babies' records should be coded as follows:
Source of Admission 7/Newborn
Licensure of Site 1/This Hospital
Route 1/Your ER or 2/Not Your ER (or no ER)
Type of Admission 3/Infant, under 24 hours old

If you have any questions regarding the reporting of records for mothers and babies, please feel free to contact your facility's assigned analyst.

VAR Reminders

The Variant Action Request (VAR) process allows facilities to verify data as accurate if it has been flagged as being inconsistent with anticipated trends and comparisons.

When facilities request a VAR, a concise justification should be provided to their MIRCAl analyst. This justification must:

1. Describe why the data are accurate
2. Provide any applicable causes
3. Explain the methods used to validate the data as accurate

Processing may take up to five business days so please submit your requests as early as possible.