Pediatric Cardiac Surgery Reporting System
Data Clarification and Coding Updates
Effective July 1, 2008 Discharges

Listed below are several coding clarifications and data element revisions as discussed at the PedCSRS meeting on April 18, 2008. Please incorporate these changes into your reporting immediately. Questions or concerns can be addressed to Rosemary Lombardo or Kimberly Cozzens at 518-402-1016 or by email at rxl07@health.state.ny.us or ksc06@health.state.ny.us, respectively.

Procedure Codes -

- 398/498/998 "Other" should not be reported for procedures that are not cardiac, or that are not surgical. Examples of things that should not be reported as "Other" are chest tube insertion, thoracic duct ligation, mediastinal exploration
- Resection of DCRV with a VSD closure and a tricuspid annuloplasty should be reported using the following procedure codes: 181-140-150.
- There is currently no procedure code to specifically capture a "Coarctation Repair --- End to Side Anastomosis". This will be addressed in the future. For the time being, use the most appropriate code available.
- When replacing a pulmonary valve with a Contegra Bovine Jugular Valve, it should be referred to as a Xenograft. However, there is currently no code for this. This will be addressed in the future. For now report as a Homograft.
- ECMO (procedure code 834) should only be reported when there is a PedCSRS reportable case during the Admission. This should be reported regardless of physical location or clinical staff responsible. It is not necessary to report discontinuation of ECMO as a procedure.

Diagnosis Codes

- There are currently no diagnosis codes for some conditions. This will be addressed in the future. In the meantime, use the diagnosis codes indicated for the following conditions.
    - Supravalvar PS - use 201 Pulmonary Valve Stenosis
    - Hypoplastic Aortic Arch – use 284 Aortic Coarctation
    - Transitional/Intermediate AV Canal - use 160 Partial AVSD

Risk Factors

- PRISMA for fluid management while on ECMO does not constitute renal failure.
- Major Extra-Cardiac Anomaly. Report any anomaly felt to be clinically relevant (excluding those on the Do Not Code list). Note what the anomaly is on the form.
- Severe Cyanosis or Hypoxia should be reported if the criteria are present and sustained within 12 hours prior to surgery.
- For Arterial pH<7.25, the pre-op period ends at the first blood gas taken in the OR.

Major Post-OP Events

- PRISMA for fluid management while on ECMO does not constitute renal failure.
- Deep Sternal Wound Infection should only be reported when there is sternal instability.