GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2024 Cardiac Catheterization Survey

Part A : General Information

1. Identification

UID:HOSP705

Facility Name: Emory University Hospital Midtown

County: Fulton

Street Address: 550 Peachtree Street NE

City: Atlanta

Zip: 30308

Mailing Address: 550 Peachtree Street NE

Mailing City: Atlanta

Mailing Zip: 30308

Medicare Provider Number: 110078

Medicaid Provider Number: 000000503A

2. Report Period

Report Data for the full twelve month period, January 1, 2024 - December 31, 2024 (365 days).
Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year. ☐

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Sara May

Contact Title: Sr. VP, Heart & Vascular Service Line Clinical Operations

Phone: 678-843-7447

Fax: 678-843-7339

E-mail: sara.may@emoryhealthcare.org

Part C : Catheterization Services Utilization

1A. Number of Cardiac Catheterization Services Labs or Rooms

Please report the total number of Cardiac Catheterization services labs or rooms. Include all labs or rooms that are authorized to provide cardiac catheterizations pursuant to Rule 111-2-2-21. Include both general purpose and dedicated rooms or labs.

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1B. Room Detail

Please provide details on each of the labs or rooms reported in 1A above. Report each lab or room on a separate row. The name of the lab or room should be the name used in your facility.

Room Name	Operational Date	Dedicated Room?	# Cath Procedures	If Dedicated What Type?
CV Lab 1	12/6/2001	No	870	
CV Lab 2	5/26/2006	No	820	
Hybrid OR 1	1/7/2019	No	542	
Hybrid OR 2	1/7/2019	No	519	

1C. Other Rooms

If your facility has other rooms that are equiped and capable of performing a cardiac catheterization (other than what is preorted in Part C, Q1 A and B above) please indicate the number of those other rooms below.

0

2. Cardiac Catheterization by Procedure Type

Report by age and procedure type the total number of cardiac catheterization procedures performed during the report year in the cardiac catheterization rooms reported in question #1 above. Report actual cardiac cath procedures performed by the categories provided. Do not report cardiac catheterization sessions, but the procedures. Please refer to the definitions of procedure and session in the instructions.

2A. Therapeutic Cardiac Catheterizations

Therapeutic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
PCI balloon angioplasty procedures	0	64	64
PCI procedures utilizing drug eluting stent	0	883	883
PCI procedures utilizing non drug eluting stent	0	19	19
Rotational Atherectomy	0	21	21
Directional Atherectomy	0	0	0
Laser Atherectomy	0	0	0
Excisional Atherectomy	0	0	0
Use of Cutting Balloon	0	0	0
Closure or patent ductus areriosus > 28 days, by card. cath.	0	155	155
Closure or patent ductus arteriosus < 28 days, by card. cath.	0	0	0
	0	0	0
Total	**0**	**1,142**	**1,142**

2B.1 Diagnostic Cardiac Catheterizations

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations	0	1,283	1,283
Right Heart Diagnostic Cardiac Catheterizations	0	326	326
Total Diagnostic Cardiac Catheterization Procedures	**0**	**1,609**	**1,609**
Grand Total (All Cardiac Catheterization Procedures)	**0**	**2,751**	**2,751**

2B.2 Left Heart Cardiac Catheterization Details

Report the number of diagnostic left heart cardiac catheterizations that were not followed by a therapeutic cardiac cath procedure and then provide the number that were followed by PCI in the same sitting.

Left Heart Diagnostic Cardiac Catheterization Details	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Cath Only (without PCI)	0	1,085	1,085
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	198	198

2C. Peripheral Catheterization by Patient Type

Report the total number of peripheral catheterization procedures.

Ages 0-14	Ages 15+	Total
0	926	926

2D. Major Coronary Circulation Vessels Treated per Patient

Report the number of major coronary circulation vessels treated per patient by therapeutic cardiac catheterizations.

PCI Type	1 Vessel	2 Vessels	3 Vessels	4 Vessels	Total
PCI balloon angioplasty and/or stent	726	178	50	12	966
All other types of PCI (e.g. laser, etc.)	162	11	3	0	176
Total	**888**	**189**	**53**	**12**	**1,142**

2E. Cardiac Catheterization Sessions

Report by patient type and procedure type the total number of inpatient and outpatient cardiac catheterization sessions performed during the report year.

Cardiac Catheterizations by Patient Type	Ages 0-14	Ages 15+	Total
Inpatient Diagnostic Cardiac Catheterizations	0	950	950
Outpatient Diagnostic Cardiac Catheterizations	0	659	659
Inpatient Therapeutic Cardiac Catheterizations	0	647	647
Outpatient Therapeutic Cardiac Catheterizations	0	495	495
Total	**0**	**2,751**	**2,751**

3A. Other Procedures Performed During Cardiac Catheterization Session

Report by age of patient and procedure type the total number of non-cardiac catheterization procedures that were performed during the cardiac catheterization session. Report by procedure code and procedure description.

Procedure Code	Procedure Description	Ages 0-14	Ages 15+	Total

3B. Non-Cardiac Catheterization in Cardiac Catheterization Facilities

Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year that were performed in the authorized cardiac catheterization labs or rooms reported in Part C Question 1A.

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies	0	0	0
Pacemaker Insertions	0	14	14
Angiograms/Venograms	0	113	113
Angioplasty	0	29	29
Stents	0	26	26
Thrombolysis Procedures	0	59	59
Embolizations	0	9	9
Venocava filter insertions	0	5	5
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	679	679
TAVR/TAVI, Mitral, Other TC Valves	0	618	0
VAD	0	76	76
Biopsy	0	3	3
Total	**0**	**1,631**	**1,631**

3C. Non-Cardiac Catheterization Procedures Performed in Other Rooms

Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year that were performed in any other room that is equiped and capable of performing cardiac catheterization reported in Part C Question 1C.

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies	0	0	0
Pacemaker Insertions	0	0	0
Angiograms/Venograms	0	0	0
Angioplasty	0	0	0
Stents	0	0	0
Thrombolysis Procedures	0	0	0
Embolizations	0	0	0
Venocava filter insertions	0	0	0
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	0	0

	0	0	0
	0	0	0
	0	0	0
Total	**0**	**0**	**0**

3D. Medical Specialties

List all of the medical specialties of the physicians performing non-cardiac catheterization procedures listed in 3B or 3C.

Cardiovascular Surgery, Electrophysiology, Interventional Radiology, Invasive Cardiology, Vascular Surgery

4. Cardiac Catheterization Patients by Race/Ethnicity

Please report the number who recieved one or more cardiac catheterization procedures during the report period using the race and ethnicity categories provided. Please report patients as unduplicated. A patient should be counted once only.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	0
Asian	36
Black/African American	1,034
Hispanic/Latino	60
Pacific Islander/Hawaiian	1
White	763
Multi-Racial	139
Total	**2,033**

5. Cardiac Catheterization Patients by Gender

Please report the number of cardiac catheterization patients by gender served during the report period. Count a patient only once for an unduplicated patient count.

Gender	Number of Patients
Male	1,222
Female	811
Total	**2,033**

Part D : Charges

1. Average Total Charge and Average Actual Reimbursement

If applicable, report the average total charge from admission to discharge (excluding Medicare outliers) for each of the following DRGs and report the average actual reimbursement for each DRG received from Medicare, Medicaid and all third parties (excluding individual self-payors, indigents and those payors whose charge was 'written off'). Please note that Average Total Charges, the number of cases used in the average, and the average reimbursement should be for services provided within authorized cardiac catheterization labs.

Selected DRGs Diseases/Disorders of the Circulatory System	Average Total Inpatient Charge in Lab	Cases Included in Calculation of Average	Actual Hospital Total Cases	Average Reimbursement in Lab
Major Cardiovascular Procedures w/CC(MS-DRG 268-272)	64,814	28	63	16,144
Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	27,876	57	160	6,943
Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	11,619	43	74	2,894
Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	27,723	185	190	6,905
Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	12,315	67	67	3,068
Heart Failure and Shock (MS-DRG 291, 292, 293)	55,643	19	1,125	13,860
Peripheral Vascular Disorders w/CC (MS-DRG 299)	20,413	3	47	5,084
Cardiac arhytmia and conduction disorders w/CC (MS-DRG 308)	120,217	2	76	29,944
Angina Pectoris (MS-DRG 311)	0	0	3	0

2. Mean, Median and Range of Total Charges

Where applicable, report the mean, median and range of total charges for all cases for which each of the following ICD-9-CM codes was the principal procedure.

Dilation of Coronary Artery, One Artery

(ICD-10 Codes: 02703ZZ, 02704ZZ, 02703DZ; CPT Codes: 92920, 92928)

Patient Category	Mean	Median	Range Low	Range High	# of Cases Included in Calculations
Inpatient	$71,731	$61,309	$43,494	$118,367	18
Outpatient	$44,762	$44,762	$44,762	$44,762	1

Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach

(ICD-10 Code: 4A023N7; CPT Codes: 93452, 93458, 93459)

Patient Category	Mean	Median	Range Low	Range High	# of Cases Included in Calculations
Inpatient	$76,148	$56,814	$17,768	$893,807	192
Outpatient	$38,192	$38,127	$19,864	$65,234	11

3. Total Charges and Actual Reimbursement for Cardiac Catheterization Services

Please report the total charges and actual reimbursement received for cardiac catheterization services provided during the report period.

Total Charges	Actual Reimbursement
$62,925,102	$15,971,054

4. Total Uncompensated Charges for Cardiac Catheterization Services

Please report the total uncompensatedcharges for cardiac catheterization services provided to patients that qualified as indigent or charity care cases where the facility did not receive any compensation.

Total Uncompensated Charges	Total Uncompensated I/C Patients
$677,375	103

5. Adjusted Gross Revenue for Cardiac Catheterization Services

Please report the Adjusted Gross Revenue for cardiac catheterization services provided during the report period.

Adjusted Gross Revenue
$27,267,869

6. Primary Payment Source

Please report the total number of unduplicated cardiac catheterization patients, procedures, total charges and reimbursement by the patient's PRIMARY payer source. Report Peachcare for Kids patients with Third-Party. Then also provide the number of unduplicated patients, procedures, charges and reimbursement for patients who were qualified as Indigent or Charity Care cases. Patients do not have to balance or be unduplicated between two tables.

	Primary Payment Source				
	Medicare	Medicaid	3rd Party (Including Peachcare)	Individual Self-Pay	I/C Care Account
Number of Cardiac Catheterization Patients (unduplicated)	1,287	85	568	93	103
Number of Procedures Billed	1,766	109	744	132	141
Number of Procedures Not Billed or Written Off	0	0	0	0	0
Total Charges	$42,988,483	$2,377,775	$15,063,328	$2,495,517	$3,116,545
Actual Reimbursement	$8,731,880	$339,608	$6,659,350	$240,217	$642,426

Part E : Peer Review, Joint Commission Accreditation, OHS Referrals and Treatment Complicat

1. Check the box to the right if your program/facility participates in an external or national peer review and outcomes reporting system. ☑

If you indicated yes above, please provide the name(s) of the peer review/outcomes reporting organization(s) below.

Vizient; American College of Cardiology - National Cardiovascular Data Registry

2. Check the box to the right if your program/facility is Joint Commission ac☑edited.

Enter your accreditation category in the space below.

Hospital Accreditation

3. How many community education programs has your program/facility participated in during the reporting period?

0

4. OHSS Referrals

If your facility referred patients for open heart surgery services (regardless of whether your facility does or does not provide OHSS), please list the hospital(s) to which patients have been referred and the number referred. If your facility referred patients to out-ofstate providers please select the state from the pull-down menu.

Referral Hospital	Number of Referrals

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5. Cardiac Catheterization Treatment Session Complications

Please provide the number of both inpatient and outpatient therapeutic and diagnostic cardiac catheterization sessions which encountered or resulted in major and/or minor complications. (Total therapeutic and total diagnostic catheterization sessions are provided based on what was reported in Part C, Question 2B). Please refer to the instructions for guidelines regarding major versus minor classifications. Report complications occurring during the procedures or before discharge.

Cardiac Catheterization Category	Total Cath Sessions from Part C	Major Complications	Minor Complications	Total Complications
Therapeutic Cardiac Catheterizations Inpatient and Outpatient	1,142	5	21	26
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	1,609	0	0	0
Total	**2,751**	**5**	**21**	**26**

Part F : Patient Origin 2024

Please report the number of cardiac catheterization patients by county and age category. The total number of patients reported here must balance to the totals reported in Part C, Questions 4 and 5.

County	Patients 0-14	Patients 15+	Total
Alabama	0	59	59
Appling	0	2	2
Baker	0	1	1
Baldwin	0	2	2
Barrow	0	5	5
Bartow	0	3	3
Ben Hill	0	1	1
Berrien	0	2	2
Bibb	0	7	7
Bryan	0	1	1
Bulloch	0	3	3
Butts	0	15	15
Carroll	0	77	77
Chatham	0	9	9

Chattooga	0	2	2
Cherokee	0	11	11
Clarke	0	5	5
Clayton	0	112	112
Cobb	0	96	96
Coffee	0	8	8
Colquitt	0	2	2
Columbia	0	1	1
Cook	0	2	2
Coweta	0	29	29
Crawford	0	1	1
Crisp	0	3	3
Dawson	0	1	1
DeKalb	0	245	245
Dodge	0	3	3
Dooly	0	2	2
Dougherty	0	2	2
Douglas	0	27	27
Effingham	0	2	2
Elbert	0	1	1
Fayette	0	25	25
Florida	0	25	25
Floyd	0	4	4
Forsyth	0	5	5
Fulton	0	665	665
Glynn	0	2	2
Gordon	0	1	1
Greene	0	3	3
Gwinnett	0	52	52
Hall	0	1	1
Haralson	0	11	11
Harris	0	14	14
Hart	0	1	1
Heard	0	4	4
Henry	0	100	100
Houston	0	12	12
Irwin	0	1	1
Jackson	0	3	3
Jasper	0	1	1
Jefferson	0	1	1
Jones	0	1	1
Lamar	0	7	7
Lanier	0	2	2
Laurens	0	4	4

Lee	0	4	4
Lowndes	0	7	7
Macon	0	1	1
Madison	0	1	1
Marion	0	1	1
Meriwether	0	13	13
Mitchell	0	1	1
Monroe	0	2	2
Montgomery	0	1	1
Morgan	0	2	2
Murray	0	2	2
Muscogee	0	21	21
Newton	0	13	13
North Carolina	0	5	5
Oglethorpe	0	3	3
Other- Out of State	0	33	33
Paulding	0	8	8
Peach	0	3	3
Pierce	0	1	1
Pike	0	9	9
Polk	0	3	3
Pulaski	0	5	5
Putnam	0	2	2
Rabun	0	1	1
Richmond	0	2	2
Rockdale	0	18	18
Schley	0	1	1
South Carolina	0	12	12
Spalding	0	22	22
Talbot	0	3	3
Telfair	0	1	1
Tennessee	0	12	12
Thomas	0	2	2
Tift	0	3	3
Towns	0	3	3
Troup	0	97	97
Twiggs	0	4	4
Union	0	2	2
Upson	0	7	7
Walton	0	11	11
Ware	0	1	1
Whitfield	0	2	2
Wilkinson	0	1	1
Total Patients	**0**	**2,033**	**2,033**

Part G : Comments

Please enter below any comments and suggestions that you have about this survey.

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal oficer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affimative review of the entire completed survey, this completed survey contans no untrue statement or inaccurate data, nor omits requested material, information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my orginal signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Adam Webb, MD

Title: Chief Operating Officer, EUHM

Date: 8/8/2025

Comments: