



Part A: General Information

UID: HOSP706

1. Identification

Facility Name:

Emory University Hospital

County:

DeKalb

Street Address:

1364 Clifton Road, NE

City:

Atlanta

Zip:

30322

Mailing Address:

1364 Clifton Road, NE

Mailing City:

Atlanta

Mailing Zip:

30322-1061

Medicaid Provider Number:

00000712

Medicare Provider Number:

110010

3. Report Period

Report Data for the full twelve month period, January 1, 2025 - December 31, 2025 (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

Email:

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.

4

1B. Room Details

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. (To add a row: press the button. To delete a row: press the minus key at the end of the row.)

Room Name	Operational Date	Dedicated Rooms?	# Cath Procedures	If Dedicated What Type?
Lab 1	12/17/1999	☐	970	
Lab 2	08/04/2001	☐	1,062	
Lab 3	05/31/1996	☐	1,000	
Lab 4	01/30/1997	☐	947	

1C. Other Rooms

If your facility has other rooms that are equipped 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.(Use the blank line to specify another procedure type not included in the list.)

2A. Therapeutic Cardiac Catheterizations

Therapeutic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
PCI balloon angioplasty procedures	0	95	95
PCI procedures utilizing drug eluting stent	0	1,056	1,056
PCI procedures utilizing non drug eluting stent	0	36	36
Rotational Atherectomy	0	54	54
Directional Atherectomy	0	0	0
Laser Atherectomy	0	35	35
Excisional Atherectomy	0	0	0
Use of Cutting Balloon	0	114	114
Closure or patent ductus arteriosus >28 days, by card cath	0	28	28
Closure or patent ductus arteriosus <28 days, by card cath	0	0	0
	0	0	0
Total	0	1,418	1,418

2B1. Diagnostic Cardiac Catheterizations

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations	0	1,666	1,666
Right Heart Diagnostic Catheterizations	0	895	895
Total	0	2,561	2,561

Grand Total (All Cardiac Catherizations)

Ages 0-14	Ages 15+	Total
0	3,979	3,979

2B2. 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	1,315	1,315
Left Heart Diagnostic Cath Followed by PCI	0	351	351
Total	0	1,666	1,666

2C. Peripheral Catheterization by Patient Type

Report the total number of peripheral catheterization procedures

Age	Number of Procedures
Ages 0-14	0
Ages 15+	1,789
Total	1,789

2D. Major Coronary Circulation Vessels Treated per Patient

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

PCI balloon angioplasty and/or stent	1 vessel	2 vessels	3 vessels	4 vessels	Total
PCI balloon angioplasty and/or stent	901	229	47	10	1,187
All other types of PCI (eg laser, etc)	159	40	18	14	231
Total	1,060	269	65	24	1,418

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	1,162	1,162
Outpatient Diagnostic Cardiac Catheterizations	0	1,399	1,399
Inpatient Therapeutic Cardiac Catheterizations	0	675	675
Outpatient Therapeutic Cardiac Catheterizations	0	743	743
Total	0	3,979	3,979

Diagnostic	Therapeutic
2,561	1,418

3A. Other Procedures Performed During Cardiac Catheterization Session

Report by age of patient and procedure type the total number on non-cardiac catheterization procedures that were performed during the cardiac catheterization session. Report by procedure code and procedure description. (To add a row: press the button. To delete a row: press the minus key at the end of the row.)

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.(Use the blank lines to specify other procedure types not included in the list.)

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies	0	5	5
Pacemaker Insertions	0	8	8
Angiograms/Venograms	0	332	332
Angioplasty	0	34	34
Stents	0	21	21
Thrombolysis Procedures	0	99	99
Embolizations	0	8	8
Venocava filter insertions	0	2	2
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	1,310	1,310
Transcatheter Valves (TAVR/	0	176	176
Biopsy	0	236	236
VAD	0	90	90
Total	0	2,321	2,321

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 equipped and capable of performing cardiac catheterization reported in Part C Question 1C.(Use the blank lines to specify other procedure types not included in the list.)

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 received 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	4
Asian	99
Black/African American	1,172
Hispanic/Latino	99
Pacific Islander/Hawaiian	5
White	1,494
Multi-Racial	172
Total	3,045

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	2,015
Female	1,030
Total	3,045

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. Enter 0 if not applicable for your facility.

Selected DRGs Diseases/Disorders of the Circulatory System	Average Total Inpatient Charge in Lab	Case Included in Calculation Average	Actual Hospital Total Cases	Average Reimbursement in Lab
Major Cardiovascular Procedures w/CC(MS-DRG 268-272)	31,662	47	297	10,721
Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	10,646	21	96	3,605
Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	4,272	31	50	1,446
Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	9,690	210	259	3,281
Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	4,749	96	102	1,608
Heart Failure and Shock (MS-DRG 291, 292, 293)	14,772	19	945	5,002
Peripheral Vascular Disorders w/CC (MS-DRG 299)	17,254	5	92	5,842
Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	10,179	2	98	3,447
Angina Pectoris (MS-DRG 311)	0	0	6	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-10-PCS codes was the principal procedure. Enter 0 if not applicable for your facility.

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	83,425	69,772	34,496	197,792	26
Outpatient	0	0	0	0	0

Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach (ICD-10 Code: 4A023N7; CPT Codes: 93452, 93458, 93459)

Patient Category	Mean	MSedian	Range Low	Range High	# of Cases Included in Calculations
Inpatient	46,843	43,322	15,467	152,212	133
Outpatient	30,250	30,250	27,301	33,198	2

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

79,582,908

Actual Reimbursement

25,831,140

4. Total Uncompensated Charges and Total Uncompensated Patients

Please report the total uncompensated charges for cardiac catheteriation services provided to patients that qualified as indigent or charity care cases. Also, report the number of patients.

Total Uncompensated Charges

1,086,629

Total Uncompensated Patients

193

5. Adjusted Gross Revenue

Also report the adjusted gross revenue for cardiac catheterization services provided during the report period.

Adjusted Gross Revenue

37,017,282

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 charges and reimbursement with Third-Party. Then also provide the number of unduplicated patients, procedures, charges and reimbursment for patients who were qualified as Indigent or Charity Care cases. Patients do not have to balance or be unduplicated between two tables.

	Medicare	Medicaid	Third Party (Including Peachcare)	Self-Pay
# of Cardiac Catheterization Patients	1,722	148	1,087	88
# of Procedures Billed	2,312	168	1,389	110
# of Procedures Not Billed or Written Off	0	0	0	0
Total Charges	48,150,139	3,148,492	25,940,384	2,343,893
Actual Reimbursement	11,660,138	457,660	13,140,851	572,492

	I/C Care Account
# of Cardiac Catheterization Patients	193
# of Procedures Billed	231
# of Procedures Not Billed or Written Off	0
Total Charges	4,258,177
Actual Reimbursement	1,008,057

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

1. Participation in Peer Review

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. Joint Commission Accreditation

Check the box to the right if your program/facility is Joint Commission accredited ☒

Enter your accreditation category in the space below

Hospital Accreditation

3. Community Education Programs

How many community education programs did your program/facility participate in during the reporting period?

1

4. OHS 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 other out-of-state providers please select "other out-of-state" from the pull-down menu.

	Select Referral Hospital	Number of Referrals
1		
2		
3		
4		
5		

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 2E). 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	1,418	10	19	29
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	2,561	0	0	0
Total	3,979	10	19	29

Part F: Patient Origin 2025

1. Patient Origin 2025

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. To add a row press the button. To delete a row press the minus button at the end of the row.

County	Patients Ages 0-14	Patients Ages 15+	Total
Alabama	0	102	102
Appling	0	1	1
Atkinson	0	3	3
Bacon	0	2	2
Baker	0	3	3
Baldwin	0	10	10
Banks	0	2	2
Barrow	0	12	12
Bartow	0	23	23
Ben Hill	0	10	10
Berrien	0	17	17
Bibb	0	39	39
Bleckley	0	4	4
Brantley	0	1	1
Brooks	0	2	2
Bryan	0	2	2
Bulloch	0	5	5
Burke	0	1	1
Butts	0	11	11
Calhoun	0	0	0
Camden	0	1	1
Candler	0	2	2
Carroll	0	56	56
Catoosa	0	2	2
Charlton	0	0	0
Chatham	0	30	30
Chattahoochee	0	2	2

Chattooga	0	6	6
Cherokee	0	46	46
Clarke	0	11	11
Clay	0	0	0
Clayton	0	85	85
Clinch	0	1	1
Cobb	0	103	103
Coffee	0	17	17
Colquitt	0	6	6
Columbia	0	17	17
Cook	0	9	9
Coweta	0	13	13
Crawford	0	2	2
Crisp	0	5	5
Dade	0	0	0
Dawson	0	4	4
Decatur	0	1	1
DeKalb	0	626	626
Dodge	0	8	8
Dooly	0	4	4
Dougherty	0	29	29
Douglas	0	25	25
Early	0	0	0
Echols	0	0	0
Effingham	0	7	7
Elbert	0	8	8
Emanuel	0	2	2

Evans	0	2	2
Fannin	0	4	4
Fayette	0	18	18
Florida	0	30	30
Floyd	0	18	18
Forsyth	0	29	29
Franklin	0	7	7
Fulton	0	293	293
Gilmer	0	3	3
GlascocK	0	1	1
Glynn	0	2	2
Gordon	0	14	14
Grady	0	1	1
Greene	0	4	4
Gwinnett	0	213	213
Habersham	0	6	6
Hall	0	30	30
Hancock	0	3	3
Haralson	0	6	6
Harris	0	8	8
Hart	0	4	4
Heard	0	7	7
Henry	0	80	80
Houston	0	67	67
Irwin	0	9	9
Jackson	0	14	14
Jasper	0	2	2
Jefferson	0	1	1

Jeff Davis	0	1	1
Jefferson	0	1	1
Jenkins	0	0	0
Johnson	0	2	2
Jones	0	5	5
Lamar	0	12	12
Lanier	0	4	4
Laurens	0	7	7
Lee	0	8	8
Liberty	0	3	3
Lincoln	0	1	1
Long	0	0	0
Lowndes	0	16	16
Lumpkin	0	3	3
Macon	0	5	5
Madison	0	5	5
Marion	0	3	3
McDuffie	0	1	1
McIntosh	0	1	1
Meriwether	0	6	6
Miller	0	1	1
Mitchell	0	2	2
Monroe	0	7	7
Montgomery	0	1	1
Morgan	0	5	5
Murray	0	8	8
Muscogee	0	40	40
Newton	0	45	45

North Carolina	0	48	48
Oconee	0	2	2
Other Out of State	0	63	63
Oglethorpe	0	1	1
Paulding	0	18	18
Peach	0	12	12
Pickens	0	3	3
Pierce	0	1	1
Pike	0	7	7
Polk	0	10	10
Pulaski	0	6	6
Putnam	0	3	3
Quitman	0	0	0
Rabun	0	3	3
Randolph	0	3	3
Richmond	0	19	19
Rockdale	0	54	54
Schley	0	1	1
Screven	0	2	2
Seminole	0	0	0
Spalding	0	16	16
South Carolina	0	51	51
Stephens	0	9	9
Stewart	0	0	0
Sumter	0	12	12
Tennessee	0	32	32
Talbot	0	2	2

Talbot	0	2	2
Taliaferro	0	1	1
Tattnall	0	3	3
Taylor	0	2	2
Telfair	0	2	2
Terrell	0	11	11
Thomas	0	9	9
Tift	0	34	34
Toombs	0	8	8
Towns	0	7	7
Treutlen	0	0	0
Troup	0	18	18
Turner	0	9	9
Twiggs	0	0	0
Union	0	11	11
Upson	0	10	10
Walker	0	6	6
Walton	0	43	43
Ware	0	2	2
Warren	0	1	1
Washington	0	4	4
Wayne	0	6	6
Webster	0	1	1
Wheeler	0	1	1
White	0	4	4
Whitfield	0	8	8
Wilcox	0	3	3
Wilkes	0	3	3

Wilkinson	0	4	4
Worth	0	10	10
Totals	0	3,045	3,045

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) 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 affirmative review of the entire completed survey, this completed survey contains 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 further 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 original signature pursuant to the Georgia Electronic Records and Signature Act. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could throw the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

Authorized Signature

Angel Leon, MD

Date

08/03/2026



Title

Chief Operating Officer, EUH

Comments

