



Part A: General Information

UID: HOSP439

1. Identification

Facility Name:

Emory Hospital Warner Robins

County:

Houston

Street Address:

1601 Watson Blvd

City:

Warner Robins

Zip:

31093

Mailing Address:

PO Box 2886

Mailing City:

Warner Robins

Mailing Zip:

31099

Medicaid Provider Number:

000000976A

Medicare Provider Number:

110069

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:

Bryan Smith

Contact Title:

Decision Support Analyst

Phone:

478-329-3441

Fax:

478-322-5104

Email:

bryan.l.smith@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.

2

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	11/14/2014	☐	1,118	N/A
Lab 2	11/14/2014	☐	879	N/A

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.

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	52	52
PCI procedures utilizing drug eluting stent	0	418	418
PCI procedures utilizing non drug eluting stent	0	0	0
Rotational Atherectomy	0	0	0
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 arteriosus >28 days, by card cath	0	0	0
Closure or patent ductus arteriosus <28 days, by card cath	0	0	0
	0	0	0
Total	0	470	470

2B1. Diagnostic Cardiac Catheterizations

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations	0	1,483	1,483
Right Heart Diagnostic Catheterizations	0	44	44
Total	0	1,527	1,527

Grand Total (All Cardiac Catherizations)

Ages 0-14	Ages 15+	Total
0	1,997	1,997

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	1,131	1,131
Left Heart Diagnostic Cath Followed by PCI	0	352	352
Total	0	1,483	1,483

2C. Peripheral Catheterization by Patient Type

Report the total number of peripheral catheterization procedures

Age	Number of Procedures
Ages 0-14	0
Ages 15+	2,685
Total	2,685

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	291	146	33	0	470
All other types of PCI (eg laser, etc)	0	0	0	0	0
Total	291	146	33	0	470

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	432	432
Outpatient Diagnostic Cardiac Catheterizations	0	714	714
Inpatient Therapeutic Cardiac Catheterizations	0	227	227
Outpatient Therapeutic Cardiac Catheterizations	0	148	148
Total	0	1,521	1,521

Diagnostic	Therapeutic
1,146	375

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
76937	US Guidance	0	1,246	0
85347	Activated C	0	570	0
92978	Card IVUS	0	130	0
93571	Card FFR Ir	0	103	0
36015	Selective C	0	39	0
36581	Selective C	0	27	0
75743	Arteriogram	0	25	0
37184	Thromb Prii	0	25	0
37187	Venous Thr	0	24	0
93567	Card Aortic	0	22	0
92973	Coronary TI	0	21	0
37185	Thromb Prii	0	16	0
93572	Card FFR e	0	16	0
75625	Abdominal J	0	12	0
37252	NonCorona	0	10	0
33249	Nsert/Repl	0	7	0
33210	Pacer Temp	0	7	0
75820	Venogram E	0	5	0
75716	Arteriogram	0	5	0
75710	Arteriogrm E	0	5	0
37253	NonCorona	0	5	0
37188	Venous Thr	0	4	0
36252	Angio Rena	0	3	0
75630	Abd A Gran	0	3	0
33208	Pacemaker	0	2	0
33967	Card IABP	0	2	0
92960	Cardioversi	0	2	0

37186	Thromb Sec	0	2	0
75736	Arteriogram	0	2	0
33282	Implantation	0	2	0
92950	CardioPulm	0	2	0
33225	ICD Lead L	0	2	0
92979	Coronary IV	0	2	0
37220	Angioplasty	0	2	0
33016	HHI Pericar	0	2	0
36556	Cath Place	0	1	0
36430	Transfuse E	0	1	0
37232	Angiopl Tib	0	1	0
36225	Place Cathe	0	1	0
76505	Angiogram	0	1	0
33990	Insert Left V	0	1	0
36558	Cath Place	0	1	0
37236	Stent Vascu	0	1	0
37222	Angioplasty	0	1	0
37224	Angioplasty	0	1	1

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	0	0
Pacemaker Insertions	0	20	20
Angiograms/Venograms	0	455	455
Angioplasty	0	111	111
Stents	0	101	101
Thrombolysis Procedures	0	86	86
Embolizations	0	0	0
Venocava filter insertions	0	3	3
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	267	267
EVM	0	100	100
IVUS	0	194	194
Defibrillator (AICD) Insertions	0	10	10
Total	0	1,347	1,347

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

Cardiology, Radiology, Vascular, Electrophysiology

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	1
Asian	19
Black/African American	631
Hispanic/Latino	36
Pacific Islander/Hawaiian	2
White	987
Multi-Racial	2
Total	1,678

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	891
Female	787
Total	1,678

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)	126,147	25	43	34,079
Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	51,780	97	293	11,683
Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	34,855	72	131	6,339
Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	51,280	52	58	16,715
Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	35,705	52	57	8,380
Heart Failure and Shock (MS-DRG 291, 292, 293)	39,610	1	570	9,706
Peripheral Vascular Disorders w/CC (MS-DRG 299)	77,914	1	21	10,140
Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	45,752	1	74	3,260
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-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	97,012	84,412	44,523	305,281	120
Outpatient	64,200	60,488	33,887	99,980	140

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	66,452	57,158	22,092	330,941	533
Outpatient	31,438	23,043	18,093	99,345	625

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

73,704,204

Actual Reimbursement

13,637,698

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

2,225,733

Total Uncompensated Patients

38

5. Adjusted Gross Revenue

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

Adjusted Gross Revenue

51,909,546

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	842	57	552	70
# of Procedures Billed	2,466	138	1,536	219
# of Procedures Not Billed or Written Off	0	0	0	0
Total Charges	42,091,433	2,498,627	25,302,595	3,967,131
Actual Reimbursement	6,908,731	385,156	6,329,260	14,551

	I/C Care Account
# of Cardiac Catheterization Patients	38
# of Procedures Billed	96
# of Procedures Not Billed or Written Off	0
Total Charges	2,225,733
Actual Reimbursement	0

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:

National Cardiac Data Registration System

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

3. Community Education Programs

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

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	Emory University Hospital	15
2	Piedmont Macon Medical Center	14
3	Atrium Health Navicent The Medical Center	4
4	Emory University Hospital Midtown	3
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	375	7	12	19
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	1,146	8	8	16
Total	1,521	15	20	35

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	3	3
Appling	0	0	0
Atkinson	0	0	0
Bacon	0	0	0
Baker	0	1	1
Baldwin	0	2	2
Banks	0	0	0
Barrow	0	0	0
Bartow	0	0	0
Ben Hill	0	3	3
Berrien	0	0	0
Bibb	0	65	65
Bleckley	0	27	27
Brantley	0	0	0
Brooks	0	0	0
Bryan	0	0	0
Bulloch	0	0	0
Burke	0	0	0
Butts	0	1	1
Calhoun	0	0	0
Camden	0	0	0
Candler	0	0	0
Carroll	0	1	1
Catoosa	0	0	0
Charlton	0	0	0
Chatham	0	0	0
Chattahoochee	0	0	0

Chattooga	0	0	0
Cherokee	0	1	1
Clarke	0	0	0
Clay	0	0	0
Clayton	0	1	1
Clinch	0	0	0
Cobb	0	0	0
Coffee	0	0	0
Colquitt	0	0	0
Columbia	0	0	0
Cook	0	1	1
Coweta	0	1	1
Crawford	0	14	14
Crisp	0	16	16
Dade	0	1	1
Dawson	0	0	0
Decatur	0	0	0
DeKalb	0	0	0
Dodge	0	23	23
Dooly	0	34	34
Dougherty	0	1	1
Douglas	0	1	1
Early	0	0	0
Echols	0	0	0
Effingham	0	0	0
Elbert	0	0	0
Emanuel	0	1	1

Evans	0	0	0
Fannin	0	0	0
Fayette	0	0	0
Florida	0	4	4
Floyd	0	0	0
Forsyth	0	0	0
Franklin	0	0	0
Fulton	0	0	0
Gilmer	0	0	0
Glascokc	0	0	0
Glynn	0	0	0
Gordon	0	0	0
Grady	0	0	0
Greene	0	0	0
Gwinnett	0	0	0
Habersham	0	0	0
Hall	0	0	0
Hancock	0	0	0
Haralson	0	0	0
Harris	0	0	0
Hart	0	0	0
Heard	0	0	0
Henry	0	1	1
Houston	0	1,115	1,115
Irwin	0	0	0
Jackson	0	0	0
Jasper	0	0	0
Jeff Davis	0	0	0

Jeff Davis	0	0	0
Jefferson	0	0	0
Jenkins	0	0	0
Johnson	0	1	1
Jones	0	6	6
Lamar	0	1	1
Lanier	0	0	0
Laurens	0	8	8
Lee	0	0	0
Liberty	0	0	0
Lincoln	0	0	0
Long	0	0	0
Lowndes	0	0	0
Lumpkin	0	0	0
Macon	0	48	48
Madison	0	0	0
Marion	0	0	0
McDuffie	0	0	0
McIntosh	0	0	0
Meriwether	0	0	0
Miller	0	0	0
Mitchell	0	1	1
Monroe	0	2	2
Montgomery	0	0	0
Morgan	0	0	0
Murray	0	0	0
Muscogee	0	1	1
Newton	0	0	0

North Carolina	0	2	2
Oconee	0	0	0
Other Out of State	0	7	7
Oglethorpe	0	0	0
Paulding	0	0	0
Peach	0	172	172
Pickens	0	0	0
Pierce	0	0	0
Pike	0	0	0
Polk	0	0	0
Pulaski	0	37	37
Putnam	0	1	1
Quitman	0	0	0
Rabun	0	0	0
Randolph	0	1	1
Richmond	0	0	0
Rockdale	0	1	1
Schley	0	2	2
Screven	0	0	0
Seminole	0	0	0
Spalding	0	0	0
South Carolina	0	0	0
Stephens	0	0	0
Stewart	0	0	0
Sumter	0	7	7
Tennessee	0	2	2
Talbot	0	0	0

Talbot	0	0	0
Taliaferro	0	0	0
Tattnall	0	0	0
Taylor	0	26	26
Telfair	0	3	3
Terrell	0	0	0
Thomas	0	0	0
Tift	0	0	0
Toombs	0	0	0
Towns	0	0	0
Treutlen	0	0	0
Troup	0	1	1
Turner	0	2	2
Twiggs	0	8	8
Union	0	0	0
Upson	0	4	4
Walker	0	0	0
Walton	0	1	1
Ware	0	0	0
Warren	0	0	0
Washington	0	0	0
Wayne	0	0	0
Webster	0	0	0
Wheeler	0	0	0
White	0	0	0
Whitfield	0	0	0
Wilcox	0	14	14
Wilkes	0	0	0

Wilkinson	0	1	1
Worth	0	0	0
Totals	0	1,678	1,678

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

Kevin Splaine

Date

08/07/2026



Title

CEO Emory Healthcare Warner Robins and Emory Healthcare Perry

Comments

