

# Michigan Acute Care Surgery

**Ypsilanti, MI**  
**October 8, 2019**



# Agenda

- ◆ Introductions
- ◆ Data Capture
- ◆ Review of Data
  - Qualtrics
  - MSQC
- ◆ Cases
- ◆ Future Meeting(s)

# Overview of Data Capture

## ◆ Diseases

- Acute Appendicitis
- Acute Gallbladder disease
  - ◆ Cholecystitis
  - ◆ Choledocholithiasis/Cholangitis
  - ◆ Gallstone pancreatitis
- SBO
- Emergent Exploratory Laparotomy

# Data Entry

- ◆ Qualtrics – all patients meeting criteria
  - Acute Appendicitis
  - Acute Gallbladder disease
  - SBO
  - Emergent Exploratory Laparotomy
  - Sampled and oversampled
- ◆ MSQC
  - Operative

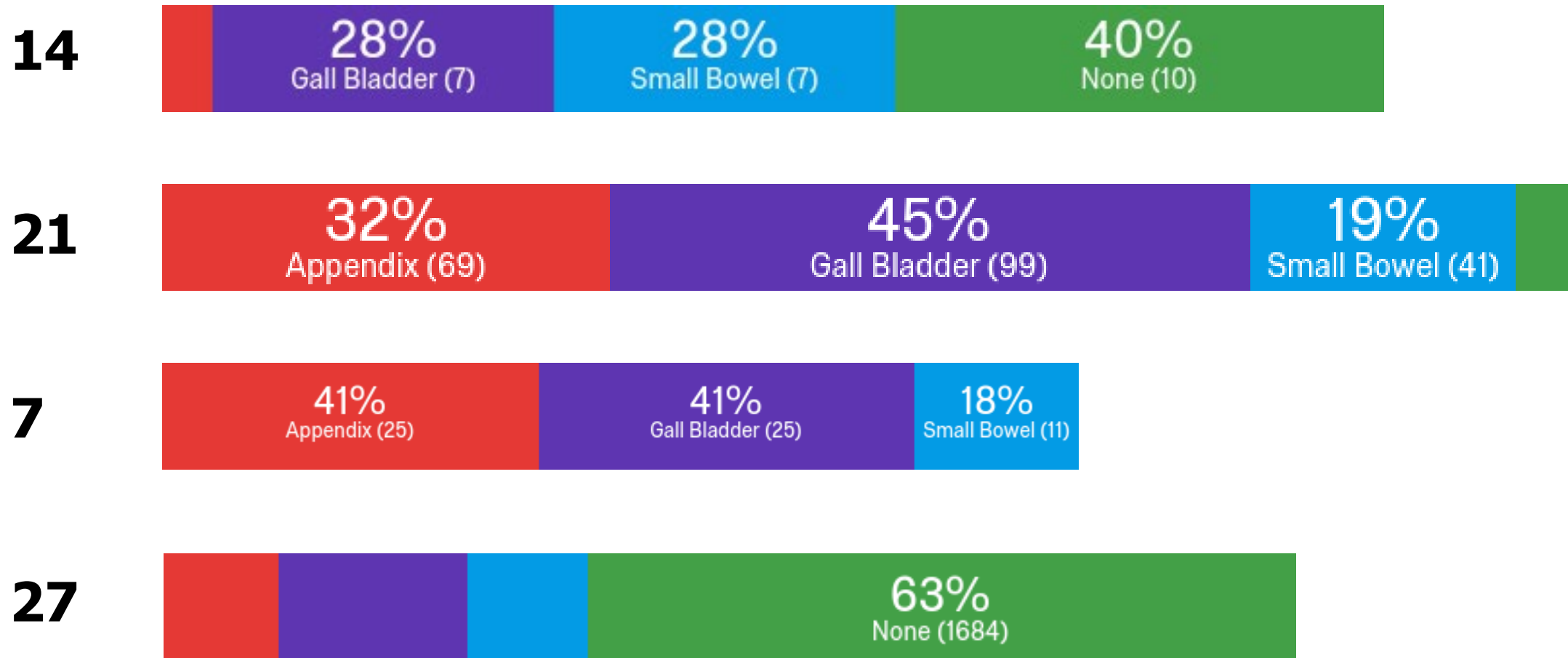
# Data

- ◆ Qualtrics
  - Total by hospital
  - Diseases
  - Operative
  - Non-operative

## Total Patients



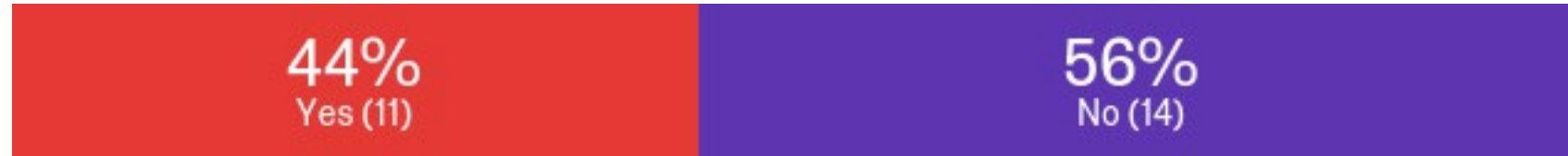
# Patients by Disease



Appendix Gall Bladder Small Bowel None

# Operation

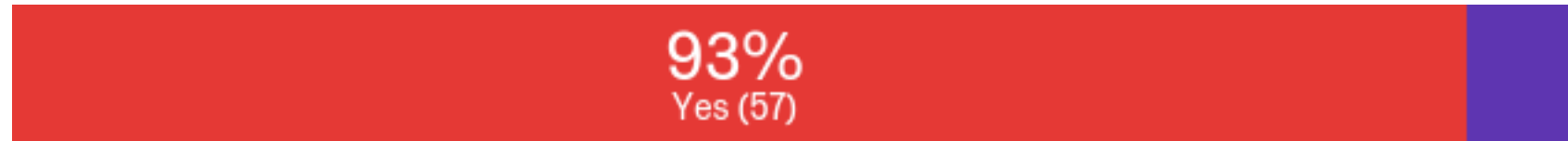
14



21



7



27



Yes No



# Multiple Operations in Same Patient

- ◆ Same Day/OR
  - Operation 1
  - Operation 2
- ◆ Multiple Day/ORs
  - 2<sup>nd</sup> look or discontinuity
  - Return to OR unexpectedly
- ◆ Data Capture
  - MSQC
  - Qualtrics

# Case A

- ◆ SBO with Hernia
  - OR
  - Dr. A lysis of adhesions (Colorectal)
  - Dr. B hernia repair (Gen Surg)

## Case B

### ◆ First OR

- Re-exploration of recent laparotomy
- Drainage intraabdominal abscess
- EGD
- Open gastrostomy tube placement

### ◆ Second OR

- Re-exploration of recent laparotomy
- Irrigation debridement of abdomen
- EGD
- Placement gastric stent
- Intra gastric drain



# MSQC CODING FOR LEFT IN DISCONTINUITY

# MSQC – Identify Damage Control Cases

- Use an unlisted CPT code to flag damage control cases
- Patients left in discontinuity will have their actual CPT changed to an unlisted CPT
- Three different CPT codes to choose from based on procedure and area of bowel
- Appendix C of the MSQC Program Manual

# MSQC Codes - Discontinuity

## Appendix C – 2019 Unlisted Procedure CPT® Codes

CPT® code	Procedure Name	Included for what cases? (contact MSQC if your case is not listed below)	Included as principal CPT® code?
37799	Unlisted procedure, vascular surgery		
38129	Unlisted laparoscopy procedure, spleen	partial lap splenectomy	YES
39599	Unlisted procedure, diaphragm		
43289	Unlisted laparoscopy procedure, esophagus	lap esophagectomy	YES
43499	Unlisted procedure, esophagus		YES
43659	Unlisted laparoscopy procedure, stomach	lap partial gastrectomy	YES
43999	Unlisted procedure, stomach	gastrocutaneous fistula repair with partial gastrectomy	YES
44238	Unlisted laparoscopy procedure, large or small intestine (except rectum)	Laparoscopic: <ul style="list-style-type: none"> <li>• intestine left in discontinuity</li> <li>• debridement of polyp</li> <li>• total or partial cecectomy</li> <li>• suture repair of intestine</li> <li>• volvulus repair</li> </ul>	YES
44799	Unlisted procedure, small intestine	Small intestine left in discontinuity	YES
44899	Unlisted procedure, Meckel's diverticulum and the mesentery		
44979	Unlisted laparoscopy procedure, appendix		
45399	Unlisted procedure, colon	colon left in discontinuity	YES
45499	Unlisted laparoscopy procedure, rectum		
45999	Unlisted procedure, rectum		

# Return to OR Case

## Surgery Performed

- First Surgery
  - *Diverticulitis with perforation and peritonitis*
  - *Exploratory laparotomy, resected mid-transverse colon to sigmoid, mobilization of splenic flexure, left in discontinuity*
- Second Surgery
  - *Exploratory laparotomy, mobilization of hepatic flexure and ascending colon, transverse colostomy and fascial closure*

## Coding

- First Surgery
  - *44140 – Colectomy, partial; with anastomosis*
  - *44139 – Mobilization of splenic flexure performed in conjunction w/partial colectomy*
- Second Surgery
  - *44320 – Colostomy or skin level cecostomy*

# CPT to Enter for Return to OR

- Qualtrics

- *Enter the actual CPT code (44140) for the first surgery.*

- MSQC

- *First surgery enter CPT 45399 (Colon Left In Discontinuity) from MSQC Table C instead of the actual CPT code **and** select other procedure(s) that were performed:*
  - *“Splenic Flexure Mobilization”*
- *Second surgery include as return to OR in “Postop Events” section. Use CPT 44320.*



# Multiple Return to OR

## Surgery Performed

- First Surgery
  - *Ischemic bowel 2 days post Vascular Surgery*
  - *Exploratory laparotomy and resection of 80 cm of terminal ileum, left in discontinuity*
- Second Surgery
  - *Exploratory laparotomy with resection of 10cm small bowel, anastomosis of ileum, loop ileostomy*
- Third Surgery
  - *Washout and facial closure*

## Coding

- First Surgery
  - *44120 – Enterectomy, resect small intestine; single resect and anastomosis*
- Second Surgery
  - *44120 – Enterectomy, resect small intestine; single resect and anastomosis*
  - *44310 – Ileostomy/Jejunostomy, nontube*
- Third Surgery
  - *49002 – Reopen recent laparotomy*

# CPT to Enter for Multiple Return

- Qualtrics

- *Enter the actual CPT code (44120) for the first surgery.*

- MSQC

- *First surgery enter CPT 44799 (Small Intestine Left In Discontinuity) from MSQC Table C instead of the actual CPT code.*
- *Second surgery include as return to OR in “Postop Events” section. Include 2 return to OR cases with the same date to enter both CPT 44120 and CPT 44310*
- *Third surgery include as return to OR in “Postop Events” section. Use CPT 49002.*

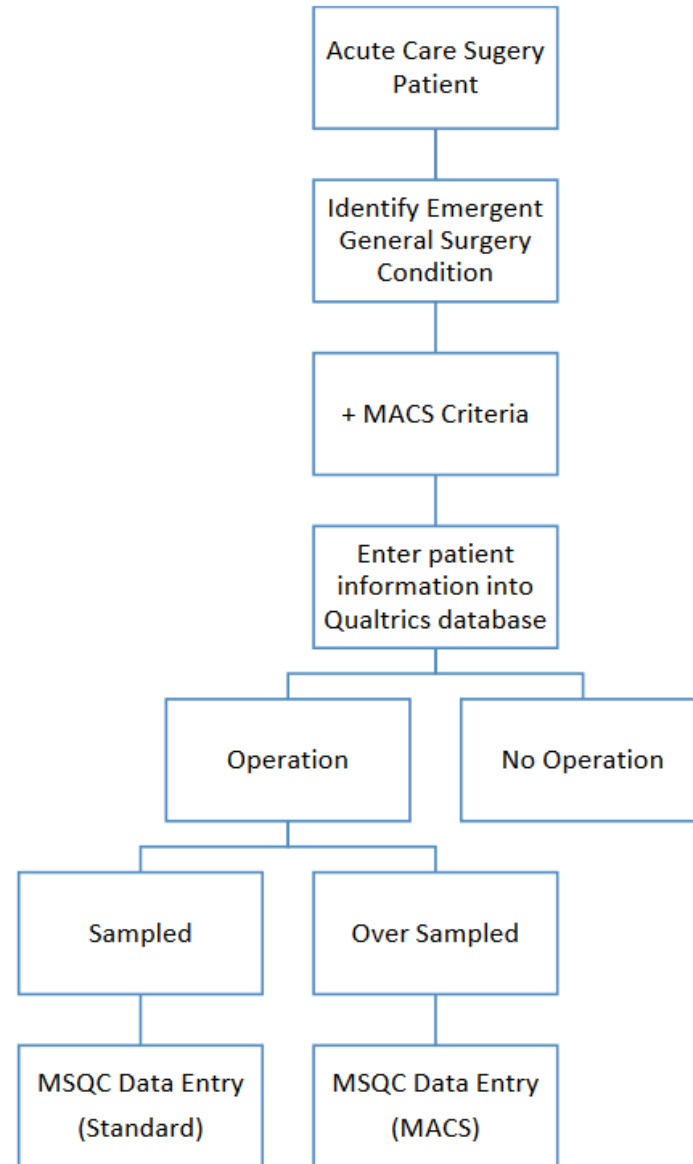
# Documenting Additional Information

- Comments section at the end of the Qualtrics case
- Follow-up section in MSQC has a comments section

## Case

- ◆ Does a sampled MSQC patient require data entry into Qualtrics?
  - Yes, if meets MACS criteria
  - Discussion

Flow Diagram



# Case

- ◆ ETOH Pancreatitis
  - No-operation > no data capture
- ◆ ETOH Pancreatitis
  - Emergent ex-lap > data capture
  - Qualtrics
  - MSQC
  - All operative interventions

## Case

- ◆ Colon and Rectal Surgery
- ◆ Planned resection of ileorectal anastomosis for SBO. "Complete twist of ileum"
- ◆ Active bleeding from pancreatic head
- ◆ Emergent consult to ACS
- ◆ Control of aneurysmal bleeding by ACS

# Case

- ◆ ER
- ◆ Gallstone Pancreatitis
  - Sent home
  - Yes
- ◆ Symptomatic cholelithiasis
  - Sent home
  - No



## Case

- ◆ Choledocholithiasis treated with ERCP and stent
- ◆ OR for cholecystectomy
  - Aborted (friability, poor mobility)
  - Code as diagnostic laparoscopy
  - Comments

# ICD 10 Diagnosis Codes

- ◆ Upper case letters
- ◆ Need decimal
  - K91.31