CHIA USER WORKGROUP

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CENTER FOR HEALTH INFORMATION AND ANALYSIS

Agenda

- Announcements:
 - APCD Release CY 2021 Updates
 - FY21 Case Mix Release Projections
- Website Updates
- User Support Questions
 - Case Mix and MAAPCD Comparison of Bariatric Surgery
 - Case Mix and MA APCD Comparison of Arrival via Ambulance
 - Case Mix and MAAPCD Comparison of COVID-19 Diagnosis
 - CDC WONDER addition of Massachusetts 2021 Death Data

► Q&A



MA APCD CY 2021

- Available for request
- Applicants with approved projects that require updated APCD data (CY 2021 Data) should submit to CHIA a completed Exhibit B (*Certificate of Continued Need and Compliance*) of the Data Use Agreement. After submitting a completed Exhibit B you will receive an invoice (if applicable) for the requested data. Upon payment of the invoice the order for the data will be placed.
- CY 2021 Data includes data on services from January 2017 December 2021 with six months of claim runout.



Case Mix FY21 Release

CURRENT RELEASE TIMEFRAMES FOR EACH FILE:

Inpatient (HIDD)

Available for request

Emergency Department (ED)

Available for request

Outpatient Observation (OOD)

Available for request



Applicants with approved projects that require newly available year(s) of Case Mix Data (e.g., FY 19) should submit to CHIA a completed Exhibit B (*Certificate of Continued Need and Compliance*) of the Data Use Agreement. After submitting a completed Exhibit B you will receive an invoice (if applicable) for the requested data. Upon payment of the invoice the order for the data will be placed.



Website Release Updates

- Updates on the production of APCD and Case Mix databases and status of data requests are now posted to CHIA's website!
 - Aim #1 is to provide weekly or bi-weekly status update on CHIA data products as they are in development.
 - Aim #2 is to provide applicants with information about expected fulfillment status for individual data requests.
 - Request IDs will be communicated to Data Requestors via email.
- Please visit <u>http://www.chiamass.gov/status-of-data-requests/</u> to see the current status of releases.



USER QUESTIONS

<u>Question</u>: CHIA previously gave a webinar on bariatric procedures in the MA APCD. We are studying the volume of such procedures nationwide and would like to determine the extent of procedures in the case mix data versus the MA

Answer: A wide variety of bariatric procedures coded as CPT codes are performed in outpatient observation stay but on a small volume of patients (see Table 1 below, asterisk for cell suppression of less than 11). During the pandemic, there was an increase in sleeve gastrectomy and unlisted laparoscopy stomach procedures which are newer bariatric interventions that do not yet have a code.

Table 1. FY2016 through FY2021 Outpatient Observation Stay Bariatric Procedures

Description	2016	2017	2018	2019	2020	2021
Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device						
and subcutaneous port components	26	17	15	*	*	*
Unlisted laparoscopy procedure, stomach	11	*	*	11	17	13
Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	*	*	*	*	*	16
Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device						
(eg, gastric band and subcutaneous port components)	*	*	*	*	*	*
Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y						
gastroenterostomy (roux limb 150 cm or less)	*	*	*	*	*	*
Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device						
component only	*	*	*	*	*	*
Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric						
restrictive device component only	*	*	*	*	*	*
Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device						
component only	*	*	*	*	*	*
Gastric restrictive procedure, open; revision of subcutaneous port component only	*	*	*	*	*	*
Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine						
reconstruction to limit absorption	*	*	*	*	*	*
Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less)						
Roux-en-Y gastroenterostomy	*	*	*	*	*	*
Gastric restrictive procedure, open; removal of subcutaneous port component only	*	*	*	*	*	*
Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	*	*	*	*	*	*



<u>Answer (continued)</u>: Even though the volume of bariatric procedures performed in observation stay is low, the volume of observation stays who have a history of bariatric surgery (ICD-10-CM Z98.84) increased by 28% from FY2019 to FY2020 (see Figure 1 below). The top ICD-10-PCS procedures performed on observation stay patients with a history of bariatric surgery are related to endoscopic inspections and repairs (See Table 1 below).



Figure 1. FY2016 through FY2021 Volume of Observation Stays with a History of Bariatric Surgery

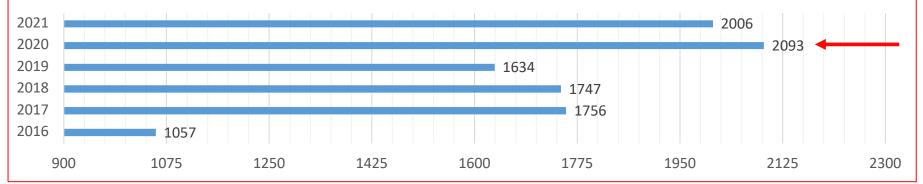


Table 1. Top 15 ICD-10 Procedures Performed on Observation Stays with a History of Bariatric Surgery

Procedure Code	Description
0DJ08ZZ	Inspection of Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0FT44ZZ	Resection of Gallbladder, Percutaneous Endoscopic Approach
0DTJ4ZZ	Resection of Appendix, Percutaneous Endoscopic Approach
0DB68ZX	Excision of Stomach, Via Natural or Artificial Opening Endoscopic, Diagnostic
0JB80ZZ	Excision of Abdomen Subcutaneous Tissue and Fascia, Open Approach
0DB38ZX	Excision of Lower Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB58ZX	Excision of Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DJD8ZZ	Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0WQF4ZZ	Repair Abdominal Wall, Percutaneous Endoscopic Approach
OWUF0JZ	Supplement Abdominal Wall with Synthetic Substitute, Open Approach
0J080ZZ	Alteration of Abdomen Subcutaneous Tissue and Fascia, Open Approach
0WUF4JZ	Supplement Abdominal Wall with Synthetic Substitute, Percutaneous Endoscopic Approach
0DB68ZZ	Excision of Stomach, Via Natural or Artificial Opening Endoscopic
0DBA8ZX	Excision of Jejunum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0WJG4ZZ	Inspection of Peritoneal Cavity, Percutaneous Endoscopic Approach
	contir

<u>Answer (continued)</u>: In the case mix hospital inpatient discharge data from FY2018 through FY2021, the monthly volume of patients with a history of bariatric surgery has not widely varied except in April 2020 during the height of the pandemic (**See Figure 1 below**).

Types of Bariatric Procedures

Figure 1. FY2018 through FY2021 Monthly Volume of Inpatient Discharges with a History of Bariatric Surgery

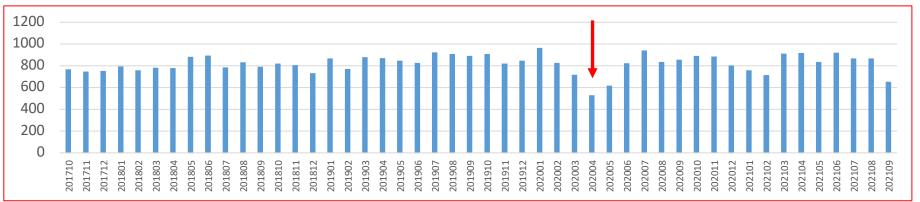


Table 1. Top 10 ICD-10 Procedures Performed on Inpatient Discharges with a History of Bariatric Surgery

Procedure Code	Description
0DJ08ZZ	Inspection of Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0D164ZA	Bypass Stomach to Jejunum, Percutaneous Endoscopic Approach
0DB68ZX	Excision of Stomach, Via Natural or Artificial Opening Endoscopic, Diagnostic
0W3P8ZZ	Control Bleeding in Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic
0DB64Z3	Excision of Stomach, Percutaneous Endoscopic Approach, Vertical
OWUF0JZ	Supplement Abdominal Wall with Synthetic Substitute, Open Approach
0BQT4ZZ	Repair Diaphragm, Percutaneous Endoscopic Approach
0D9670Z	Drainage of Stomach with Drainage Device, Via Natural or Artificial Opening
0DJD8ZZ	Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DBA8ZX	Excision of Jejunum, Via Natural or Artificial Opening Endoscopic, Diagnostic

Answer (continued): In the MA APCD Release 10, even with the impact in the reduction of claims due to Gobeille vs. Liberty Mutual, a higher volume of bariatric procedures can be found in the medical claims data (**See Table 1 below**). However, more pronounced than in case mix, the onset on the pandemic resulted in a significant decrease in distinct Massachusetts residents seeking bariatric procedures. **See Figure 1.**

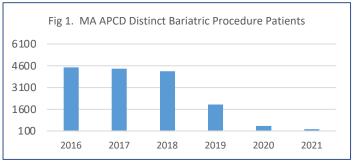


Table 1. Bariatric Procedures in MA APCD Release 10 Medical Claims by Year

Procedure Code	Description	2016	2017	2018	2019	2020	2021
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	2926	2988	2925	1353	292	161
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)			787	371	89	47
43659	Unlisted laparoscopy procedure, stomach	290	335	369	158	60	29
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	337	336	271	106	13	*
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	25	43	34	10	11	*
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	38	26	22	*	*	*
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	41	18	13	*	*	*
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only		*	*	*	*	*
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)		*	*	*	*	*
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy		*	14	*	*	*
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device43771component only		*	*	*	*	*
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	*	*	*	*	*	*
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	*	*	*	*	*	*
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	*	*	*	*	*	*
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine 43847 reconstruction to limit absorption		*	*	*	*	*
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	*	*	*	*	*	*

<u>Question</u>: It is unclear to me what level of information on ambulance services I can obtain from the case mix data versus the MA APCD. I see revenue codes for ambulance services, but no additional information.

<u>Answer</u>: Some hospitals, like Boston Children's Hospital, have their own ambulance services and you would see the billing for the ambulance service rolled into the inpatient patient revenue codes in the hospital inpatient discharge services file or as an HCPCS code in the outpatient emergency department services file.

Ambulance Billing



Ambulance services are separate outpatient care settings, have separate NPIs, and bill separately from the hospitals. The most detailed information on HCPCS/CPT procedures performed in ambulance, the transport distance, and billing can be found in the MA APCD. Those services can be found using the following taxonomy codes:

> Ambulance Service Taxonomy Codes 3416A0800X Air Transport 3416L0300X Land Transport

3416S0300X Water Transport

Ambulance Service Revenue Codes

Revenue Code	Description
0549	AMBULANCE - OTHER AMBULANCE
0548	AMBULANCE - EKG TRANSMISSION
0547	AMBULANCE - PHARMACY
0546	AMBULANCE - NEONATAL AMBULANCE SERVICES
0545	AMBULANCE - AIR AMBULANCE
0544	AMBULANCE - OXYGEN
0543	AMBULANCE - HEART MOBILE
0542	AMBULANCE - MEDICAL TRANSPORT
0541	AMBULANCE - SUPPLIES
0540	AMBULANCE - GENERAL CLASSIFICATION

CDC Wonder Updated to Include 2021 Death Data

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https://wonder.cdc.gov/ucd-icd10-expanded.html		G	e à	r 🔶	@ 1	ł
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CDC 24/7: Saving Lives, Protecting People™				×	Q	
CDC WONDER FAQs Help Contact Us WONDER Search						
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About Underlying Cause of Death, 2018-2021, Single Race						
Request Form Results Map Chart About						
Underlying Cause of Death Data Dataset Documentation Other Data Access Data Use Restrictions How to Use WONDER						
Note: Any use of these data implies consent to abide by the terms of the data use restrictions.						
The Underlying Cause of Death database contains mortality and population counts for all U.S. counties. Data are based on death certificates for U.S. resident a single underlying cause of death and demographic data. The number of deaths, crude death rates or age-adjusted death rates, and 95% confidence interva rates can be obtained by place of residence (total U.S., region, state and county), age group (single-year-of age, 5-year age groups, 10-year age groups and ethnicity, gender, year, cause-of-death (4-digit ICD-10 code or group of codes), injury intent and injury mechanism, drug/alcohol induced causes and urbaniz available for place of death, month and week day of death, and whether an autopsy was performed.	ils and standa infant age gr	ard error roups), r	rs for de race, His	ath spanic		
Data Use Restrictions:						
The Public Health Service Act (42 U.S.C. 242m(d)) provides that the data collected by the National Center for Health Statistics (NCHS) may be used only for obtained; any effort to determine the identity of any reported cases, or to use the information for any purpose other than for health statistical reporting and a Therefore users will:				ere		
Use these data for health statistical reporting and analysis only.						
• Do not present or publish death counts of 9 or fewer or death rates based on counts of nine or fewer (in figures, graphs, maps, tables, etc.).						
 Make no attempt to learn the identity of any person or establishment included in these data. 						
Make no disclosure or other use of the identity of any person or establishment discovered inadvertently and advise the NCHS Confidentiality Officer of a	any such disc	overy.				
Confidentiality Officer National Center for Health Statistics 2311 Taleda Road						

3311 Toledo Road Hyattsville, MD 20782 Telephone 888-642-4159 Email: nchsconfidentiality@cdc.gov

Where can I find past User Workgroup Presentations?

http://www.chiamass.gov/ma-apcd-and-case-mix-user-workgroupinformation/

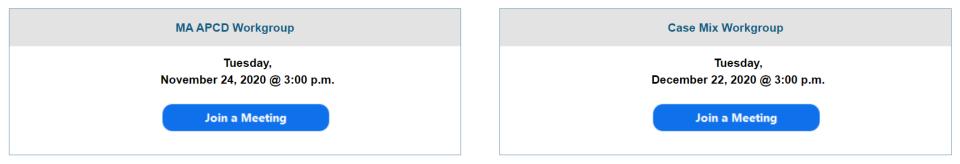
MA APCD / Case Mix Meeting Presentations

2019 Presentations						
2019 MA APCD Presentations	2019 Casemix Presentations					
MAAPCD Tuesday, November 26, 2019 Presentation (PDF) Word	Please Note: The Case Mix Workgroup Meeting for December 2019 was cancelled.					
MAAPCD Tuesday, September 24, 2019 Presentation (PDF) PPT	Case Mix Tuesday, October 22, 2019 Presentation (PDF) PPT 					
MA APCD Tuesday, July 23, 2019 Presentation (PDF) PPT	Case Mix Tuesday, August 27, 2019 Presentation (PDF) PPT					

CHIA

When is the next User Group meeting?

• The next User Group will meet Tuesday February, 28.



<u>http://www.chiamass.gov/ma-apcd-and-case-mix-user-workgroup-information/</u>

Resultant Research Using CHIA Data

• <u>https://www.chiamass.gov/resultant-research-using-chia-data</u>

CHIA.	HEAL	TH INFORMATION AND	ANALYSIS	CHIA DATA	ABOUT CHIA	Q Searc	ch	
MA APCD		Case Mix Data	Hospital a Provide		Information for D Submitters	ata	Public Records Request	

CHIA Data » Resultant Research Using CHIA Data

Resultant Research Using the MAAPCD and CHIA's Case Mix Data

The table below contains a sample of external research publications using CHIA's MAAPCD and Case Mix data (by year of publication). Case Mix specific research is highlighted in gray. If you have questions please email apcd.data@state.ma.us and/or casemix.data@state.ma.us.

Questions?

- Questions related to MA APCD: <u>apcd.data@chiamass.gov</u>
- Questions related to Case Mix: <u>casemix.data@chiamass.gov</u>

<u>REMINDER</u>: Please include your **IRBNet ID#**, if you currently have a project using CHIA data.

