STS *Congenital*

Congenital Updates:

Tips for Coding Complications
- Think intra/post op events – describing the intra and post-operative course
- Each definition is different – keep training manual open
- Timing – start intraoperatively and go thru the episode of care for most complications – exceptions noted in training manual
- Complications will overlap

Cardiac Dysfunction - How to code
- Must meet both:
  - Cardiac dysfunction and
  - Low cardiac output
- In the setting of normal cardiac function:
  - Hypovolemia will not meet criteria
  - Vasoplegia will not meet criteria

Cardiac Dysfunction - Coding Tips
- Criteria is not dependent on treatment
- No consideration of expected vs. unexpected
- Immediately post op timeframe still counts if criteria is met

Intraventricular Hemorrhage > Grade 2
- No current Training Manual definition
- Will bring over the IVH definition from preoperative factors
  - A Grade 3 IVH requires the existence of a neurologic imaging study indicating a new or previously unsuspected collection of intraventricular hemorrhage that involves at least 50% of the ventricular cross-sectional area in sagittal view but not an intraparenchymal component.
  - A Grade 4 IVH requires the existence of a neurologic imaging study indicating a new or previously unsuspected collection of intraventricular hemorrhage that includes an intraparenchymal component extending beyond the germinal matrix

Arrhythmias while in the OR

Do not code arrhythmias while on bypass/separating from bypass

Arrhythmia requiring drug therapy	Arrhythmia requiring cardioversion or defibrillation	Arrhythmia necessitating PM, Temporary PM
If drug given at the time of separation from bypass and is discontinued or resolved before leaving the OR, do not code	Includes rapid atrial/overdrive pacing for a rapid rhythm	Only code if the pacing is present when the patient leaves the OR