PRINCIPAL PROCEDURE AND DATE — Section 97228

For discharges occurring on or after January 1, 2017: The patient's principal procedure is defined as one that was performed for definitive treatment (rather than one performed for diagnostic or exploratory purposes) or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure. Procedures shall be coded according to the ICD-10-PCS. If only non-therapeutic procedures were performed, then a non-therapeutic procedure should be reported as the principal procedure, if it was a significant procedure. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. The date the principal procedure was performed shall be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

Specifications for reporting this data element with the Record Entry Form for online web entry of individual records:

PRINCIPAL PROCEDURE AND DATE

Month | *Day* | *Year (4-Digit)*

ICD-10-CM

DISCUSSION

Reporting Requirements:

- A date will be reported for all other procedures reported.
- For reporting this data element with online web entry of individual records or online data file transmission for discharges occurring on or after January 1, 2017: If the other procedure was performed on September 12, 2017, the reported value is **2017**0912.
- Other procedures and dates will be blank if no principal procedure is reported.

Transfers to Same-Facility Outpatient Care:

An inpatient who is sent to an outpatient setting within the same facility (which includes but is not limited to the Emergency Department or Ambulatory Surgery) does not qualify as a discharge. The data from the outpatient setting, including required significant procedures and charges, must be reported on the Inpatient record to HCAI.

Significant Procedure: The definition of a significant procedure is one that is surgical in nature, or carries a procedural risk, carries an anesthetic risk or is needed for MS-DRG assignment. The following specific definitions/guidelines should be used:

(1) **Surgery** includes incision, excision, amputation, introduction, endoscopy repair, destruction, suture and manipulation.

(2) **Procedural risk** – This term refers to a professionally recognized risk that a given procedure may induce some functional impairment, injury, morbidity, or even death. This risk may arise from direct trauma, physiologic disturbances, interference with natural defense mechanisms, or exposure of the body to infection or other harmful agents.

Traumatic procedures are those that are invasive, including nonsurgical procedures that utilize cutdowns that cause tissue damage (e.g., irradiation), or introduce some toxic or noxious substance (e.g., caustic test reagents)

Physiologic risk is associated with the use of virtually any pharmacologic or physical agent that can affect homeostasis (e.g., those that alter fluid distribution, electrolyte balance, blood pressure levels, and stress or tolerance tests).

Any procedure in which it is obligatory (or usual) to utilize pre- or postmedications that are associated with physiologic or pharmacologic risk should be considered as having a “procedural risk,” for example, those that require heavy sedation or drugs selected for their systemic effects such as alteration of metabolism, blood pressure or cardiac function. Some of the procedures that include harmful exposures are those that can introduce bacteria into the bloodstream (e.g., cardiac catheterization), those capable of suppressing the immune system, those that can precipitate idiosyncratic reactions such as anaphylaxia after the use of contrast materials, and those involving substances with known systemic toxicity.

Long-life radioisotopes pose a special kind of exposure risk to other persons as well as to the patient. Thus, these substances require special precautionary measures and the procedures using them carry procedural risk.

(3) **Anesthetic risk** – Any procedure that either requires or is regularly performed under general anesthesia carries anesthetic risk, as do procedures under local, regional, or other forms of anesthesia that induce sufficient functional impairment necessitating special precautions to protect the patient from harm.

(4) **Affect MS-DRG Assignment** - MS-DRG Assignment (by HCAI regulations) includes any procedure that would affect MS-DRG assignment. The Federal Register publishes the annual changes for the MS-DRG Grouper effective every October 1st. If a hospital has access to Appendix E of the MS-DRG *Definitions Manual* or the Federal Register for changes to the Hospital Inpatient Prospective Payment System they can look for procedure codes that will impact the MS-DRG assignment.

Some diagnostic and therapeutic procedures meet the reporting requirements according to the regulations. Examples of some procedures are:

- Surgical risk would be manual rupture of joint adhesions
- Anesthetic risk would be eye examination under anesthesia
- Procedural risk would be insertion of endotracheal tube that can tear the tissues or blood transfusion that can introduce harmful bacterial.
- A MS-DRG affecting procedures would be the alcohol/drug detoxification or mechanical ventilation.

Other Coding Systems: HCPCS and CPT codes are not accepted by HCAI on **inpatient** records.

Number of Other Procedures and Dates: Up to twenty other procedures and dates may be reported to HCAI.

Ambulatory Surgery Facility and Hospital Outpatient Services: Patients are sometimes admitted within three days of procedures performed in a licensed ambulatory surgery facility or as an outpatient at a hospital. Under certain circumstances, the ICD-10-CM procedure code(s) may be reported on the discharge data record. If so, the procedure date must be reported when it actually occurred and not be changed to the admission date. HCAI accommodates procedure dates three days prior to the admission date.