Definition of OAS CAHPS-eligible facility
HOPD: A unit of a hospital whose primary focus is to perform outpatient surgeries and procedures, is Medicare-certified, has a CMS Certification Number (CCN), and bills CMS under the Outpatient Prospective Payment System (OPPS). **ASC:** A freestanding medical facility that performs outpatient surgeries and procedures, is Medicare-certified, has a CCN, and meets the general conditions and requirements in accordance with 42 CFR 416 subpart B.

- For HOPDs: Every HOPD that is under this hospital's CCN needs to participate in OAS CAHPS for the sample to be valid.
- For ASCs: Every department or location within the ASC that is under their CCN needs to participate in OAS CAHPS for the sample to be valid.

When the HOPD or ASC provides the files, it must include the following:

- all patients whose outpatient surgery or procedure was given in an HOPD or ASC as defined by the project (eligibility criterion #4)
- all patients who had at least one outpatient surgery/procedure during the sample month (including outpatient surgeries and procedures when the patient had an overnight stay for observation but was not admitted to the hospital) (eligibility criterion #1)
- all patients regardless of insurance or method of payment (eligibility criterion #3)

and they must **exclude** the following

- patients who cannot be surveyed because of state regulations (eligibility criterion #12)
- no-publicity patients (eligibility criterion #11)
- prisoners if known (eligibility criterion #10)
- nursing home residents if known (eligibility criterion #8)
- patients discharged to hospice if known (eligibility criterion #9), and
- deceased patients if known (eligibility criterion #7).

Definition and Explanation of Some of the Data Elements Required From HOPDs and ASCs

This section provides more explanation on some of the variables on the monthly patient information file.

- **Patient's date of birth**. Patients must be 18 years of age on the day of their outpatient surgery/ procedure to be eligible for participation in the OAS CAHPS Survey.

- Vendors should ensure that their client HOPDs and ASCs include each patient's **mailing address**, even if a telephone survey is planned for that HOPD or ASC. For facilities planning telephone surveys, the mailing address for each patient is needed so that the vendor can obtain or verify the sample patient's telephone number. The facilities provide the initial contact information; however, survey vendors are strongly encouraged to use address verification or telephone number look-up services to obtain updated contact information.

- **Patient telephone phone number** is needed for mixed-mode and phone-only surveys. It is strongly recommended for mail-only modes because the telephone can be used to validate or update the patient's address information.

- The patient's **medical record number** is the unique identifier that the HOPD or ASC assigns to the patient that allows the HOPD or ASC to track and document the care provided to the patient. This number, along with other data elements, will allow the vendor to keep track of whether each patient has been recently sampled.

- **CPT-4 codes** are a standardized set of five-digit codes developed by the American Medical Association. The CPT codes relevant to OAS CAHPS are divided into the following categories:

    - 10004–10022 general
    - 10030–19499 integumentary system
    - 20000–29999 musculoskeletal system
    - 30000–32999 respiratory system
    - 33010–37799 cardiovascular system
    - 38100–38999 hemic and lymphatic systems
    - 39000–39599 mediastinum and diaphragm
    - 40490–49999 digestive system
    - 50010–53899 urinary system
    - 54000–55899 male genital system

- 55920–55980 reproductive system and intersex
- 56405–58999 female genital system
- 59000–59899 maternity care and delivery
- 60000–60699 endocrine system
- 61000–64999 nervous system
- 65091–68899 eye and ocular adnexa
- 69000–69979 auditory system
- 69990 microsurgery

Vendors should work closely with facilities to ensure that only eligible surgeries and procedures are included in the sample. Some HOPDs and ASCs perform additional procedures that would not be inappropriate for the OAS CAHPS Survey because of the limited involvement of the doctors and nurses or the fact that the CPT code represents preadmission testing, postsurgery follow-up testing, physical therapy, respiratory therapy, laboratory, or radiology testing only. For example, the following CPT codes fall within the range for Codes for Surgery but are not considered to be eligible for OAS CAHPS:

- 16020, 16025, 16030: Dressings or debridement of partial-thickness burns, initial or subsequent
- 29581: Application of multilayer compression system; leg (below knee), including ankle and foot
- 36600: Arterial puncture, withdrawal of blood for diagnosis
- 36416: Collection of capillary blood specimen
- 36415: Collection of venous blood by venipuncture

Additional CPT codes within the eligible range may also be excluded; however, the vendor must submit an Exception Request form to document the codes to be excluded.

- **G Codes** or HCPCS Level II codes are alphanumeric medical procedure codes for temporary procedures and professional services. HCPCS Level II codes are maintained by CMS. At this time, only four G-codes are OAS CAHPS-eligible: G0104, G0105, G0121, and G0260.

Name of location where surgery occurred. Some HOPDs or ASCs are part of larger, multisite institutions. The monthly patient information file should state the name of the location where each patient received his or her surgery. This name is included on the cover letter so that the patient recognizes the name of this location. It may not be the official name of the facility. If

there is only one location for all patients, then this value will be identical for all patients. Although location where surgery occurred is part of the monthly patient information file, OAS CAHPS does not report survey results for individual locations or units within the CCN. OAS CAHPS reports only at the CCN level.

- **Provider Name**. This is the HOPD's or ASC's Provider Name
- **Provider Number** This is the HOPD's or ASC's CCN.
- **Sample Year**. This is the calendar year in which the survey is conducted.
- **Sample Month**. Survey vendors will select a sample of patients who meet survey eligibility criteria for each calendar month. The Sample Month is the month for which the sample was selected.
- **Number of Patients Served**. This is the total number of patients who had at least one outpatient surgery or procedure during the sample month at the ASC or HOPD. This number should reflect all patients who received outpatient care in the sample month regardless of eligibility of that surgery, or of that patient, for OAS CAHPS. CCNs which contain multiple HOPD or ASC locations should note that this value should reflect the total number of patients served across all eligible HOPD/ASC locations. If the eligible ASC(s) or HOPD(s) served no patients during the sample month, enter zero for this variable on the data file for this sample month.
- **Number of Patients on the File Submitted by the HOPD(s) or ASC(s)**. As was explained in Chapter IV, the facility should withhold various categories of patients from the monthly patient information file that it supplies to vendor. These types of patients are: patients who are deceased, are not 18 years old or older, were discharged after their procedure to hospice, currently reside in a nursing home, are prisoners, or who requested that the facility not release their name to anyone outside that facility. This vendor should count the number of patients which the facility supplies and indicate that number on the data file for this sample month. As stated regarding Number of Patients Served, this value should reflect patients across all eligible HOPD or ASC locations in the CCN; if no patients were served during the sample month zero should be entered.