**Appendix B**

**Volume Minimums and Quality Assessment and Performance Improvement**

**Diagnostic Cardiac Catheterization**

Based on guidelines and standards issued by American College of Cardiology and Society for Cardiac Angiography and Interventions, each approved diagnostic cardiac catheterization service shall maintain a minimum annual caseload volume of 200 procedures per year.

New diagnostic cardiac catheterization services shall reach a minimum **200** procedures within 24 months of approval of the service. Each new diagnostic cardiac catheterization service must submit Quality Assessment and Performance Improvement (QAPI) quarterly reports required under 105 CMR 130.965(E), including service volume for each preceding quarter during this initial 24-month period via electronic submission in Research Electronic Data Capture (REDCap), a secure web application for building and managing online surveys, within 7 days of the end of the preceding quarter. Please email cardiacreporting@state.ma.us for the REDCap submission link.

A service providing fewer than **200** procedures per year shall, within 30 days of the end of the Department’s fiscal year reporting period, submit to the Department a copy of the previous year’s Quality Assessment and Performance Improvement (QAPI) quarterly reports required under 105 CMR 130.965(E). The QAPI reports shall contain all data outlined in 105 CMR 130.965(C) and (D)

* A service providing fewer than **150** procedures per year shall, within 30 days of the end of the Department’s fiscal year reporting period, request a review of the catheterization service by an appropriately qualified professional peer review organization or individual(s) approved by the Department.
	+ The request shall include certification by any physician conducting the peer review shall certify that he or she does not have any conflict of interest regarding the hospital and physicians to be reviewed.
	+ Peer review may not commence until the Department issues a written approval of the peer review organization or individual(s) to the service.
	+ The service shall submit the results of the review to the Department within 10 days of receipt.

The Department will determine whether a facility will continue to be approved to provide the service, subject to any conditions determined to be appropriate, based on a review of:

* The QAPI reports and,
* The results of the peer review, if applicable.

All diagnostic cardiac catheterization services shall submit their diagnostic procedure volumes for the previous Department’s fiscal year (July 1-June 30) using the attached form, via electronic submission to in REDCap within 30 days of the end of the fiscal year reporting period.

**Diagnostic and Interventional Cardiac Catheterization**

Based on guidelines and standards issued by American College of Cardiology, American Heart Association and Society for Cardiac Angiography and Interventions, each approved diagnostic and interventional cardiac catheterization service shall maintain a minimum annual caseload volume of **200** interventional procedures per year.

New diagnostic and interventional cardiac catheterization services shall reach a minimum **200** interventional procedures within 24 months of approval of the service. Each new diagnostic and interventional cardiac catheterization service must submit Quality Assessment and Performance Improvement (QAPI) quarterly reports required under 105 CMR 130.965(E), including interventional service volume for each preceding quarter during this initial 24-month period via electronic submission in REDCap within 7 days of the end of the preceding quarter. Please email cardiacreporting@state.ma.us for the REDCap submission link.

A service providing fewer than **200** interventional procedures per year shall, within 30 days of the end of the Department’s fiscal year reporting period, submit to the Department a copy of the previous year’s Quality Assessment and Performance Improvement (QAPI) quarterly reports required under 105 CMR 130.965(E). The QAPI reports shall contain all data outlined in 105 CMR 130.965(C) and (D)

* A service providing fewer than **150** interventional procedures per year shall, within 30 days of the end of the Department’s fiscal year reporting period, request a review of the catheterization service by an appropriately qualified professional peer review organization or individual(s) approved by the Department.
	+ The request shall include certification by any physician conducting the peer review shall certify that he or she does not have any conflict of interest regarding the hospital and physicians to be reviewed.
	+ Peer review may not commence until the Department issues a written approval of the peer review organization or individual(s) to the service.
	+ The service shall submit the results of the review to the Department within 10 days of receipt.

The Department will determine whether a facility will continue to be approved to provide the service, subject to any conditions determined to be appropriate, based on a review of:

* The QAPI reports and,
* The results of the peer review, if applicable.

All diagnostic and interventional cardiac catheterization services shall submit their diagnostic and interventional procedure volumes for the previous Department’s fiscal year (July 1-June 30) using the attached form, via electronic submission in REDCap within 30 days of the end of the fiscal year reporting period.

**Cardiac Catheterization Service Procedure Volume**

**Annual Submission**

This information must be submitted to the Department of Public Health, , by the Physician Director or the Nursing Director of the hospital’s Cardiac Catheterization Service no later than July 31st of the reporting year. Please submit this form in REDCap.

**Name of Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

C**ontact Information**

|  |
| --- |
| **Data Submitter** |
| **Name:** |  |
| **Phone #** |  |
| **Email:** |  |
| **Role/Title:** |  |

Does your facility have a second contact person? If no, please leave this table blank. If yes, please complete the following information:

|  |
| --- |
| **Data Submitter** |
| **Name:** |  |
| **Phone #** |  |
| **Email:** |  |
| **Role/Title:** |  |

Please complete the following:

|  |
| --- |
| **Physician Director of Cardiac Catheterization Service** |
| **Name:** |  |
| **Phone #** |  |
| **Email:** |  |
| **Role/Title:** |  |

Does your facility also have a Physician Director of Electrophysiology Service? If no, please leave this table blank. If yes, please complete the following information:

|  |
| --- |
| **Physician Director of Electrophysiology Service** |
| **Name:** |  |
| **Phone #** |  |
| **Email:** |  |
| **Role/Title:** |  |

1. Cardiac Catheterization Procedure Volume[[1]](#footnote-1):

Complete the following for the types and total number of cardiac catheterization procedures performed during July 1st through June 30th of the preceding year at this hospital:

1. Diagnostic Procedures [[2]](#footnote-2) **\_\_\_\_\_**
2. Interventional Procedures [[3]](#footnote-3) **\_\_\_\_\_**

C. Totalnumber of cardiac catheterization procedures performed (A+B) **\_\_\_\_\_**

Please note that if your facility performed <200 diagnostic and/or <200 interventional procedures, quarterly **Quality and Performance Improvement (QAPI)** assessments will be required for the next year.

Please note that if your facility performed <150 diagnostic and/or <150 interventional procedures, a **peer review** is also required. If this is applicable to your facility, please complete the following information:

|  |
| --- |
| **Peer Review Information** |
| **Name:** |  |
| **Phone #** |  |
| **Email:** |  |
| **Role/Title:** |  |
| **Organization:**  |  |

2. Physician Operators[[4]](#footnote-4):

A. # physicians credentialed to perform only diagnostic cardiac

 catheterization procedures **\_\_\_\_\_**

B. # physicians credentialed to perform diagnostic and interventional

 cardiac catheterization procedures **\_\_\_\_\_**

C. # physicians credentialed to implant pacemakers **\_\_\_\_\_**

D. # physicians credentialed to implant intracardiac devices **\_\_\_\_\_**

1 When a patient undergoes diagnostic *and* interventional cardiac catheterization procedures at the same time, i.e., the patient does not leave the table, each procedure is counted separately (as one diagnostic *and* one interventional procedure).

2 Diagnostic cardiac catheterization includes procedures in 2025 CPT Codes 93452-93461 and 93593-93598. One or more diagnostic procedures on the same patient, i.e., the patient does not leave the table, is counted as one procedure.

3 Interventional cardiac catheterization includes procedures in 2025 CPT Codes 92920-92944 and C9600-C9608.

4 Procedures performed by fellows should be credited to the attending physician. Therefore, do not include fellows in the number of physician operators.

1. When a patient undergoes diagnostic *and* interventional cardiac catheterization procedures at the same time, i.e., the patient does not leave the table, each procedure is counted separately (as one diagnostic *and* one interventional procedure). [↑](#footnote-ref-1)
2. Diagnostic cardiac catheterization includes procedures in 2025 CPT Codes 93451-93460 and 93593-93598. One or more diagnostic procedures on the same patient, i.e., the patient does not leave the table, is counted as one procedure. [↑](#footnote-ref-2)
3. Interventional cardiac catheterization includes procedures in 2025 CPT Codes 92920-92944 and C9600-C9608. [↑](#footnote-ref-3)
4. Procedures performed by fellows should be credited to the attending physician. Therefore, do not include fellows in the number of physician operators. [↑](#footnote-ref-4)