

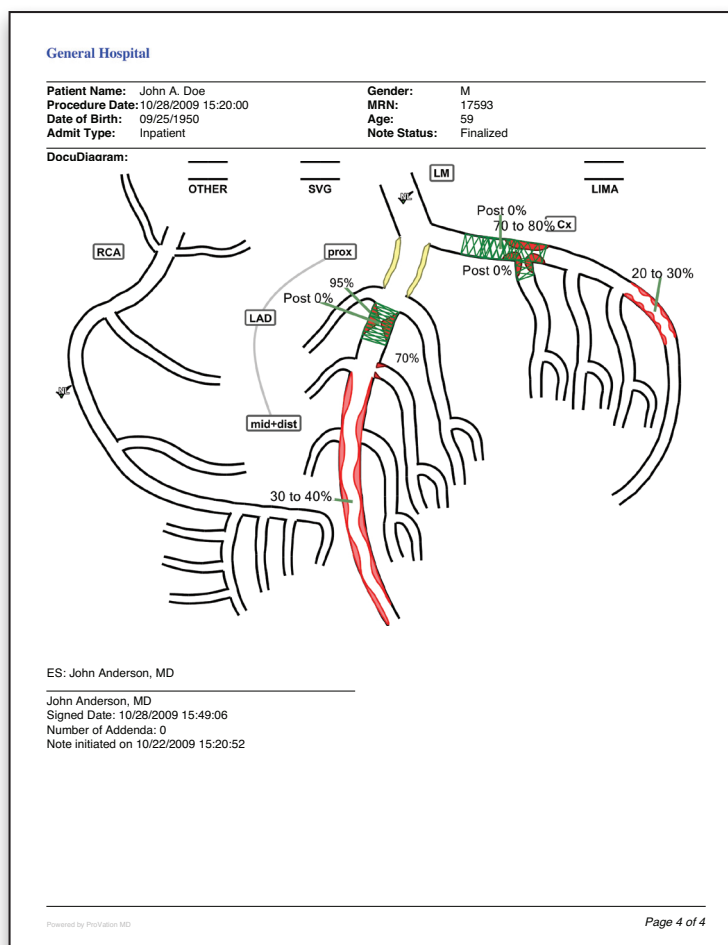
ProVation® Medical

ProVation® MD Cardiology

Seamlessly Documents Even the Most Complex
Cardiology Cases



CAN YOUR CURRENT DOCUMENTATION SYSTEM DO THIS?



ProVation® MD software takes the risk and guesswork out of documenting the simplest to the most complex cases performed in your cath lab.

- ProVation MD pulls information from your existing hemodynamic and CVIS systems
- Leads physicians through procedure documentation
- Generates the correct CPT and ICD codes
- Built specifically for physician documentation and coding

CODER READY NARRATIVE THAT MATCHES THE DIAGRAM

General Hospital
ProVation MD Sample Cardiac Cath Lab Note

Patient Name: John A. Doe Gender: M
 Procedure Date: 10/28/2009 15:20:00 MRN: 17593
 Date of Birth: 09/25/1950 Age: 59
 Admit Type: Inpatient Note Status: Finalized

Description of Procedure:
 Fluoroscopy
 - Fluoroscopy time: 11.5 minutes.
 Devices Used
 - Daig Standard Sheath 6 Fr.
 - Boston Scientific 6 Fr. JR 4.0
 - Balloon catheter utilized: Boston Sci Quantum Maverick RX 2.75mm x 20mm.
 - Cordis Vista Brite Tip 6Fr. JR 4.0
 - ACS/Guidant Sport .014" (190cm) Wire
 - Stent utilized: Boston Scientific Taxus RX Stent 3.0mm x 32mm.
 - Stent utilized: Boston Scientific Taxus Liberte (MR) Stent 2.5mm x 16mm.
 - Stent utilized: Boston Scientific Promus Stent 2.75mm x 15mm.

Approach:
 - Right femoral artery approach. Access method: Percutaneous puncture.

Left Heart Catheterization
 - At the conclusion of the procedure, the femoral sheaths were removed. Hemostasis was obtained with the Angio-Seal STS (St. Jude Medical) and manual compression.

Findings/Interventions:
Left Ventriculography
 - The overall left ventricular systolic function was mildly reduced. Left ventricular ejection fraction was 40% by left ventriculogram. Mild hypokinesis of the anterior wall of the left ventricle. Normal structure and function of the aortic valve were seen. Mitral valve regurgitation was not seen.

Left Main Coronary Artery
 - There were no obstructing lesions in the entire left main coronary artery. Blood flow appeared normal.

Left Anterior Descending Artery
 - The proximal left anterior descending artery was moderately calcified. There was a 95% discrete stenosis in the mid left anterior descending artery. There was a 70% discrete ostial stenosis in the proximal second diagonal artery. There was a 30 to 40% diffuse stenosis in the LAD from mid to the distal portion. A standard angioplasty balloon was inflated 1 time in the mid left anterior descending artery for a maximum duration of 30 seconds to a maximum pressure of 8 atm. Post-procedure stenosis was subtotal, necessitating the plan to proceed to stent placement. A drug eluting, Boston Scientific Taxus RX Stent 3.0mm x 32mm stent was placed in the mid left anterior descending artery and post-dilated to 3.5 mm. Post-procedure stenosis was 0%. TIMI flow was grade 3 before intervention and grade 3 post intervention. There was no dissection and no perforation.

Left Circumflex Artery
 - There was a 70 to 80% bifurcation stenosis in the circumflex artery at the junction of the first obtuse marginal artery. There was a 20 to 30% diffuse stenosis in the distal left circumflex artery. A drug eluting, Boston Scientific Taxus Liberte (MR) Stent 2.5mm x 16mm stent was placed from the proximal left circumflex artery to proximal first obtuse marginal artery. There was no dissection and no perforation. A drug eluting, Boston Scientific Promus Stent 2.75mm x 15mm stent was placed from the proximal to the mid circumflex artery and post-dilated to 2.75 mm. Post-procedure stenosis was 0%. TIMI flow was grade 2 before intervention and grade 3 post intervention. The adjacent stents abutted each other. They were placed across the bifurcated lesion using the Culottes' technique.

Right Coronary Artery
 - There were no obstructing lesions in the proximal to the distal right coronary artery. Blood flow appeared normal.

Complications:
 There were no complications during the procedure.

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Measurements:	Position	OR SATS (%)	Pressure (mmHg)	(Mean) / ERP
Blood Pressure	120 / 75	Femoral	/	/
Heart Rate	77 bpm	Aorta	123 / 66	/
Oxygen Saturation Percent	98	LV	129 / 0	52
Respiratory Rate	15	LA	/	/
Body Surface Area	2.37	SVC	/	/
Cardiac Output	/	PVC	/	/
Cardiac Index	/	RA	/	/
LV Ejection Fraction	40%	HRA	/	/
RV Ejection Fraction	/	LRA	/	/
PA	/	RV	/	/
PA	/	PA	/	/
RV	/	RV	/	/
APCQ Valve	Mitral Valve			
Peak Gradient				
Mean Gradient				
Valve Area				
Valve Index				
Oxygen Saturation Percent	98			
Mean Arterial Pressure	80			
Respiratory Rate	15			
Heart Rate	77 bpm	BPM		
Body Surface Area	2.37	m ²		
LV Ejection Fraction	40%			

CPT Code(s):
 92980, LD, Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
 93510, Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous
 92981, LC, Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (list separately in addition to code for primary procedure)
 93566, 59, Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)
 93565, 59, Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography
 93545, Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand)
 93543, Injection procedure during cardiac catheterization; for selective left ventricular or left atrial angiography

ICD Code(s):
 414.01, Coronary atherosclerosis of native coronary artery
 754.29, Other nonspecific abnormal function study of cardiovascular system
 411.1, Intermediate coronary syndrome

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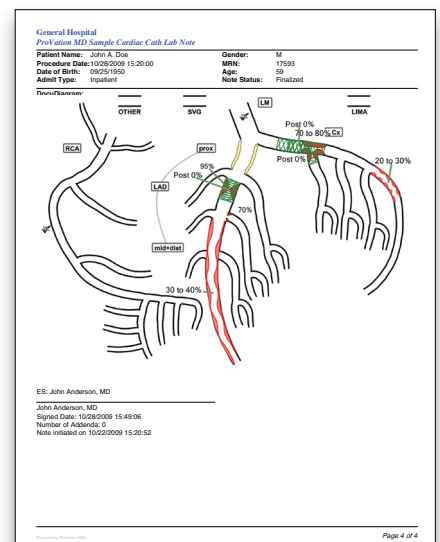
The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.

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Take a look at a diagram of this cardiology case that requires:

- Left cardiac catheterization
- Left ventriculography
- Coronary angiography
- Angioplasty
- Stent placement

Your current documentation and coding system probably claims to do it all. But can it seamlessly handle complex cases that lead to physician frustration and continued reliance on dictation?



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