Episode of Care:

Cholecystectomy (EOC-F-CHOLE)

Episode Design Summary

April 2019
CHOLECYSTECTOMY EPISODE DESIGN

EPISODE DEFINITION

EPISODE SUBTYPES

There are no subtypes for this episode type.

EPISODE TRIGGER(S)

A Cholecystectomy Episode is triggered by the following:

- An open or laparoscopic cholecystectomy procedure, with a primary or secondary diagnosis indicating conditions related to a cholecystectomy.

See the Appendix for a list of triggering codes.

EPISODE DURATION

An episode begins on the date of the cholecystectomy procedure and ends 90 days after the procedure.

EPISODE SERVICES

The episode will include the following services rendered within the duration of the episode:

- During the procedure: cholecystectomy surgery and related services such as inpatient and outpatient facility services, professional services, and related medications.
- Within 30-days post-procedure: any service related to the episode including inpatient and outpatient facility services, professional services, related medications, treatment for post-procedure complications, and inpatient post-procedure admissions.
- Within 90 days post-procedure: any service related to procedure specific complications such as relevant emergency department, inpatient, and outpatient facility services, professional services, medications and treatments.

PRINCIPAL ACCOUNTABLE PROVIDER

The Principal Accountable Provider (PAP) for a Cholecystectomy Episode is the primary surgeon performing the cholecystectomy.
EPISODE EXCLUSIONS

Episodes meeting any of the following criteria will be excluded:

GLOBAL EXCLUSIONS

- Medicaid and Medicare dual enrollment (i.e., “dual-eligible”) during the episode.
- Beneficiaries who do not have continuous Medicaid enrollment for the duration of the episode.
- Beneficiaries with Third Party Liability.
- Beneficiaries with select comorbid conditions.
- Beneficiaries leaving against medical advice.
- Beneficiaries expiring during the episode duration.
- Beneficiaries admitted to hospice care.
- Episodes that are a result from trauma.
- Beneficiaries who are pregnant during episode duration.

EPISODE SPECIFIC EXCLUSIONS:

- Beneficiaries who are less than age 2 or greater than age 64 on the date of the procedure.
- Beneficiaries with relevant comorbid conditions or past procedures indicated by paid Medicaid claims with dates of service within 365 days prior to or 90 days after a cholecystectomy.
- Beneficiaries who are pregnant within 30 days prior to or up to 90 days after a cholecystectomy procedure.
- Beneficiaries who have been admitted to an intensive care unit (ICU) within the 30 days preceding a cholecystectomy.
- Beneficiaries with acute pancreatitis, cirrhosis, or cholangitis concurrent with the procedure.
- Beneficiaries with an open cholecystectomy procedure. This would include surgeries initiated or converted to open.
EPISODE ADJUSTMENTS

For the purposes of determining a PAP’s performance, the total reimbursement attributable to the PAP for a Cholecystectomy Episode is adjusted based on:

- Patient comorbidities or statistically significant risk factors that influence the cost of an episode (including indirectly related health conditions such as acute cholecystitis and common bile duct stones).
- Episodes in which patients have been admitted to an emergency department prior to the procedure.

QUALITY MEASURES

QUALITY MEASURES “TO PASS”

The following quality measures are linked to gain sharing eligibility, and must be met in order “to pass”:

- The PAP’s percentage of valid episodes with a CT scan prior to the cholecystectomy must be below the maximum threshold of 44%.

Note: All metrics for this episode are based on paid Medicaid claims data.

QUALITY MEASURES “TO TRACK”

The following quality measures are tracked for informational/reporting purposes:

- Rate of major complications during the procedure or during the post-procedure window.
  - The major complications are: common bile duct injury, abdominal blood vessel injury, and bowel injury.
- Number of laparoscopic cholecystectomies converted to open surgeries.
- Number of cholecystectomies initiated via an open surgical approach.

Note: All metrics for this episode are based on paid Medicaid claims data.

MINIMUM CASE VOLUME

The minimum case volume is five valid episodes during the 12-month performance period.
### APPENDIX

#### EPISODE TRIGGERING PROCEDURE CODES

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<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>47562</td>
<td>Laparoscopy, surgical; cholecystectomy</td>
</tr>
<tr>
<td>47563</td>
<td>Laparoscopy, surgical; cholecystectomy with cholangiography</td>
</tr>
<tr>
<td>47564</td>
<td>Laparoscopy, surgical; cholecystectomy with exploration of common duct</td>
</tr>
<tr>
<td>47600</td>
<td>Cholecystectomy;</td>
</tr>
<tr>
<td>47605</td>
<td>Cholecystectomy; with cholangiography</td>
</tr>
<tr>
<td>47610</td>
<td>Cholecystectomy with exploration of common duct;</td>
</tr>
<tr>
<td>47620</td>
<td>Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography</td>
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</tbody>
</table>

<table>
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<tr>
<th>ICD-10 PX Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0F540ZZ</td>
<td>Destruction of Gallbladder, Open Approach</td>
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<tr>
<td>0F543ZZ</td>
<td>Destruction of Gallbladder, Percutaneous Approach</td>
</tr>
<tr>
<td>0F544ZZ</td>
<td>Destruction of Gallbladder, Percutaneous Endoscopic Approach</td>
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<tr>
<td>0FB40ZZ</td>
<td>Excision of Gallbladder, Open Approach</td>
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<tr>
<td>0FB43ZZ</td>
<td>Excision of Gallbladder, Percutaneous Approach</td>
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<tr>
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<td>Excision of Gallbladder, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
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<td>Resection of Gallbladder, Open Approach</td>
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<tr>
<td>0FT44ZZ</td>
<td>Resection of Gallbladder, Percutaneous Endoscopic Approach</td>
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