Informational Episode of Care:

Appendectomy (EOC-I-APPY)

Episode Design Summary

April 2019
APPENDECTOMY INFORMATIONAL EPISODE DESIGN

EPISODE DEFINITION

EPISODE SUBTYPES

There are no subtypes for this episode type.

EPISODE TRIGGER(S)

An Appendectomy Episode is triggered by the following:

- An Emergency Department (ED) visit or hospital stay where the primary diagnosis is related to appendectomy.

  See the Appendix for a list of triggering codes.

EPISODE DURATION

- An episode begins on the day prior to the date of admission to the ED or inpatient facility.
- An episode ends 30 days after discharge from facility.

EPISODE SERVICES

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

- Day prior to surgery: professional services and related care (i.e. inpatient and outpatient facility services, professional services, related medications.)
- During procedure: appendectomy surgery, professional services and related care (i.e. inpatient and outpatient facility services, professional services, related medications, treatment for complications.)
- Hospital readmission based on these criteria:
  - All cause readmissions from facility discharge day 1 through day 3.
  - Relevant complications from day 4 through day 30.
- Within 30 days post-procedure: related services (i.e., outpatient facility services, professional services, related medications, treatment for complications.)
PRINCIPAL ACCOUNTABLE PROVIDER

- The Principal Accountable Provider (PAP) for an Appendectomy episode is the facility where the appendectomy is performed.

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 the age of 5 or greater than or equal to the age of 65 on the date of the trigger.
- Beneficiaries with one or more of the following comorbidities within 365 days prior to the appendectomy:
  - Specified intestinal cancers
  - Coma
  - Plegias
  - Structural and other lung disorders
EPISODE ADJUSTMENTS

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

- Beneficiaries greater than or equal to 5 years of age and beneficiaries less than or equal to 12 years of age
- Diabetes
- Ruptured appendix/peritonitis
- Peritoneal abscess
- Obstructive bowel disease

EPISODE METRICS

QUALITY MEASURES (INFORMATIONAL)

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

- Percent of valid episodes with abdominal imaging prior to appendectomy.
- Rate of CT Scans.
- Rate of appendectomies via open surgery.
- Rate of Ultra Sounds (US).

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

UTILIZATION MEASURES (INFORMATIONAL)

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

- Average length of stay for inpatient admissions.
- Average rate of inpatient admissions post-procedure.

Note: All metrics are based on paid Medicaid claims data.
## APPENDIX

### EPISODE TRIGGERING PROCEDURE CODES

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>44950</td>
<td>Appendectomy</td>
</tr>
<tr>
<td>44960</td>
<td>Appendectomy; for ruptured appendix with abscess or generalized peritonitis</td>
</tr>
<tr>
<td>44970</td>
<td>Laparoscopy, surgical, appendectomy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10-PX Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0DTJ0ZZ</td>
<td>Resection of Appendix, Open Approach</td>
</tr>
<tr>
<td>0DTJ4ZZ</td>
<td>Resection of Appendix, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0DTJ7ZZ</td>
<td>Resection of Appendix, Via Natural or Artificial Opening</td>
</tr>
<tr>
<td>0DTJ8ZZ</td>
<td>Resection of Appendix, Via Natural or Artificial Opening Endoscopic</td>
</tr>
</tbody>
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