222.000 HYSTERECTOMY EPISODES

222.100 Episode Definition/Scope of Services 10-1-16

A. **Episode subtypes:**

There are no subtypes for this episode type.

B. **Episode trigger:**

Episode is triggered by abdominal, vaginal or laparoscopic hysterectomy procedure and a primary diagnosis indicating conditions related to hysterectomy.

C. **Episode duration:**

Episode begins on the date of service of the first consultation with a PAP within 60 days prior to the hysterectomy procedure and ends 60 days after discharge from facility.

D. **Episode services:**

The following services are included in the episode:

1. Within 60 days prior to procedure: All consultations and appointments with performing provider and any related services including laboratory, radiological and diagnostic procedures related to the diagnosis resulting in a hysterectomy
2. During procedure: Hysterectomy surgery, professional services and related care (i.e., inpatient and outpatient facility services, professional services, related medications, treatment for complications)
3. All cause readmissions from facility discharge day 1 through day 3
4. Relevant complications from day 4 through day 30
5. Within 60 days post-procedure: Related services (i.e., outpatient facility services, professional services, related medications, treatment for complications)

222.200 Principal Accountable Provider 10-1-16

For each episode, the Principal Accountable Provider (PAP) is the primary surgeon performing the hysterectomy.

222.300 Exclusions 10-1-16

Global exclusions from Section 200.300 are applied to this episode.

Episode specific exclusions:

A. Beneficiaries who are less than the age of 18 or greater than or equal to the age of 65 on the date of the trigger

B. Beneficiaries with one or more of the following comorbidities within 365 days prior to the hysterectomy:

1. Cervical cancers
2. Select plegias
3. Select immunity disorders

C. Beneficiaries undergoing a radical hysterectomy
For the purpose of determining a PAP’s performance, the total reimbursement attributable to the PAP is risk-adjusted for hysterectomy episodes in which patients have comorbidities, including the following related health conditions:

A. Beneficiaries with a BMI greater than or equal to 40
B. Beneficiaries undergoing a salpingectomy/oophorectomy during the hysterectomy procedure

A. *Quality measures “to pass”:*
   1. Percent of episodes with a supracervical hysterectomy – maximum rate to pass is 10 percent

B. *Quality measures “to track”:*
   1. Percent of episodes where laparoscopic hysterectomies convert to open surgeries
   2. Percent of episodes with a vaginal hysterectomy

A. The acceptable threshold is $2,683.00.
B. The commendable threshold is $2,351.00.
C. The gain sharing limit is $1,668.00.
D. The gain sharing percentage is 50%.
E. The risk sharing percentage is 50%.

The minimum case volume is 5 valid episodes per 12-month performance period.