APPENDECTOMY EPISODES

Episode Definition/Scope of Services

A. **Episode subtypes:**
   There are no subtypes for this episode type.

B. **Episode trigger:**
   Episode is triggered by an emergency department (ED) visit or hospital stay where the primary diagnosis is related to appendectomy.

C. **Episode duration:**
   Episode begins on the day prior to the date of admission to the ED or inpatient facility. It ends 30 days after discharge from facility.

D. **Episode services:**
   The following services are included in the episode:
   1. Day prior to surgery: professional services and related care (i.e. inpatient and outpatient facility services, professional services, related medications)
   2. During procedure: appendectomy surgery, professional services and related care (i.e. inpatient and outpatient facility services, professional services, related medications, treatment for complications)
   3. Hospital readmission based on these criteria:
      a. All cause readmissions from facility discharge day 1 through day 3
      b. Relevant complications from day 4 through day 30
   4. Within 30 days post-procedure: related services (i.e., outpatient facility services, professional services, related medications, treatment for complications)

Principal Accountable Provider

For each episode, the Principal Accountable Provider (PAP) is the facility where the appendectomy is performed.

Exclusions

Global exclusions from Section 200.300 are applied to this episode.

Episode specific exclusions:

A. 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

B. Beneficiaries with one or more of the following comorbidities within 365 days prior to the appendectomy:
   1. Specified intestinal cancers
   2. Coma
   3. Plegias
   4. Structural and other lung disorders
C. Beneficiaries with extraordinarily high or low cost episodes

224.400 Adjustments

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

A. Beneficiaries greater than or equal to 5 years of age and beneficiaries less than or equal to 12 years of age
B. Diabetes
C. Ruptured appendix/peritonitis
D. Peritoneal abscess
E. Obstructive bowel disease

224.500 Quality Measures

A. Quality measures “to pass”:
   1. Percent of valid episodes with abdominal imaging prior to appendectomy – must be equal to or greater than 75%
B. Quality measures “to track”:
   1. Rate of appendectomies via open surgery
   2. Rate of inpatient hospital admissions post procedure

224.600 Thresholds for Incentive Payments

A. The acceptable threshold is $2,315.00.
B. The commendable threshold is $1,848.00.
C. The gain sharing limit is $1,442.00.
D. The gain sharing percentage is 50%.
E. The risk sharing percentage is 50%.

224.700 Minimum Case Volume

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