

Dental tooth extraction: episode definition

Summary document

November 2017



Ohio

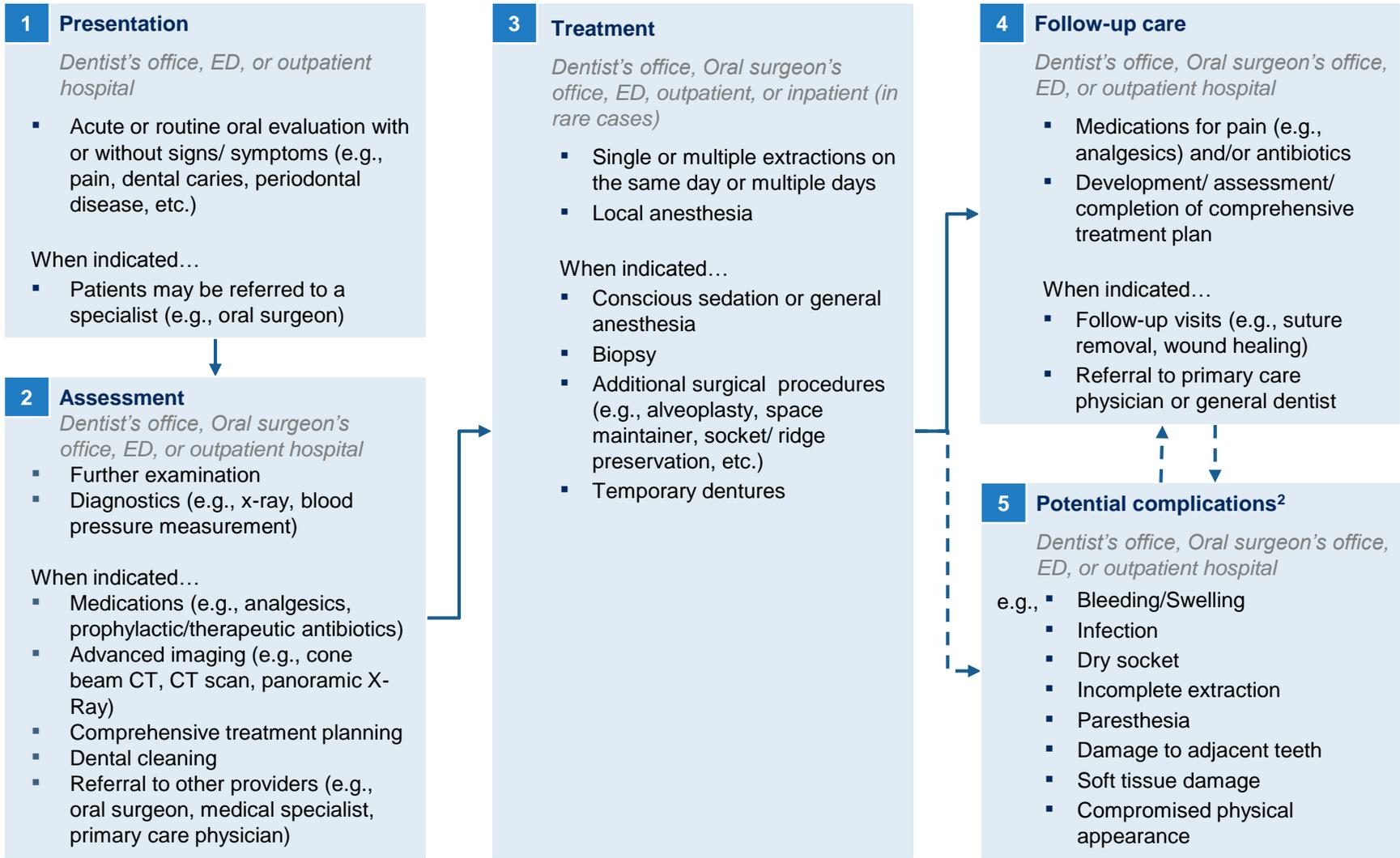
Governor's Office of
Health Transformation

Elements of the episode definition

Category	Description
1 Episode trigger	<ul style="list-style-type: none"> Diagnoses or procedures and corresponding claim types and/or care settings that characterize a potential episode
2 Episode window	<ul style="list-style-type: none"> Pre-trigger window: Time period prior to the trigger event; relevant care for the patient is included in the episode Trigger window: Duration of the potential trigger event (e.g., from date of inpatient admission to date of discharge); all or relevant care is included Post-trigger window: Time period following trigger event; relevant care and complications are included in the episode
3 Claims included	
4 Principal accountable provider	<ul style="list-style-type: none"> Provider who may be in the best position to assume principal accountability in the episode based on factors such as decision making responsibilities, influence over other providers, and portion of the episode spend
5 Risk adjustment	<ul style="list-style-type: none"> Patient characteristics, comorbidities, diagnoses or procedures that may potentially indicate an increased level of risk for a given patient in a specific episode
6 Quality metrics	<ul style="list-style-type: none"> Measures to evaluate quality of care delivered during a specific episode

Patient journey¹

→ May not be experienced by all patients

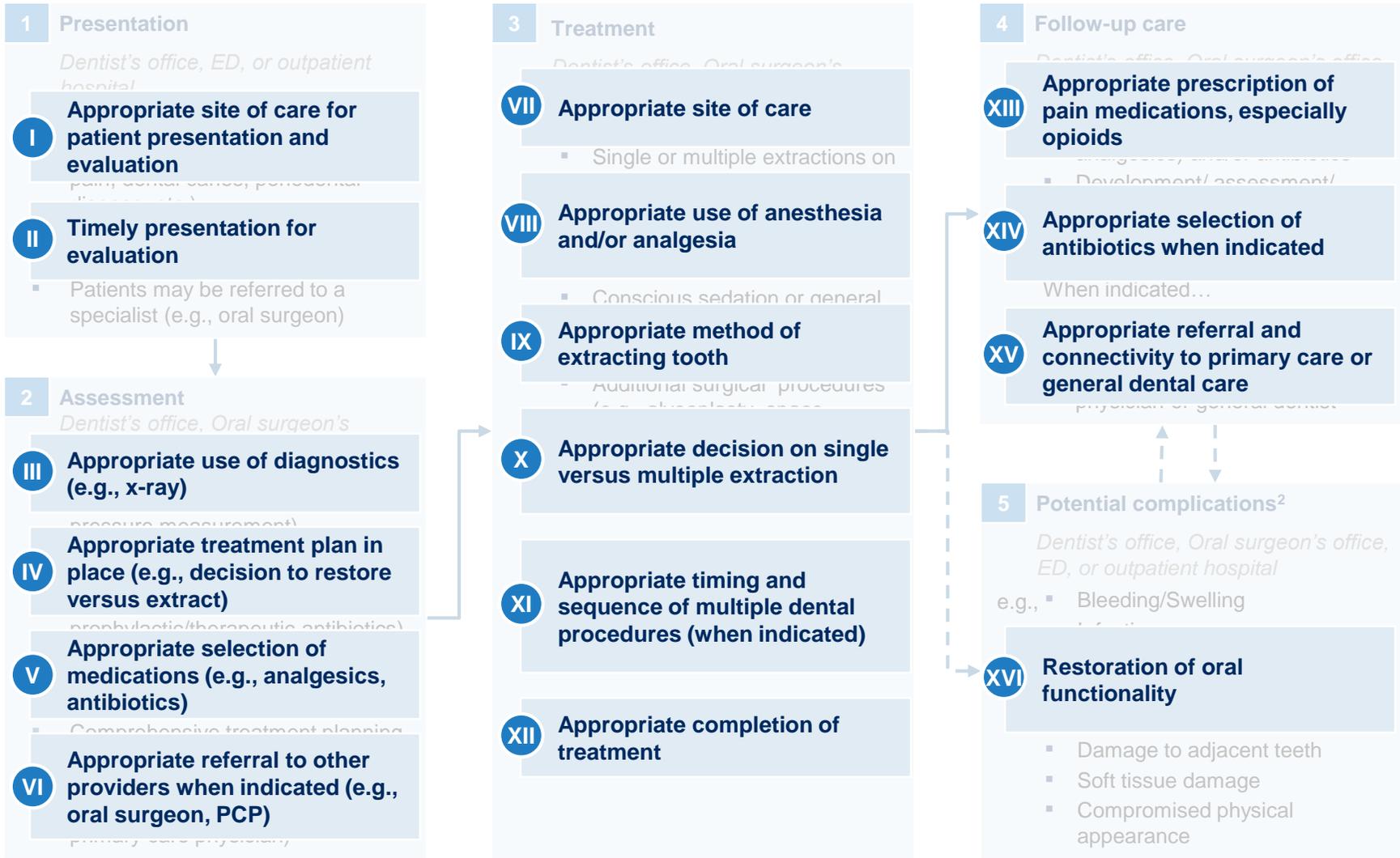


¹ Represents typical patient pathway; individual patient pathways may differ based on the patient's clinical status

² Potential complication list is not exhaustive

SOURCE: Clinical guidelines; expert interviews

Sources of value



Tooth extraction episode definition (1/3)

Area

Episode base definition

1 Episode trigger

- A simple or surgical extraction dental procedure that does not overlap with a hospitalization

2 Episode window

- Episodes begin **60 days** before the procedure
- Episodes end **30 days** after the procedure

3 Claims included¹

- **During the pre-trigger window 2:** Dental E&M¹ services and relevant dental imaging
- **During the pre-trigger window 1:** Pre-trigger window 2 inclusions plus relevant medical E&M services, imaging, and medications
- **During the trigger window:** All dental services, specific medical and pharmacy services
- **During post-trigger window 1:** Care after extraction (including complications), relevant imaging, testing, procedures, and medications
- **During post-trigger window 2:** Opioid medications

4 Principal accountable provider

- The PAP is the **provider or provider group** responsible for performing the tooth extraction procedure
- The billing provider ID on the triggering professional claim will be used to identify the PAP

¹ Evaluation and management services

Tooth extraction episode definition (2/3)

Area

Episode base definition

- **Risk adjustment:**¹ 40 factors for use in risk adjustment including multiple extractions, previous restorative procedures, previous endodontic procedures, epilepsy, hypertension, developmental disorders, chromosomal anomalies
- **Episode exclusion:**² There are three types of exclusions:
 - Business exclusions:
 - Concurrent scope, dual coverage, FQHC/RHC as PAP, incomplete episode, inconsistent enrollment, long hospitalization, long-term care, missing APR-DRG, multiple payers, non-acute episodes, PAP out of state, no PAP, third-party liability
 - Standard clinical exclusions:
 - Age, coma, cystic fibrosis, death, end-stage renal disease, HIV, left against medical advice, members with large number of comorbidities, multiple sclerosis, paralysis, transplant, tuberculosis
 - Episode-specific clinical exclusions:
 - Dental procedure CPT code

5 Risk adjustment and episode exclusion

1 A full list of risk factors is available in the detailed business requirements

2 A full list of exclusions is available in the detailed business requirements

Tooth extraction episode definition (3/3)

Area

Episode base definition

- **Quality metrics linked to gain-sharing:**
 - Difference in Average MED¹/day (average difference in MED/day filled between the post-trigger and pre-trigger opioid windows)
 - Related post-trigger emergency department visits
- **Quality metrics for reporting only:**
 - Average MED/day during the pre-trigger opioid window (1-30 days prior to the trigger start)
 - Average MED/day during the post-trigger opioid window (0 – 30 days after the trigger start)
 - New opioids prescription (fill) rate
 - Time to extraction (within 30 days)
 - Preventive services rate
 - General anesthesia rate for patients age 5 years or less
 - Pre-trigger ED visits for known patients

6 Quality metrics