

Measure Updates and Specifications for Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers Measure (Version 1.1)

Chapter 4, Deliverable #AP66a

Centers for Medicare & Medicaid Services: Measure Instrument Development and Support

Development, Reevaluation, and Implementation of Outpatient Outcome/Efficiency Measures, Option Year 3

Contract Number: HHSM-500-2013-13018I, Task Order HHSM-500-T0002

Submitted August 16, 2018 to:

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This material was prepared by CORE, under contract to the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

**Measure Updates and Specifications for Facility-Level 7-Day Hospital
Visits after General Surgery Procedures Performed at Ambulatory
Surgical Centers (Version 1.1)**

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August 2018

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Acknowledgements

This work is a collaborative effort. The authors gratefully acknowledge and thank our colleagues at CORE, Mathematica Policy Research, and Vinitha Meyyur at the Centers for Medicare & Medicaid Services for their contributions to this work.

Introduction

This report presents updates to the measure specifications for the quality measure, Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers (ASC), Version 1.0 (hereinafter referred to as the CMS general surgery ASC measure, Version 1.0). Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE) developed this measure under contract to the Centers for Medicare & Medicaid Services (CMS) in 2017. In June 2018, the National Quality Forum’s (NQF) Consensus Standards Approval Committee endorsed the measure (NQF #3357).

CMS annually reviews and updates measure codes for all claims-based measures. As part of the annual code review of the CMS general surgery ASC measure, CMS: (1) updated the measure’s International Classification of Diseases 10th Revision (ICD-10) codes used to define the measure’s risk model; (2) reviewed and updated the Common Procedure Terminology® (CPT®) procedure codes that define the measure cohort; and, (3) incorporated updates to the planned admission algorithm CMS uses in its claims-based outcome measures. In this report, we summarize these coding updates. The coding updates are reflected in the accompanying Measure Code Set File.

This report presents updates to the codes for the CMS general surgery ASC measure and the rationale for the changes that CMS is using for Version 1.1. Version 1.1 will be used for annual measure reevaluation, not for providing scores to facilities. It serves as an addendum to the September 2017 Measure Technical Report for Version 1.0 of the measure. The 2017 Technical Report provides details of the measure development process and is available on CMS’s measure methodology website (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>).

Methods

Version 1.0 of the measure was developed and tested using CPT®, ICD-9, and ICD-10 codes.

To update the ICD-10 codes, we reviewed the ICD-10 coding system in detail. We aimed to identify newly released codes and “neighboring” codes used to define the measure during development that were potentially clinically relevant. Coding updates were reviewed by clinical experts to ensure clinical accuracy. These coding updates are outlined below and included in the Measure Code Set File.

To update the CPT® codes that define the measure cohort, we reviewed the following to determine procedures meeting our inclusion criteria:

1. 2018 Outpatient Prospective Payment System (OPPS) ASC Approved Procedure List (see Addendum AA): https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html. This list contains procedure codes that may be performed at a Medicare ASC and their payment rates under the ASC payment system.

2. 2018 Physician Fee Schedule (see Relative Value Unit File – PRRVU):
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>
3. 2018 Outpatient Prospective Payment System (OPPS) Healthcare Common Procedure Coding System (HCPCS) Payment (see Addendum B):
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>
4. 2018 Agency for Healthcare Research and Quality (AHRQ) Clinical Classifications Software (CCS) map: https://www.hcup-us.ahrq.gov/toolssoftware/ccs_svcsproc/ccssvcproc.jsp

Version 1.0 of the measure used a “planned admission algorithm” (PAA), which identifies admissions that are likely to be planned and removes them from the outcome. The PAA is modeled on CMS’s Planned Readmission Algorithm version 4.0_2018 (PRA v4.0_2018). To update the PAA for Version 1.1 of the measure, we incorporated recent updates to CMS’s PRA v4.0_2018.

Measure Coding Updates

The updated ICD and CPT® codes for Version 1.1 of the CMS general surgery ASC measure are described below and included in the accompanying Measure Code Set File; the specific tab within the Excel file containing the code update is indicated in the text below.

1. Cohort updates: We reviewed the 2018 OPPS ASC Approved Procedure and Payment List, the Physician Fee Schedule, OPPS HCPCS Payment file, and AHRQ CCS map and made the following revisions (see tab ‘ASC_Surgery_Cohort’):
 - a. Added 5 CPT® codes to the cohort that CMS added to the OPPS ASC Approved Procedure and Payment List in 2018 and fall within the scope of general surgery practice
 - b. Removed 4 CPT® codes because they fall outside the scope of general surgery practice based on clinical determination
 - c. Removed 6 CPT® codes no longer on the OPPS ASC Approved Procedure and Payment List
 - d. Reviewed 15 CPT® codes within CCSs that define the general surgery cohort. These codes were previously clinically determined to be outside the scope of general surgery practice and removed from select CCSs. For Version 1.1, we confirmed that these procedures were not appropriate for inclusion in the cohort
2. Outcome updates: The PAA was revised to align with the PRA v4.0_2018. Changes include:
 - a. Revisions to the AHRQ procedure CCS categories, which group procedure codes, that are considered potentially planned (see tab ‘PAA PA3 pot planned Px’). We made the following revisions:
 - i. Added 18 individual ICD-10-PCS codes within procedure CCS 90 Excision;

- lysis peritoneal adhesions, that reflect shifts in CCS categories
 - ii. Added four individual ICD-10-PCS codes within procedure CCS 118 Other OR therapeutic procedures; male genital, that reflect potentially planned procedures
 - iii. Added 24 individual ICD-10-PCS codes within CCS 146 Fracture treatment including reposition with or without fixation; hip or femur fracture or dislocation, that reflect shifts in CCS categories
 - iv. Removed duplicate individual codes and sorted codes within subgroups
- b. Revisions to the set of AHRQ diagnosis CCS categories and individual diagnosis codes that are considered acute (see tab 'PAA PA4 acute Dx'). We made the following revisions:
 - i. Removed whole diagnosis CCS categories 225 Joint disorders and dislocations; trauma-related, 228 Skull and face fractures, 230 Fracture of lower limb, 232 Sprains and strains, and 237 Complication of device; implant or graft; retained a subset of codes representing initial encounters that indicate acute conditions; and removed subsequent or sequela encounter codes. The final list of codes retained are listed in the individual code section.
 - ii. Added 18 individual codes within CCS 114 Peripheral and visceral atherosclerosis
 - iii. Added four individual codes within CCS 115 Aortic; peripheral; and visceral artery aneurysms
 - iv. Added one individual code within CCS 133 Other lower respiratory disease
 - v. Added two additional individual codes within CCS 152 Pancreatic disorders
 - vi. Added five individual codes within CCS 155 Other gastrointestinal disorders
 - vii. Added four individual codes within CCS 166 Other male genital disorders
 - viii. Added two individual codes within CCS 167 Nonmalignant breast conditions
 - ix. Added six individual codes within CCS 175 Other female genital disorders
 - x. Removed duplicate individual codes and sorted codes within subgroups
- 3. Risk model updates: We reviewed the ICD-10 code lists comprehensively to identify potentially relevant “neighboring” codes following measure development and made the following revisions (see tab 'ASC_Surgery_Indiv_RF_codes'):
 - a. Added 13 additional F11.1, F11.2 and F11.9 codes to the opioid abuse risk factor because they reflect opioid abuse that can lead to clinical impairment or adverse effects
 - b. Removed F11.90 Opioid use, unspecified, uncomplicated from the opioid abuse risk variable. The code does not represent opioid abuse or opioid use-related adverse effects intended to be captured by the risk variable.

Updates to the SAS Pack

We revised the Version 1.1 measure calculation SAS pack to reflect the above updates by incorporating the final codes in the Measure Code Set File for Version 1.1.