## Elements of the episode definition

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Episode trigger</td>
<td>▪ Diagnoses or procedures and corresponding claim types and/or care settings that characterize a potential episode</td>
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<td></td>
<td>▪ <strong>Pre-trigger window:</strong> Time period prior to the trigger event; relevant care for the patient is included in the episode</td>
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<td>▪ <strong>Trigger window:</strong> Duration of the potential trigger event (e.g., from date of inpatient admission to date of discharge); all or relevant care is included</td>
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<td>▪ <strong>Post-trigger window:</strong> Time period following trigger event; relevant care and complications are included in the episode</td>
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<tr>
<td>Episode window</td>
<td>▪ 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</td>
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<tr>
<td>Claims included</td>
<td>▪ Patient characteristics, comorbidities, diagnoses or procedures that may potentially indicate an increased level of risk for a given patient in a specific episode</td>
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<tr>
<td>Principal accountable provider</td>
<td>▪ Measures to evaluate quality of care delivered during a specific episode</td>
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<td>Risk adjustment</td>
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<td>Quality metrics</td>
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Patient journey¹

1 **Presentation**
   Dentist's office, ED, or outpatient hospital
   - Acute or routine oral evaluation with or without signs/symptoms (e.g., pain, dental caries, periodontal disease, etc.)

   When indicated…
   - Patients may be referred to a specialist (e.g., oral surgeon)

2 **Assessment**
   Dentist's office, Oral surgeon's office, ED, or outpatient hospital
   - Further examination
   - Diagnostics (e.g., x-ray, blood pressure measurement)

   When indicated…
   - Medications (e.g., analgesics, prophylactic/therapeutic antibiotics)
   - Advanced imaging (e.g., cone beam CT, CT scan, panoramic X-ray)
   - Comprehensive treatment planning
   - Dental cleaning
   - Referral to other providers (e.g., oral surgeon, medical specialist, primary care physician)

3 **Treatment**
   Dentist's office, Oral surgeon's office, ED, outpatient, or inpatient (in rare cases)
   - Single or multiple extractions on the same day or multiple days
   - Local anesthesia

   When indicated…
   - Conscious sedation or general anesthesia
   - Biopsy
   - Additional surgical procedures (e.g., alveoplasty, space maintainer, socket/ridge preservation, etc.)
   - Temporary dentures

4 **Follow-up care**
   Dentist's office, Oral surgeon's office, ED, or outpatient hospital
   - Medications for pain (e.g., analgesics) and/or antibiotics
   - Development/assessment/completion of comprehensive treatment plan

   When indicated…
   - Follow-up visits (e.g., suture removal, wound healing)
   - Referral to primary care physician or general dentist

5 **Potential complications²**
   Dentist's office, Oral surgeon's office, ED, or outpatient hospital
   - Bleeding/Swelling
   - Infection
   - Dry socket
   - Incomplete extraction
   - Paresthesia
   - Damage to adjacent teeth
   - Soft tissue damage
   - Compromised physical appearance

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

**Presentation**
- Dentist’s office, ED, or outpatient hospital
  - Appropriate site of care for patient presentation and evaluation
  - Timely presentation for evaluation
    - Patients may be referred to a specialist (e.g., oral surgeon)

**Assessment**
- Dentist’s office, Oral surgeon’s office
  - Appropriate use of diagnostics (e.g., x-ray)
  - Appropriate treatment plan in place (e.g., decision to restore versus extract)
  - Appropriate selection of medications (e.g., analgesics, antibiotics)
  - Comprehensive treatment planning
  - Appropriate referral to other providers when indicated (e.g., oral surgeon, PCP)

**Treatment**
- Dentist’s office, Oral surgeon’s office
  - Single or multiple extractions on the same day or multiple days
  - Local anesthesia
  - Cosmetic procedures (e.g., alveoplasty, space maintainer, implant placement, etc.)
  - Temporary dentures
  - Appropriate decision on single versus multiple extraction

**Follow-up care**
- Dentist’s office, Oral surgeon’s office
  - Mediations for pain (e.g., analgesics) and/or antibiotics
  - Development/assessment/completion of comprehensive treatment plan
  - Follow-up visits (e.g., suture removal, wound healing)
  - Appropriate completion of treatment

**Potential complications**
- Dentist’s office, Oral surgeon’s office, ED, or outpatient hospital
  - Bleeding/Swelling
  - Infection
  - Dry socket
  - Damage to adjacent teeth
  - Soft tissue damage
  - Compromised physical appearance

**SOURCE:** Clinical guidelines; expert interviews
# Tooth extraction episode definition (1/3)

## Area

### Episode trigger

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

### Episode window

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

### Claims included

- **During the pre-trigger window 2**: Dental E&M\(^1\) 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

### 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

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\(^1\) Evaluation and management services
# Tooth extraction episode definition (2/3)

## 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.

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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)

<table>
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<th>Area</th>
<th>Episode base definition</th>
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| Quality metrics linked to gain-sharing: | - Difference in Average MED\(^1\)/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 |

1 Morphine equivalent dose