

Guide to Understanding the 2014 Supplemental Quality and Resource Use Reports (QRURs) Episode Definitions Files

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This guide is designed to help you understand the *Episode Definition* workbooks for the 2014 Supplemental Quality and Resource Use Reports (QRURs). The 2014 Supplemental QRURs report on 26 major episode types and an additional 38 episode subtypes, resulting in 64 total reported episode types. The purpose of the *Episode Definition* files is to provide full specifications for each major episode type reported in the 2014 Supplemental QRURs.¹ See Section 2 of the *Detailed Methods of the 2014 Supplemental QRURs* (“*Detailed Methods*”) document for an overview of episode construction and the information reported in the 2014 Supplemental QRURs.

The *Episode Definition* files include all the codes that trigger the given episode type, the grouping logic and the codes that can get grouped to the episode, and the length of the episode. Section 1 of this document provides an overview of the structure of the *Episode Definition* files and Section 2 describes the file naming convention used for the files.

1 OVERVIEW OF EPISODE DEFINITION FILES

Each file includes an overview tab, a summary tab, episode trigger codes tab, and grouping code tab(s). The following describes each tab in turn.

1.1 Overview Tab

The “Overview” tab presents introductory information about the episode and the episode length as well as the table of contents and glossary of acronyms used in the files.

1.2 Summary Tab

The “Summary” tab includes key definitions for understanding the episode construct and rules for grouping claims to the episode. For Method A episodes, the “Summary” tab describes how Method A groups claims into interventions and uses a hierarchy to group interventions into open episode(s). For Method B episodes, the “Summary” tab details the grouping rules for treatment services and clinically associated services.

¹ The *Episode Definition (2014)* zip file and *Detailed Methods, 2014 Supplemental QRURs* document can be found in the Downloads section of this [CMS webpage](#).

1.3 Trigger Code Tab

The trigger code tab, which includes the abbreviated episode name (e.g., “Episode_Trigger_Codes”), lists the episode trigger codes. Note that some major episode types include episode subtypes (e.g., Aortic Aneurysm includes the subtypes Thoracic Aortic Aneurysm and Abdominal Aortic Aneurysm). Thus, for episode types with subtypes, the trigger code tab will list all the codes for identifying the episode subtypes.

1.4 Grouping Code Tab(s)

The grouping code tabs are different for Method A and Method B episodes to reflect the respective grouping algorithm. For Method A, each *Episode Definition* file includes one “Grouping_Codes” tab that includes all the diagnosis and procedure codes that can be grouped to the episode. Specifically, a claim may be grouped based on the service code alone, the diagnosis code alone, or when a service code occurs on a Medicare claim with an additional specified procedure code and/or diagnosis code. In addition to the “Grouping_Codes” tab, condition episode types constructed by Method A include an “Episode_Associations” tab that lists the associations between episodes where the claims from one episode can be grouped into another episode. For Method A, procedural episodes, with all relevant codes, can be grouped to condition episodes that they clinically treat. For example, all claims grouped to a PCI can be grouped to an AMI episode if the PCI occurs during the AMI episode. Last, all episode types constructed by Method A also include an “Episode_Exclusions” tab that lists reasons that an individual episode may be excluded from reporting in the 2014 Supplemental QRURs.

For Method B, each *Episode Definition* file includes multiple tabs to detail how clinically associated services in each service category (e.g., emergency room) can be grouped to an episode. Specifically, a service may be grouped based on the service code alone or when occurring on a Medicare claim with an additional specified procedure code and/or diagnosis code. The first two columns on each service category tab list service codes and their descriptions. The final column lists the grouping rules for the services. All other columns list additional procedure and diagnosis information that must appear on the claims for the services to be grouped with those particular grouping rules.

2 FILE NAMING STRUCTURE

Since episodes are either constructed by Method A or Method B, the file naming structure includes the episode name and Method A or B. As an example, the *Episode Definition* file for Aortic/Mitral Valve Surgery would be named “*Aortic-Mitral-Valve-Surgery_Episode_Definition_MethodA_2015Sept.xlsx*”. Table 1 and Table 2 below list the names and method for each condition and procedural episode type, respectively.

Table 1: Condition Major Episode Types and Subtypes

#	Condition Episode Name (<i>Subtypes listed in italics</i>)	Method
1	Acute Myocardial Infarction (AMI) (All)	A
2	<i>AMI without Percutaneous Coronary Intervention (PCI) / Coronary Artery Bypass Graft (CABG)</i>	A
3	<i>AMI with PCI</i>	A
4	<i>AMI with CABG</i>	A
5	Asthma/Chronic Obstructive Pulmonary Disease (COPD), Acute Exacerbation	A
6	Atrial Fibrillation (AFib)/Flutter, Acute Exacerbation	A
7	Cellulitis (All)	B
8	<i>Cellulitis in Diabetics</i>	B
9	<i>Cellulitis in Patients with Wound, Non-Diabetic</i>	B
10	<i>Cellulitis in Obese Patients, Non-Diabetic without Wound</i>	B
11	<i>Cellulitis in All Other Patients</i>	B
12	Gastrointestinal (GI) Hemorrhage (All)	B
13	<i>GI Hemorrhage, Upper and Lower</i>	B
14	<i>GI Hemorrhage, Upper</i>	B
15	<i>GI Hemorrhage, Lower</i>	B
16	<i>GI Hemorrhage, Undefined</i>	B
17	Heart Failure, Acute Exacerbation	A
18	Ischemic Stroke	A
19	Kidney and Urinary Tract Infection (UTI)	B
20	Pneumonia, Inpatient (IP)-Based	A

Table 2: Procedural Major Episode Types and Subtypes

#	Procedural Episode Name (<i>Subtypes listed in italics</i>)	Method
21	Aortic Aneurysm Procedure (All)	B
22	<i>Abdominal Aortic Aneurysm Procedure</i>	B
23	<i>Thoracic Aortic Aneurysm Procedure</i>	B
24	Aortic/Mitral Valve Surgery (All)	A
25	<i>Both Aortic and Mitral Valve Surgery</i>	A
26	<i>Aortic or Mitral Valve Surgery</i>	A
27	Carotid Endarterectomy	A
28	Cholecystectomy and Common Duct Exploration (All)	B
29	<i>Cholecystectomy</i>	B
30	<i>Surgical Biliary Tract Procedure</i>	B
31	Colonoscopy (All)	B
32	<i>Colonoscopy with Invasive Procedure</i>	B
33	<i>Colonoscopy without Invasive Procedure</i>	B
34	Coronary Artery Bypass Graft (CABG)	A
35	Hip/Femur Fracture or Dislocation Treatment, IP-Based	A
36	Hip Replacement or Repair (All)	B
37	<i>Hip Arthroplasty</i>	B
38	<i>Hip Arthroscopy and Hip Joint Repair</i>	B
39	Knee Arthroplasty	B
40	Knee Joint Repair (All)	B
41	<i>Meniscus Repair</i>	B
42	<i>Knee Ligament Repair</i>	B
43	Lens and Cataract Procedures (All)	B
44	<i>Cataract Surgery</i>	B
45	<i>Discission</i>	B
46	<i>Intraocular Lens (IOL) Removal/Repositioning or Secondary IOL Insertion</i>	B
47	Mastectomy for Breast Cancer (All)	A
48	<i>Lumpectomy or Partial Mastectomy without Reconstruction</i>	A
49	<i>Lumpectomy or Partial Mastectomy with Reconstruction</i>	A
50	<i>Simple or Modified Radical Mastectomy without Reconstruction</i>	A
51	<i>Simple or Modified Radical Mastectomy with Reconstruction</i>	A
52	Pacemaker (All)	A
53	<i>Pacemaker Placement, IP-Based</i>	A
54	<i>Pacemaker Placement, Outpatient (OP)-Based</i>	A
55	<i>Pulse Generator Replacement</i>	A
56	Percutaneous Coronary Intervention (PCI) (All)	A
57	<i>PCI, IP-Based</i>	A
58	<i>PCI, OP-Based</i>	A
59	Prostatectomy for Prostate Cancer	A
60	Spinal Fusion (All)	B
61	<i>Lumbar and/or Thoracic Spinal Fusion</i>	B
62	<i>Cervical Spinal Fusion</i>	B
63	<i>Long-Segment Spinal Fusion for Deformity</i>	B
64	Transurethral Resection of the Prostate (TURP) for Benign Prostatic Hyperplasia	B