

## **SUMMARY OF THE ELECTIVE OUTPATIENT PERCUTANEOUS CORONARY INTERVENTION (PCI) COST MEASURE**

The episode-based cost measures under development for potential use in the Quality Payment Program evaluate a clinician's risk-adjusted cost for the episode group by averaging it across all episodes attributed to the clinician during the performance period. The cost of each episode is the sum of the Medicare Parts A and B costs for clinically related items and services that have been assigned based on input received from a Clinical Subcommittee. These services include those performed by the attributed clinician as well as other healthcare providers during the episode window.

Medicare beneficiaries included in the measures are those enrolled continuously in Medicare Parts A and B, but not C, during the duration of the episode window. This cohort does not include Medicare beneficiaries for whom the following conditions apply: Medicare was not the primary payer, the episode date does not end during the period of performance, the patient died during the episode.

- **Measure Name: Elective Outpatient Percutaneous Coronary Intervention (PCI)**
  - **Description:** This measure evaluates clinicians' risk-adjusted cost for the Elective Outpatient PCI episode group. This cost measure is meant to apply to clinicians who perform Elective Outpatient PCIs for Medicare beneficiaries during the performance period. This surgical procedure is meant to place a coronary artery stent for heart disease in a non-emergent, outpatient setting.
  - **Input Received to Date:** The Elective Outpatient PCI measure has been developed with input from the Cardiovascular Disease Management Clinical Subcommittee convened between May – August 2017. This Subcommittee comprises 39 individuals representing a total of 29 specialty societies. Subcommittee members provided detailed clinical input on each of the components of the cost measure described below.
  - **Components:** The components for the Elective Outpatient PCI measure are as follows:
    - **Defining the episode group:** An Elective Outpatient PCI episode is triggered by the following HCPCS/CPT codes occurring in an outpatient setting: 92920, 92921, 92928, 92929, 92933, 92934, 92937, 92938, 92943, 92944, C9600, C9601, C9602, C9603, C9604, C9605, C9606, C9607, and C9608.
    - **Attributing the episode group:** An Elective Outpatient PCI episode is attributed to the clinician(s) who perform(s) any of the procedures represented by the above HCPCS/CPT codes in an outpatient setting.
    - **Assigning services to episode costs:** Only services that have been determined to be clinically related to the episode (based on input from the Clinical Subcommittee) are included in episode costs. Services are assigned beginning on the episode trigger day through a post-trigger episode window up to 30 days after.
    - **Risk adjusting:** The Elective Outpatient PCI cost measure accounts for case-mix severity using a risk adjustment model based off of the CMS-HCC model and is modified to include additional episode-group specific risk adjusters informed by the Subcommittee's input. Along with this, certain high-risk populations are

excluded from the cost measure calculation to make the patient population more homogenous.

- **Additional Information:** Additional information about the measure specifications, including the full list of assigned services and risk adjusters, will be publicly posted on the CMS website on October 16, 2017.