Services Included in CMS Transforming Episode Accountability Model (TEAM)

Institute for Accountable Care

The service codes shown below will trigger TEAM episodes. TEAM will price each DRG individually so that each hospital's episode price reflects their actual case mix. Outpatient procedures are bundled into specific DRGs and are not priced separately. Most Medicare Part A and Part B services that occur during the 30-day episode are included. Service exclusions will be published on the TEAM model website. These exclusions will be similar to BPCI exclusions.*

Source: CMS 2025 IPPS Final Rule, p1926. https://public-inspection.federalregister.gov/2024-17021.pdf. Accessed 8/13/24.

Procedure Codes That Trigger TEAM Episodes

Episode Type	Inpatient DRGs	Outpatient Procedures
Coronary Artery Bypass Graft	231-236	
Hip and Femur Procedures	480, 481, 482	
Major Bowel Procedure	329, 330, 331	
Lower Extremity Joint Replacement	469, 470, 521, 522	27130, 27447, 27702
Spinal Fusion**	453-455, 459-460, 471-473	22633, 22551, 22554, 22612 ,22630

*BPCI exclusions can be found at https://www.cms.gov/files/document/bpcia-model-adv-exclusion-list-my7.xlsx
**The spinal fusion DRGs listed above are from the proposed rule. CMS is making changes to the Spinal Fusion DRGs for 2025. It is discontinuing DRGs 453--455 and 459-460. It is introducing the following new DRGs: 402, 426-430, 447-448, 450-451. There is no change to the outpatient procedure codes.

These data are based on assumptions and information available at the time of the final rule; users should exercise caution as these are subject to change prior to 2026.