
2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients undergoing open repair of abdominal aortic aneurysms (AAA) who are discharged alive

INSTRUCTIONS:
This measure is to be reported each time a repair of abdominal aortic aneurysms (AAA) is performed during the reporting period. It is anticipated that clinicians who provide services of the repair of abdominal aortic aneurysms (AAA), as described in the measure, based on the services provided and the measure-specific denominator coding will report this measure. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes, CPT codes, CPT Category II codes, a quality-data code, and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure. There are no allowable performance exclusions for this measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
Patients aged 18 and older with all elective open repairs of asymptomatic AAAs in men with < 6 cm diameter and women with < 5.5 cm diameter AAAs

Denominator Criteria (Eligible Cases):
Patients aged 18 and older
AND
Patient encounter during reporting period (CPT): 35081, 35102
AND NOT
For women:
Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT: 9003F
OR
Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT: 9004F
OR
For men:
Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT: 9004F
OR
Symptomatic AAAs that required urgent/emergent (non-elective) repair: G9600

NUMERATOR:
Patients discharged alive/home following open repair of asymptomatic AAAs in men with < 6 cm diameter and women with < 5.5 cm diameter AAAs

Numerator Instructions: A higher calculated performance rate for this measure indicates better clinical care or control. Therefore the “Performance Met” numerator outcome option for this measure is the
representation of the better clinical quality or control. Reporting that numerator outcome option will produce a performance rate that trends closer to 100% zero, as quality increases.

**Definition:**
Home – For purposes of reporting this measure, home is the point of origin prior to hospital admission prior to procedure of AAA. For example, if the patient comes from a skilled facility and returns to the skilled facility post AAA repair, this would meet criteria for discharged to home.

**Numerator Options:**
*Performance Met:* Patient discharge to home no later than post-operative day #7 (G9601)

*OR*
*Performance Not Met:* Patient not discharged to home by post-operative day #7 (G9602)

**RATIONALE:**
Elective repair of a small or moderate sized AAA is a prophylactic procedure and the mortality/morbidity of the procedure must be contrasted with the risk of rupture over time. Surgeons should select patients for intervention who have a reasonable life expectancy and who do not have a high surgical risk. Discharge to home within one week of open AAA repair is an indicator of patients who were not frail prior to the procedure and who did not experience a major complication. The proposed measure will therefore serve as an indicator of both appropriateness and overall outcome.

**CLINICAL RECOMMENDATION STATEMENTS:**

Elective repair is recommended for patients that present with a fusiform AAA ≥ 5.5 cm in maximum diameter, in the absence of significant co-morbidities.

*Level of recommendation: Strong*

*Quality of evidence: High*

Surveillance is recommended for most patients with a fusiform AAA in the range of 4.0 cm to 5.4 cm in maximum diameter.

*Level of recommendation: Strong*

*Quality of evidence: Moderate*

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2016 Registry Individual Measure Flow

PQRS #417 (NQF 1523): Rate of Open Repair of Abdominal Aortic Aneurysms (AAA) Where Patients Are Discharged Alive

Start

Denominator

Patient Age ≥ 18 Years on Date of Service

Yes

Surgical Codes as Listed in Denominator* (1/1/2016 thru 12/31/2016)

No

Not Included in Eligible Population/Denominator

Yes

Male Patient

No

Aortic Aneurysm ≥ 6 cm Maximum Diameter 9003F or equivalent

Yes

Symptomatic AAAs that required urgent/emergent (non-elective) repair

No

Include in Eligible Population/Denominator (8 procedures)

No

Aortic Aneurysm 5.5-5.9 cm Maximum Diameter 9003F or equivalent

Yes

Not Included in Eligible Population/Denominator

No

Aortic Aneurysm ≥ 6 cm Maximum Diameter 9004F or equivalent

Yes

Numerator

Patient Discharge to Home No Later than Post-Operative Day #7

Yes

Reporting Met + Performance Met G9001 or equivalent (5 procedures)

No

Patient Not Discharged to Home by Post-Operative Day #7

Yes

Reporting Met + Performance Not Met G9002 or equivalent (2 procedures)

No

Reporting Not Met Quality-Data Code or equivalent not reported (1 procedure)

SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a=5 procedures) + Performance Not Met (c=2 procedures) =

Eligible Population / Denominator (d=8 procedures)

7 procedures = 87.50%

Performance Rate=

Performance Met (a =5 procedures) =

Reporting Numerator (7 procedures)

5 procedures = 71.43%

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Procedure

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specifications.
PQRS #417 (NQF 1523): Rate of Open Repair of Abdominal Aortic Aneurysms (AAA) Where Patients Are Discharged Alive

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age:
   a. If the Age greater than or equal to 18 years of age on date of service equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age greater than or equal to 18 years of age on date of service equals Yes during the measurement period, proceed to check Surgical Codes.

3. Check Encounter Performed:
   a. If Surgical Codes as listed in the denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Surgical Codes as listed in the denominator equals Yes, proceed to check Male Patient.

4. Check Gender Male Patient:
   a. If Male Patient equals No, proceed to check Aortic Aneurysm 5.5 through 5.9 cm Maximum Diameter.
   b. If Male Patient equals Yes, proceed to check Aortic Aneurysm greater than or equal to 6.0 cm Maximum Diameter.

5. Check Aortic Aneurysm 5.5 through 5.9 cm Maximum Diameter:
   a. If Aortic Aneurysm 5.5 through 5.9 cm Maximum Diameter equals No, proceed to check Aortic Aneurysm greater than or equal to 6.0 cm Maximum Diameter.
   b. If Aortic Aneurysm 5.5 through 5.9 cm Maximum Diameter equals Yes, do not include in Eligible Patient Population. Stop Processing.

6. Check Aortic Aneurysm greater than or equal to 6.0 cm Maximum Diameter:
   a. If Aortic Aneurysm greater than or equal to 6.0 cm Maximum Diameter equals No, proceed to check Urgent/Emergent Repair.
   b. If Aortic Aneurysm greater than or equal to 6.0 cm Maximum Diameter equals Yes, do not include in Eligible Patient Population. Stop Processing.

7. Check Urgent/Emergent Repair:
   a. If Urgent/Emergent Repair equals No, include in Eligible Population.
   b. If Urgent/Emergent Repair equals Yes, do not include in Eligible Patient Population. Stop Processing.

8. Denominator Population
a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 procedures in the sample calculation.

9. Start Numerator

10. Check Patient Discharge to Home No Later than Post-Operative Day #7:
   a. If Patient Discharge to Home No Later than Post-Operative Day #7 equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 5 procedures in Sample Calculation.
   c. If Patient Discharge to Home No Later than Post-Operative Day #7 equals No, proceed to check Patient not Discharged to Home by Post-Operative Day #7.

11. Check Patient Not Discharged to Home by Post-Operative Day #7:
   a. If Patient Not Discharged to Home by Post-Operative Day #7 equals Yes, include in Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 procedures in the Sample Calculation.
   c. If Patient Not Discharged to Home by Post-Operative Day #7 equals No, proceed to Reporting Not Met.

12. Check Reporting Not Met:
   a. If Reporting Not Met, the Quality Data Code or equivalent was not reported. 1 procedure has been subtracted from the reporting numerator in sample calculation.

### SAMPLE CALCULATIONS:

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<thead>
<tr>
<th></th>
<th>Reporting Rate=</th>
<th>Performance Rate=</th>
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<tbody>
<tr>
<td></td>
<td>Performance Met (a=5 procedures) + Performance Not Met (c=2 procedures) =</td>
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