

**Quality ID #260: Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)**

- National Quality Strategy Domain: Patient Safety
- Meaningful Measure Area: Appropriate Use of Healthcare

**2022 COLLECTION TYPE:**  
**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**  
Outcome – High Priority

**DESCRIPTION:**  
Percent of asymptomatic patients undergoing Carotid Endarterectomy (CEA) who are discharged to home no later than post-operative day #2.

**INSTRUCTIONS:**  
This measure is to be submitted **each time** a CEA is performed during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide services of CEA, as described in the measure, based on the services provided and the measure-specific denominator coding will submit this measure. This measure may be submitted by MIPS eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission Type:**  
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**  
All carotid endarterectomy procedures

**Denominator Criteria (Eligible Cases):**  
Patients aged ≥ 18 years on date of encounter

**AND**

**Patient procedure during the performance period (CPT): 35301**

**WITHOUT**

**Telehealth Modifier: GQ, GT, 95, POS 02**

**AND NOT**

**DENOMINATOR EXCLUSIONS:**

**Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure: 9006F**

**OR**

**Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke: 9007F**

**NUMERATOR:**  
Patients that are asymptomatic neurologically who were discharged alive, to home no later than post-operative day #2 following CEA

**Definition:**

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

**Numerator Options:**

***Performance Met:***

Patient discharged to home no later than post-operative day #2 following CEA (**G8834**)

**OR**

***Performance Not Met:***

Patient not discharged to home by post-operative day #2 following CEA (**G8838**)

**RATIONALE:**

Surgeons performing CEA on asymptomatic patients must select patients at low risk for morbidity and perform the procedure with a very low complication rate in order to achieve benefit. Discharge to home within two days of the procedure is an indicator of patients who were not frail prior to the procedure and who did not experience a major complication (e.g., disabling stroke, myocardial infarction). The proposed measure will therefore serve as an indicator of both appropriateness and overall outcome.

**CLINICAL RECOMMENDATION STATEMENTS:**

Updated Society for Vascular Surgery guidelines for management of extracranial carotid disease. (Ricotta et al, J Vasc Surg, 54:3, 2011).

Neurologically asymptomatic patients with  $\geq 60\%$  diameter stenosis should be considered for CEA for reduction of long-term risk of stroke, provided the patient has a 3- to 5-year life expectancy and perioperative stroke/death rates can be  $\leq 3\%$  (GRADE 1, Level of Evidence A).

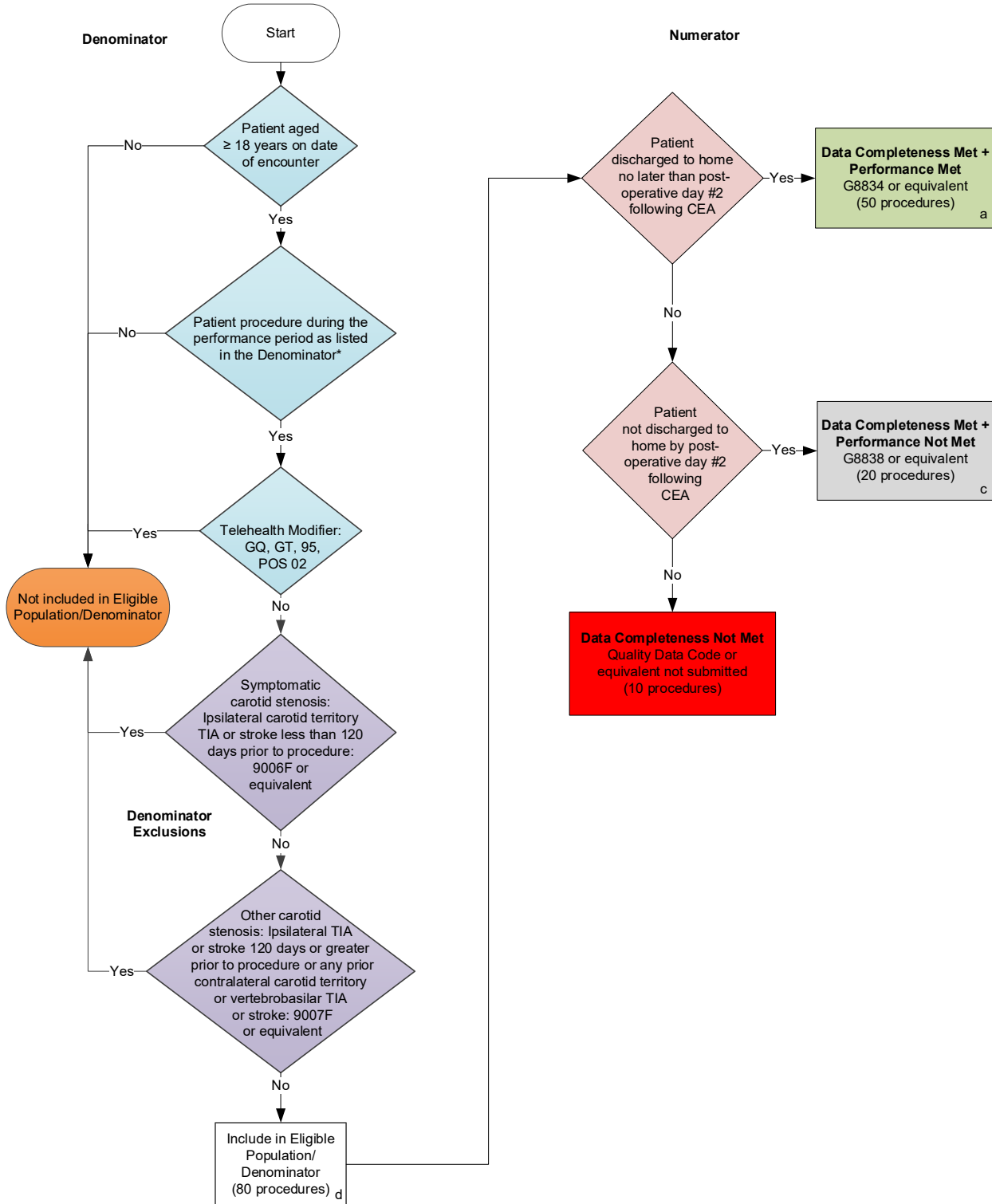
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**2022 Clinical Quality Measure Flow for Quality ID #260:  
Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications  
(Discharged to Home by Post-Operative Day #2)**

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.



**SAMPLE CALCULATIONS**

**Data Completeness=**

$$\frac{\text{Performance Met (a=50 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=50 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{50 \text{ procedures}}{70 \text{ procedures}} = 71.43\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.  
NOTE: Submission Frequency: Procedure

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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 specification.

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**2022 Clinical Quality Measure Flow Narrative for Quality ID #260:  
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1. Start with Denominator
2. Check *Patient aged greater than or equal to 18 years on date of encounter*:
  - a. If *Patient aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Patient procedure during the performance period as listed in the Denominator\**.
3. Check *Patient procedure during the performance period as listed in the Denominator\**:
  - a. If *Patient procedure during the performance period as listed in the Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient procedure during the performance period as listed in the Denominator\** equals Yes, proceed to check *Telehealth Modifier*.
4. Check *Telehealth Modifier*:
  - a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Telehealth Modifier* equals No, proceed to check *Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure*.
5. Check *Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure*:
  - a. If *Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure* equals No, proceed to check *Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke*.
6. Check *Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke*:
  - a. If *Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke* equals No, include in *Eligible Population/Denominator*.
7. Denominator Population:

- a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
8. Start Numerator
  9. Check *Patient discharged to home no later than post-operative day number 2 following CEA*:
    - a. If *Patient discharged to home no later than post-operative day number 2 following CEA* equals Yes, include in *Data Completeness Met and Performance Met*.
      - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 50 procedures in the Sample Calculation.
    - b. If *Patient discharged to home no later than post-operative day number 2 following CEA* equals No, proceed to check *Patient not discharged to home by post-operative day number 2 following CEA*.
  10. Check *Patient not discharged to home by post-operative day number 2 following CEA*:
    - a. If *Patient not discharged to home by post-operative day number 2 following CEA* equals Yes, include in *Data Completeness Met and Performance Not Met*.
      - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.
    - b. If *Patient not discharged to home by post-operative day number 2 Following CEA* equals No, proceed to check *Data Completeness Not Met*.
  11. Check *Data Completeness Not Met*:
    - a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### **Sample Calculations**

Data Completeness equals Performance Met (a equals 50 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 50 procedures) divided by Data Completeness Numerator (70 procedures). All equals 50 procedures divided by 70 procedures. All equals 71.43 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission 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 specification.