Quality ID #420: Varicose Vein Treatment with Saphenous Ablation: Outcome Survey

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Patient Reported Outcome-Based Performance Measure – High Priority

DESCRIPTION:
Percentage of patients treated for varicose veins (CEAP C2-S) who are treated with saphenous ablation (with or without adjunctive tributary treatment) that report an improvement on a disease specific patient reported outcome survey instrument after treatment.

INSTRUCTIONS:

Reporting Frequency:
This measure is to be submitted each time a denominator eligible procedure as defined in the denominator criteria is performed.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients who undergo a saphenous ablation procedure for the treatment of varicose veins. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For the purposes of MIPS implementation, this procedure measure is submitted each time a procedure is performed during the performance period.

Telehealth:
NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. This measure is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients who are treated for varicose veins with saphenous ablation and who receive an outcomes survey within 180 days after treatment.

Denominator Criteria (Eligible Cases):
All patients, regardless of age
AND
Diagnosis for varicose veins (ICD-10-CM): I83.811, I83.812, I83.813, I83.819
AND
Patient procedure during the performance period (CPT): 36465, 36473, 36475, 36478, 36482

NUMERATOR:
Patients whose outcome survey score improved when assessed within 180 days following treatment.

Definition:
Outcome Survey – A normalized and validated "outcome survey" developed for the patient reported outcomes for saphenous vein ablation. The disease specific standardized outcome survey utilized must be documented in the medical record. Examples of outcome surveys include, but are not limited to:

- Venous Insufficiency Epidemiological and Economic Study-Quality of Life (VEINES-QOL)
- Chronic Venous Insufficiency Questionnaire (CIVIQ)
- Aberdeen Varicose Veins Questionnaire (AVVQ)
- Specific Quality of Life and Outcome Response - Venous (SQOR-V)
- Varicose Veins Symptom Questionnaire (VVSymQ)
- Venous Clinical Severity Score (VCSS)

Numerator Options:

Performance Met:	Patient survey score improved from baseline following treatment (G9603)
OR	
Denominator Exception:	Documentation of at least two attempts to follow up with patient within 180 days of treatment (M1463)
OR	
Performance Not Met:	Patient survey score did not improve from baseline following treatment (G9605)
OR	
Performance Not Met:	No documentation of at least two attempts to follow up with patient within 180 days of treatment (M1464)
OR	
Performance Not Met:	Patient follow up more than 180 days after treatment (M1465)

RATIONALE:
Surrogate measures to measure the success of varicose vein treatment with saphenous ablation have numerous flaws. The ultimate measure of success of saphenous ablation for varicose veins is an improved quality of life. This quality measure motivates physicians to assess changes in quality of life after as compared with before an ablation using one of several standardized survey instruments. This enables objective quantification of the improvement in quality of life that saphenous vein ablation provides patients with CEAP C2 disease.

Most trials show pain drops fairly quickly but that it plateaus off at about 6 months. There seems to be most improvement by 3 months and some more improvement by 6 months. Therefore, the best time to assess is 3-6 months following treatment (1).

CLINICAL RECOMMENDATION STATEMENTS:
The Intersocietal Accreditation Commission (IAC) - Vein Center Division strongly recommends the use of the disease specific patient reported outcome (PRO) instruments before and after ablation and to use the data collected for an analysis of the quality of care being delivered by the center. These guidelines have been created by the IAC and are being implemented by several groups including Society for Vascular Surgery (SVS).

The American Venous Forum recommends the use of PRO instruments before and after vein treatment for all patients.

REFERENCES:

(1) Gibson, Kathleen, et al. "Twenty-Four Month Results from a Randomized Trial of Cyanoacrylate Closure versus Radiofrequency Ablation for the Treatment of Incompetent Great Saphenous Veins." Journal of Vascular Surgery: Venous and Lymphatic Disorders, vol. 6, no. 5, 2018, pp. 606–613, https://doi.org/10.1016/j.jvsv.2018.04.009.

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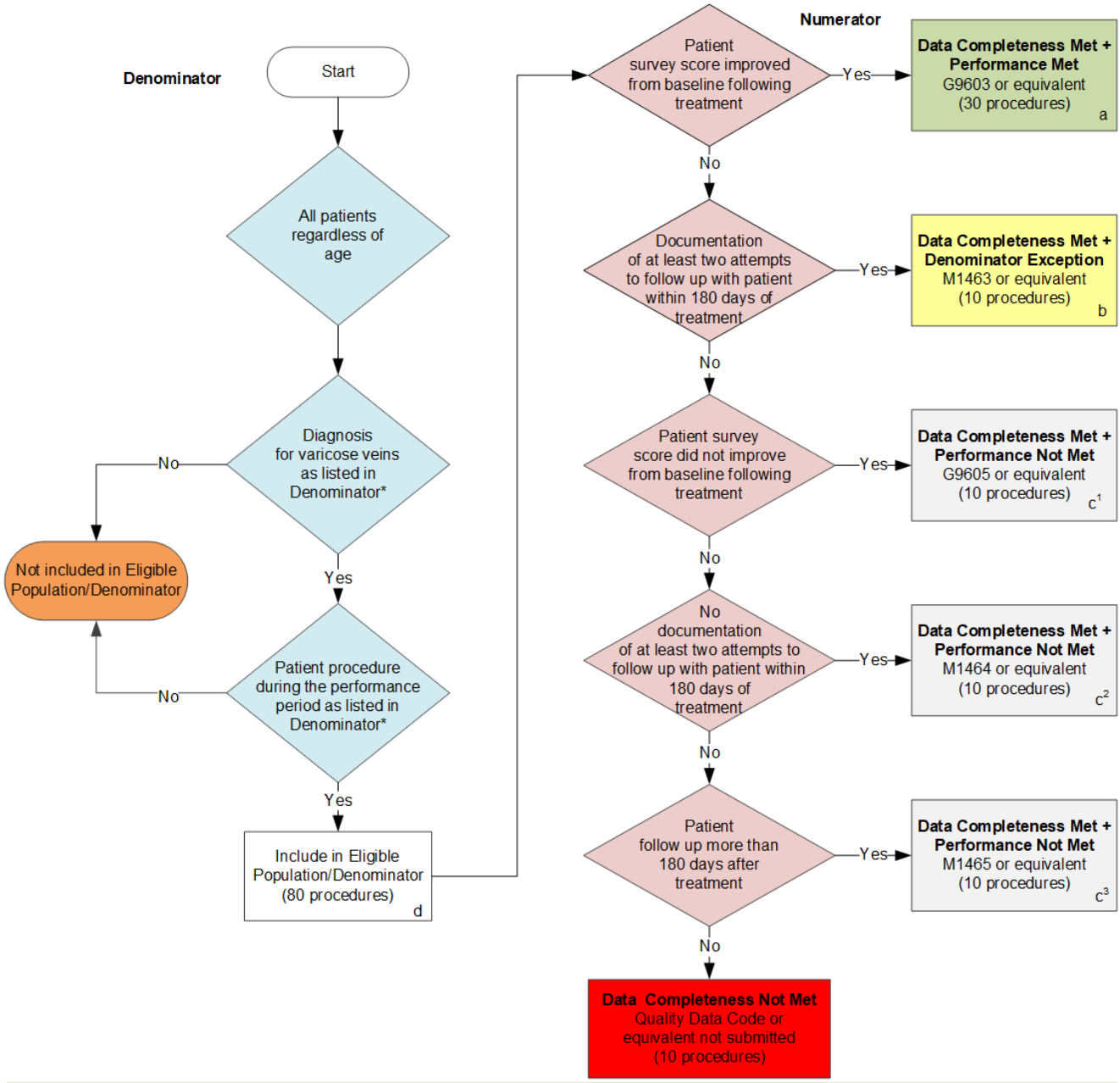
2026 Clinical Quality Measure Flow for Quality ID #420: Varicose Vein Treatment with Saphenous Ablation: Outcome Survey

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



SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=30 procedures) + Denominator Exception (b=10 procedures) + Performance Not Met ($c^1+c^2+c^3$=30 procedures) = 70 procedures = **87.50%**

Eligible Population / Denominator (d=80 procedures) = 80 procedures

Performance Rate=

Performance Met (a=30 procedures) = 30 procedures = **50.00%**

Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures) = 60 procedures

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

NOTE: Submission Frequency: Procedure

2026 Clinical Quality Measure Flow Narrative for Quality ID #420: Varicose Vein Treatment with Saphenous Ablation: Outcome Survey

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

1. Start with Denominator
2. Check *All patients regardless of age*.
3. Check *Diagnosis for varicose veins as listed in Denominator**:
    a. If *Diagnosis for varicose veins as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for varicose veins as listed in Denominator** equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator**.
4. Check *Patient procedure during the performance period as listed in Denominator**:
    a. If *Patient procedure during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient procedure during the performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population:
    - 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.
6. Start Numerator
7. Check *Patient survey score improved from baseline following treatment*:
    a. If *Patient survey score improved from baseline following treatment* 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 30 procedures in the Sample Calculation.
    b. If *Patient survey score improved from baseline following treatment* equals No, proceed to check *Documentation of at least two attempts to follow up with patient within 180 days of treatment*.
8. Check *Documentation of at least two attempts to follow up with patient within 180 days of treatment*:
    a. If *Documentation of at least two attempts to follow up with patient within 180 days of treatment* equals Yes, include in *Data Completeness Met and Denominator Exception*.
        - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 procedures in the Sample Calculation.
    b. If *Documentation of at least two attempts to follow up with patient within 180 days of treatment* equals No, proceed to check *Patient survey score did not improve from baseline following treatment*.

9. Check *Patient survey score did not improve from baseline following treatment*:

    a. If *Patient survey score did not improve from baseline following treatment* 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^1 equals 10 procedures in the Sample Calculation.

    b. If *Patient survey score did not improve from baseline following treatment* equals No, proceed to check *No documentation of at least two attempts to follow up with patient within 180 days of treatment*.

10. Check *No documentation of at least two attempts to follow up with patient within 180 days of treatment*:

    a. If *No documentation of at least two attempts to follow up with patient within 180 days of treatment* 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^2 equals 10 procedures in the Sample Calculation.

    b. If *No documentation of at least two attempts to follow up with patient within 180 days of treatment* equals No, proceed to check *Patient follow up more than 180 days after treatment*.

11. Check *Patient follow up more than 180 days after treatment*:

    a. If *Patient follow up more than 180 days after treatment* 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^3 equals 10 procedures in the Sample Calculation.

    b. If *Patient follow up more than 180 days after treatment* equals No, proceed to check *Data Completeness Not Met*.

12. Check *Data Completeness Not Met*:

    - 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 30 procedures) plus Denominator Exception (b equals 10 procedures) plus Performance Not Met ($c^1 + c^2 + c^3$ equals 30 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 30 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exception (b equals 10 procedures). All equals 30 procedures divided by 60 procedures. All equals 50.00 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.