

**Quality ID #258: Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)**

- 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 patients undergoing open repair of small or moderate sized non-ruptured infrarenal abdominal aortic aneurysms (AAA) who do not experience a major complication (discharge to home no later than post-operative day #7).

**INSTRUCTIONS:**  
This measure is to be submitted **each time** an open repair AAA is performed during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide services of AAA repair, 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 open repairs of non-ruptured, infrarenal abdominal aortic aneurysms

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

**AND**  
Patient procedure during the performance period (CPT): 35081, 35102

**WITHOUT**  
Telehealth Modifier: GQ, GT, 95, POS 02

**AND NOT**  
**DENOMINATOR EXCLUSIONS:**

**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

**NUMERATOR:**

Patients discharged to home no later than post-operative day #7

**Definition:**

**Home** – For purposes of submitting 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 (**G8818**)

**OR**

***Performance Not Met:***

Patient not discharged to home by post-operative day #7 (**G8825**)

**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:**

*The Care of Patients with an Abdominal Aortic Aneurysm: The Society for Vascular Surgery Practice Guidelines.* (Chaikof et al, J Vasc Surg, 50:4, supplement, 2009)

Elective repair is recommended for patients that present with a fusiform AAA  $\geq 5.5$  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*

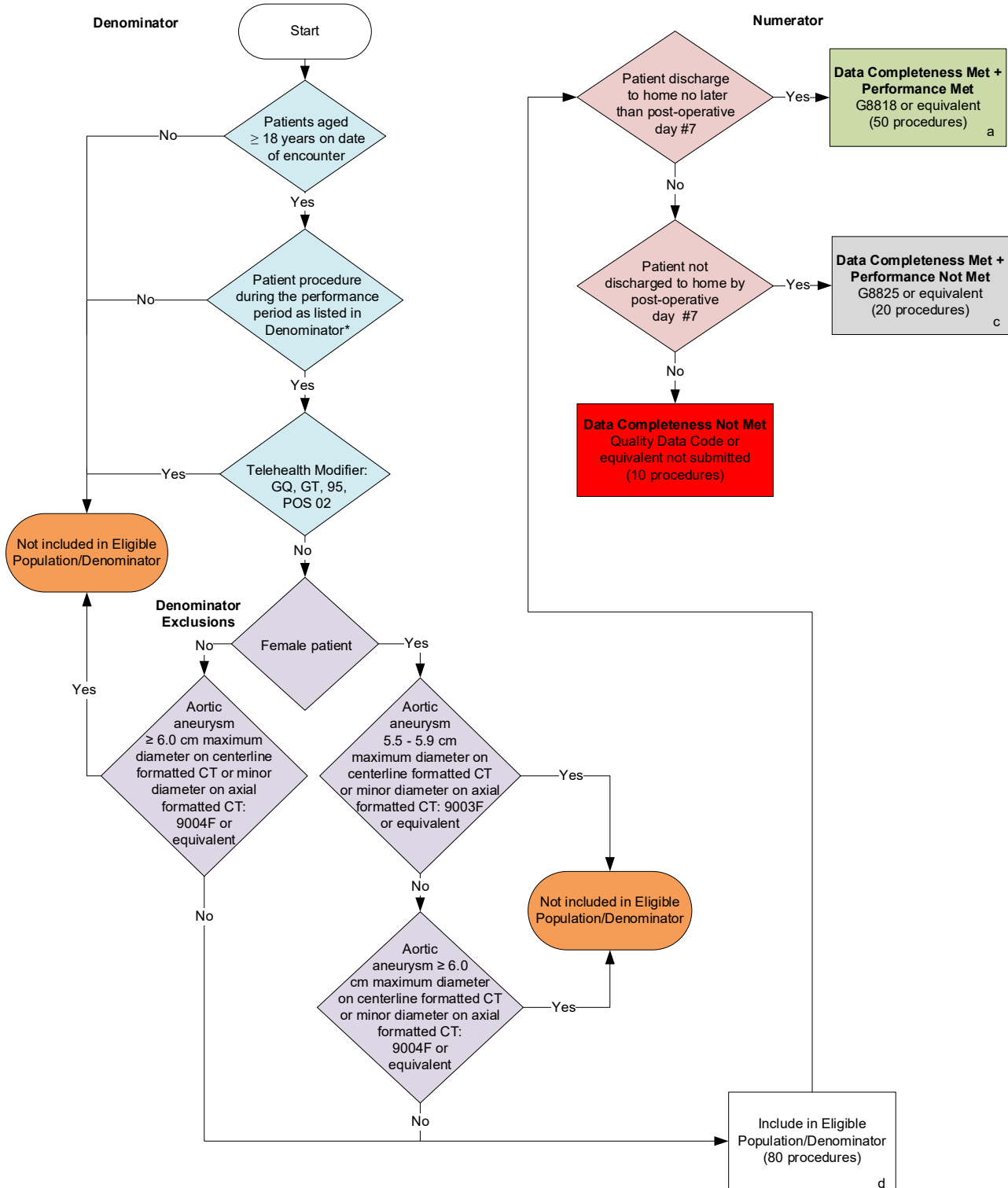
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**2022 Clinical Quality Measure Flow for Quality ID #258:  
Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms  
(AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)**

*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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**2022 Clinical Quality Measure Flow Narrative for Quality ID #258:**  
**Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA)**  
**without Major Complications (Discharged to Home by Post-Operative Day #7)**

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

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*.
  - a. If *Patients 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 *Patients 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 *Female patient*.
5. Check *Female patient*:
  - a. If *Female patient* equals Yes; proceed to check *Aortic aneurysm 5.5 through 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT*.
  - b. If *Female patient* equals No; proceed to check *Aortic aneurysm greater than or equal to 6.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT*.
6. Check *Aortic aneurysm 5.5 through 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT*:
  - a. If *Aortic aneurysm 5.5 through 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT* equals Yes; do not include in Eligible Population/Denominator. Stop processing.
  - b. If *Aortic aneurysm 5.5 through 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT* equals No; proceed to check *Aortic aneurysm greater than or equal to 6.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT*.
7. Check *Aortic aneurysm greater than or equal to 6.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT*:
  - a. If *Aortic aneurysm greater than or equal to 6.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT* equals Yes; do not include in *Eligible Population/Denominator*.

Stop processing.

- b. If *Aortic aneurysm greater than or equal to 6.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT* equals No; include in Eligible Population/Denominator.
8. 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.
9. Start Numerator
10. Check *Patient discharge to home no later than post-operative day number 7*:
- a. If *Patient discharge to home no later than post-operative day number 7* 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 discharge to home no later than post-operative day number 7* equals No; proceed to check *Patient not discharged to home by post-operative day number 7*.
11. Check *Patient not discharged to home by post-operative day number 7*:
- a. If *Patient not discharged to home by post-operative day number 7* equals Yes; include in the *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 7* equals No; proceed to check *Data Completeness Not Met*.
12. 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.

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NOTE: Submission Frequency: Procedure

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