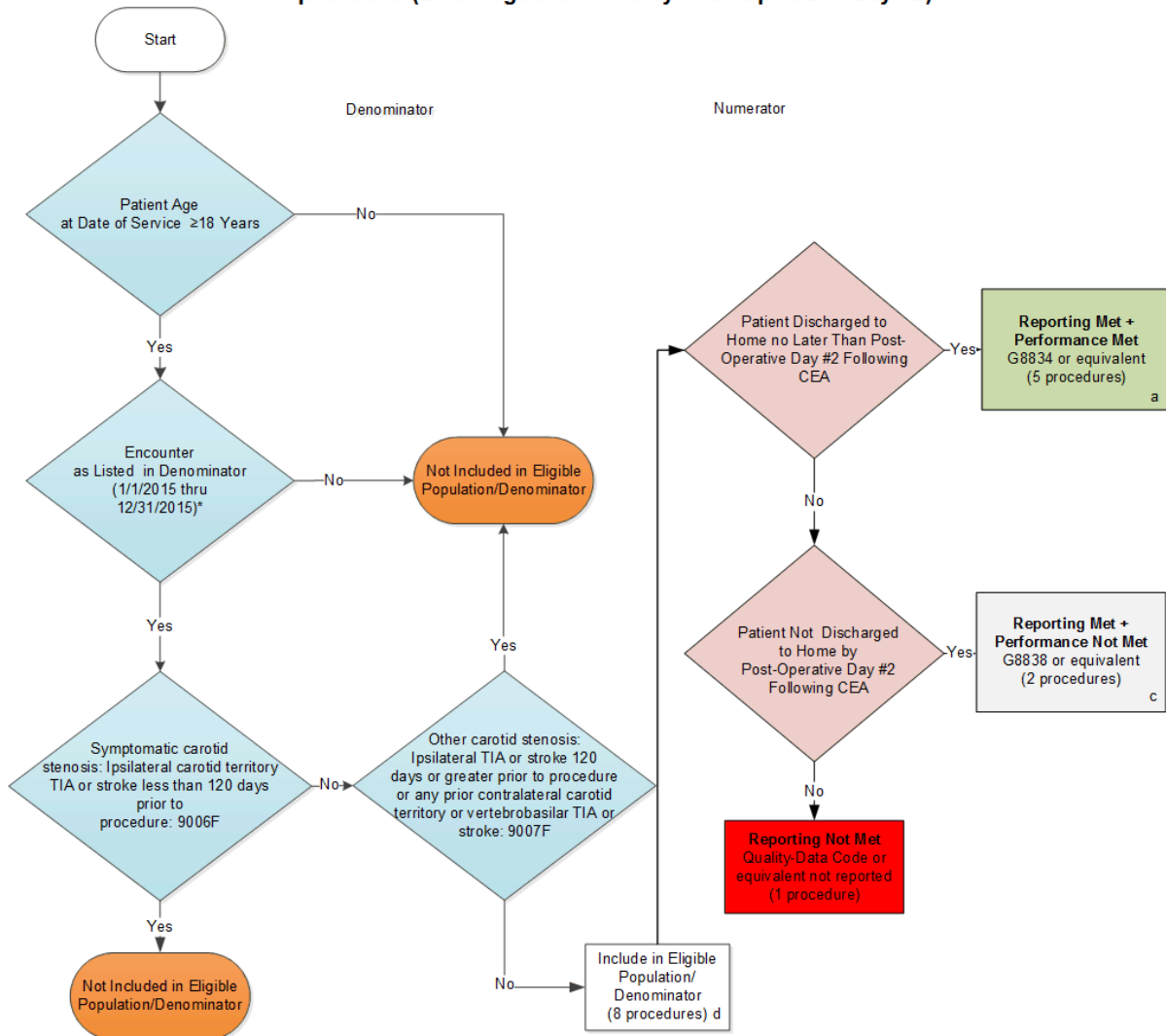


**2015 Registry Individual Measure Flow**  
**PQRS #260 Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)**



**SAMPLE CALCULATIONS:**

**Reporting Rate=**  
 Performance Met (a=5 procedures) + Performance Not Met (c=2 procedures) =  $\frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$   
 Eligible Population / Denominator (d=8 procedures)

**Performance Rate=**  
 $\frac{\text{Performance Met (a =5 procedures)}}{\text{Reporting Numerator (7 procedures)}} = \frac{5 \text{ procedures}}{7 \text{ procedures}} = 71.43\%$

\*See the posted Measure Specification for specific coding and instructions to report this measure.  
 NOTE: Reporting Frequency - Procedure

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**2015 Registry Individual Measure Flow**  
**PQRS #260 Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients,**  
**without Major Complications (Discharged to Home by Post-Operative Day #2)**

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 is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Encounter Performed.
3. Check Encounter Performed:
  - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Encounter as Listed in the Denominator equals Yes, proceed to Check Patient Diagnosis.
4. Check Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure:
  - a. If Diagnosis of Symptomatic Carotid Stenosis as Listed in the Denominator equals Yes, do not include in Eligible Patient Population. 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 Patient Diagnosis.
5. 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 Patient Population. 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, proceed to Denominator Population
6. 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.
7. Start Numerator
8. Check Patient Discharged to Home no Later than Post-Operative Day #2 Following CEA:
  - a. If Patient Discharged to Home no Later than Post-Operative Day #2 Following CEA 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 Discharged to Home no Later than Post-Operative Day #2 Following CEA equals No, proceed to Patient Not Discharged to Home By Post-Operative Day #2 Following CEA.
9. Check Patient Not Discharged to Home By Post-Operative Day #2 Following CEA:
  - a. If Patient Not Discharged to Home By Post-Operative Day #2 Following CEA 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 #2 Following CEA equals No, proceed to Reporting Not Met.
10. Check Reporting Not Met
  - a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the reporting numerator in sample calculation.

**SAMPLE CALCULATIONS:**

**Reporting Rate=**

$$\frac{\text{Performance Met (a=5 procedures)} + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a =5 procedures)}}{\text{Reporting Numerator (7 procedures)}} = \frac{5 \text{ procedures}}{7 \text{ procedures}} = 71.43\%$$