

Quality ID #259: Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (QCM)

MEASURE TYPE:

Outcome – High Priority

DESCRIPTION:

Percent of patients undergoing endovascular repair of small or moderate non-ruptured infrarenal abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2).

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 an endovascular repair of AAA. This measure may be submitted by 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. The most recent quality data code will be used if the measure is submitted more than once.

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 endovascular repairs of non-ruptured, infrarenal abdominal aortic aneurysms.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for non-rupture, infrarenal abdominal aortic aneurysms on date of encounter (ICD-10-CM): I71.40, I71.43

AND

Patient procedure during the performance period (CPT): 34701, 34703, 34705

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 #2 following EVAR of AAA.

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 discharged to home no later than post-operative day #2 following EVAR (G8826)

OR

Performance Not Met:

Patient not discharged to home by post-operative day #2 following EVAR (G8833)

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 two days of endovascular 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 comorbidities. *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

REFERENCES:

Chaikof EL, Dalman RL, Eskandari MK, et al. The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm. *J Vasc Surg.* 2018;67(1):2-77.e2. doi:10.1016/j.jvs.2017.10.044

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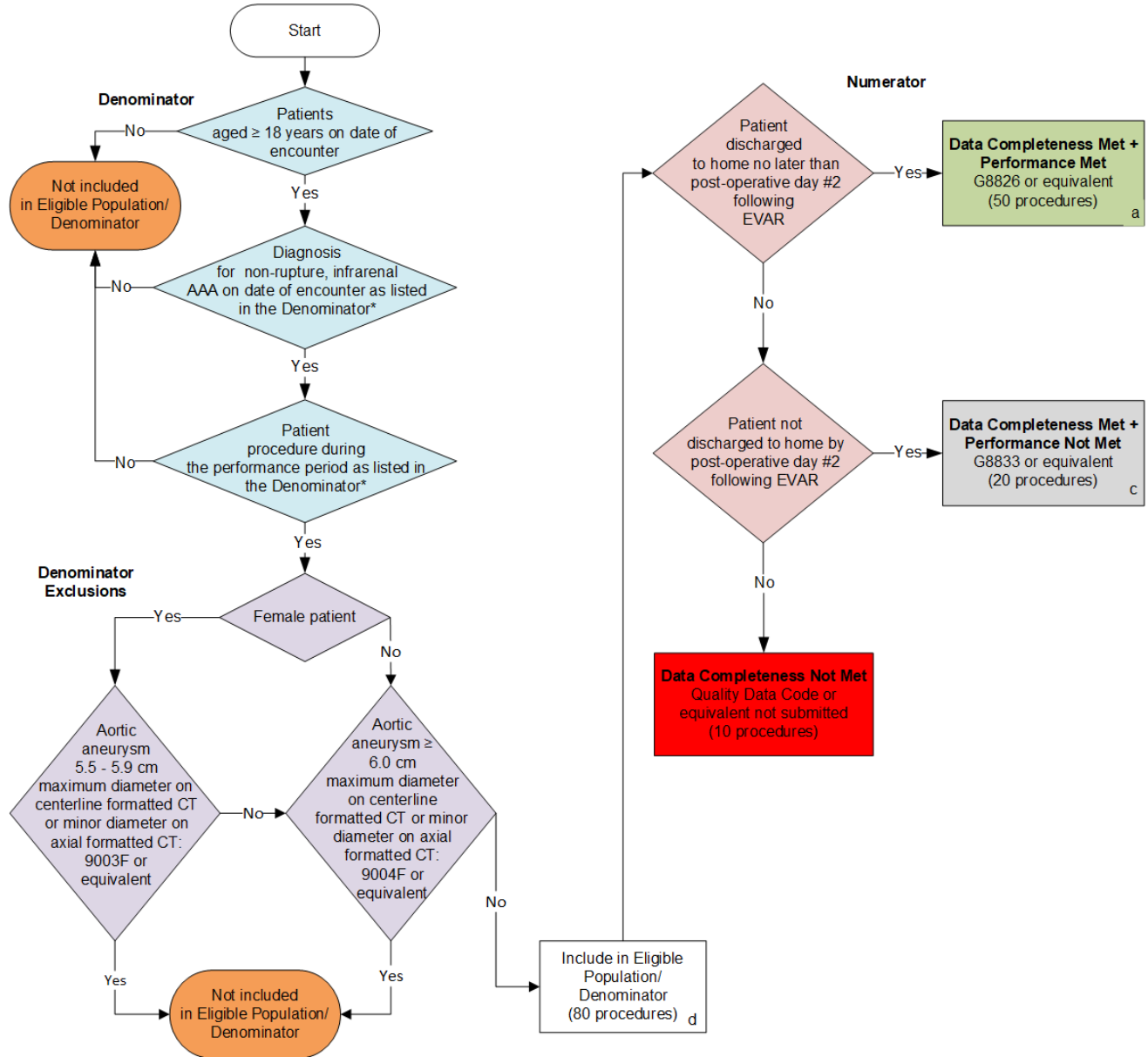
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**2026 Clinical Quality Measure Flow for Quality ID #259:
Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal
Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by
Post-Operative Day #2)**

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



SAMPLE CALCULATIONS			
Data Completeness=			
Performance Met (a=50 procedures) + Performance Not Met (c=20 procedures)	=	70 procedures	= 87.50%
Eligible Population / Denominator (d=80 procedures)	=	80 procedures	
Performance Rate=			
Performance Met (a=50 procedures)	=	50 procedures	= 71.43%
Data Completeness Numerator (70 procedures)	=	70 procedures	

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

NOTE: Submission Frequency: Procedure

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**2026 Clinical Quality Measure Flow Narrative for Quality ID #259:
Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal
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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 *Diagnosis for non-rupture, infrarenal AAA as listed in the Denominator**.
3. Check *Diagnosis for non-rupture, infrarenal AAA on date of encounter as listed in the Denominator**:
 - a. If *Diagnosis for non-rupture, infrarenal AAA on date of encounter as listed in the Denominator** equals No, do not include in the *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for non-rupture, infrarenal AAA on date of encounter as listed in the Denominator** equals Yes, proceed to check *Patient procedure during the performance period as listed in the Denominator**.
4. 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 *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 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*.
 - b. 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.
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 No, include in *Eligible Population/Denominator*.

- 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 Yes, do not include in *Eligible Population/Denominator*. Stop processing.
8. Denominator Population:
 - 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 80 procedures in the Sample Calculation.
9. Start Numerator
10. Check *Patient discharged to home no later than post-operative day number 2 following EVAR*
 - a. If *Patient discharged to home no later than post-operative day number 2 following EVAR* 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 EVAR* equals No, proceed to check *Patient not discharged to home by post-operative day number 2 following EVAR*.
11. Check *Patient not discharged to home by post-operative day number 2 following EVAR*:
 - a. If *Patient not discharged to home by post-operative day number 2 following EVAR* 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 2 following EVAR* 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 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

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