

Quality ID #344: Rate of Carotid Endarterectomy (CEA) or Carotid Artery Stenting (CAS) for Asymptomatic Patients, 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 asymptomatic patients undergoing Carotid Endarterectomy (CEA) or Carotid Artery Stenting (CAS) without major complication who are 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 a CEA or CAS. 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.

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:

Patients aged 18 years and older who are asymptomatic undergoing a CEA or CAS procedure.

DENOMINATOR NOTE:

**Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):

Patients aged 18 years and older

AND

Patient procedure during performance period (CPT): 35301, 37215, 37216*

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 discharged to home no later than post-operative day 2 following CEA or CAS.

Definition:

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

Numerator Options:

Performance Met:

Documentation of patient discharged to home no later than post-operative day 2 following CEA or CAS (**G9255**)

OR

Performance Not Met:

Documentation of patient discharged to home later than post-operative day 2 following CEA or CAS (**G9254**)

RATIONALE:

Surgeons performing CEA or CAS 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:

The committee recommends CEA as the first-line treatment for symptomatic low-risk surgical patients with stenosis of 50% to 99% and asymptomatic patients with stenosis of 70% to 99%. The perioperative risk of stroke and death in asymptomatic patients must be <3% to ensure benefit for the patient.

REFERENCES:

AbuRahma AF, Avgerinos ED, Chang RW, Darling RC 3rd, Duncan AA, Forbes TL, Malas MB, Murad MH, Perler BA, Powell RJ, Rockman CB, Zhou W. Society for Vascular Surgery clinical practice guidelines for management of extracranial cerebrovascular disease. J Vasc Surg. 2022 Jan;75(1S):4S-22S. doi: 10.1016/j.jvs.2021.04.073. Epub 2021 Jun 19. PMID: 34153348.

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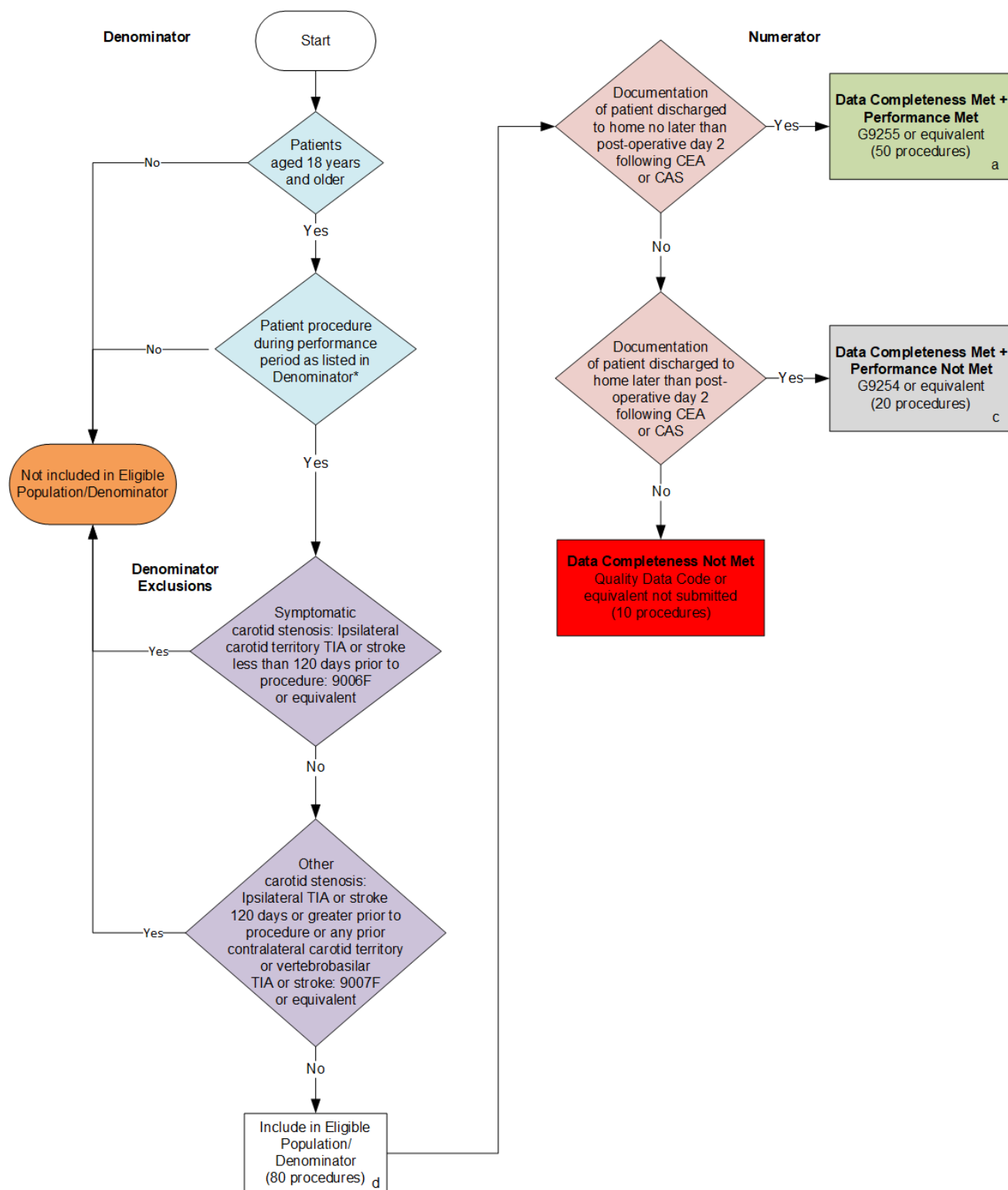
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**2026 Clinical Quality Measure Flow for Quality ID #344:
Rate of Carotid Endarterectomy (CEA) or Carotid Artery Stenting (CAS) for Asymptomatic
Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)**

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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**2026 Clinical Quality Measure Flow Narrative for Quality ID #344:
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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

1. Start with Denominator
2. Check *Patients aged 18 years and older*:
 - a. If *Patients aged 18 years and older* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged 18 years and older* equals Yes, proceed to check *Patient procedure during performance period as listed in Denominator**.
3. Check *Patient procedure during performance period as listed in Denominator**:
 - a. If *Patient procedure during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient procedure during performance period as listed in Denominator** equals Yes, proceed to check *Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure*.
4. 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*.
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 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*.
6. 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.
7. Start Numerator
8. Check *Documentation of patient discharged to home no later than post-operative day 2 following CEA or CAS*:

- a. If *Documentation of patient discharged to home no later than post-operative day 2 following CEA or CAS* 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 *Documentation of patient discharged to home no later than post-operative day 2 following CEA or CAS* equals No, proceed to check *Documentation of patient discharged to home later than post-operative day 2 following CEA or CAS*.
9. Check *Documentation of patient discharged to home later than post-operative day 2 following CEA or CAS*:
- a. If *Documentation of patient discharged to home later than post-operative day 2 following CEA or CAS* 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 *Documentation of patient discharged to home later than post-operative day 2 following CEA or CAS* equals No, proceed to check *Data Completeness Not Met*.
10. 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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