

**Measure #420: Varicose Vein Treatment with Saphenous Ablation: Outcome Survey – National Quality Strategy Domain: Effective Clinical Care**

**2017 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Outcome

**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:**  
This measure is to be reported **each time** a saphenous ablation procedure is performed for the treatment of varicose veins during the **performance period**. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Reporting:**

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**  
All patients who are treated for varicose veins with saphenous ablation and who receive an outcomes survey before and 3-6 months 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): 36475, 36478

**NUMERATOR:**  
Patients whose outcome survey score improved when assessed 3-6 months 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)

**Numerator Options:**

**Performance Met:**

Patient survey score improved from baseline following treatment (**G9603**)

**OR**

**Denominator Exception:**

Patient survey results not available (**G9604**)

**OR**

*Performance Not Met:*

Patient survey score did not improve from baseline following treatment (**G9605**)

**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.

**CLINICAL RECOMMENDATION STATEMENTS:**

The Intersocietal Accreditation Commission-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 SVS.

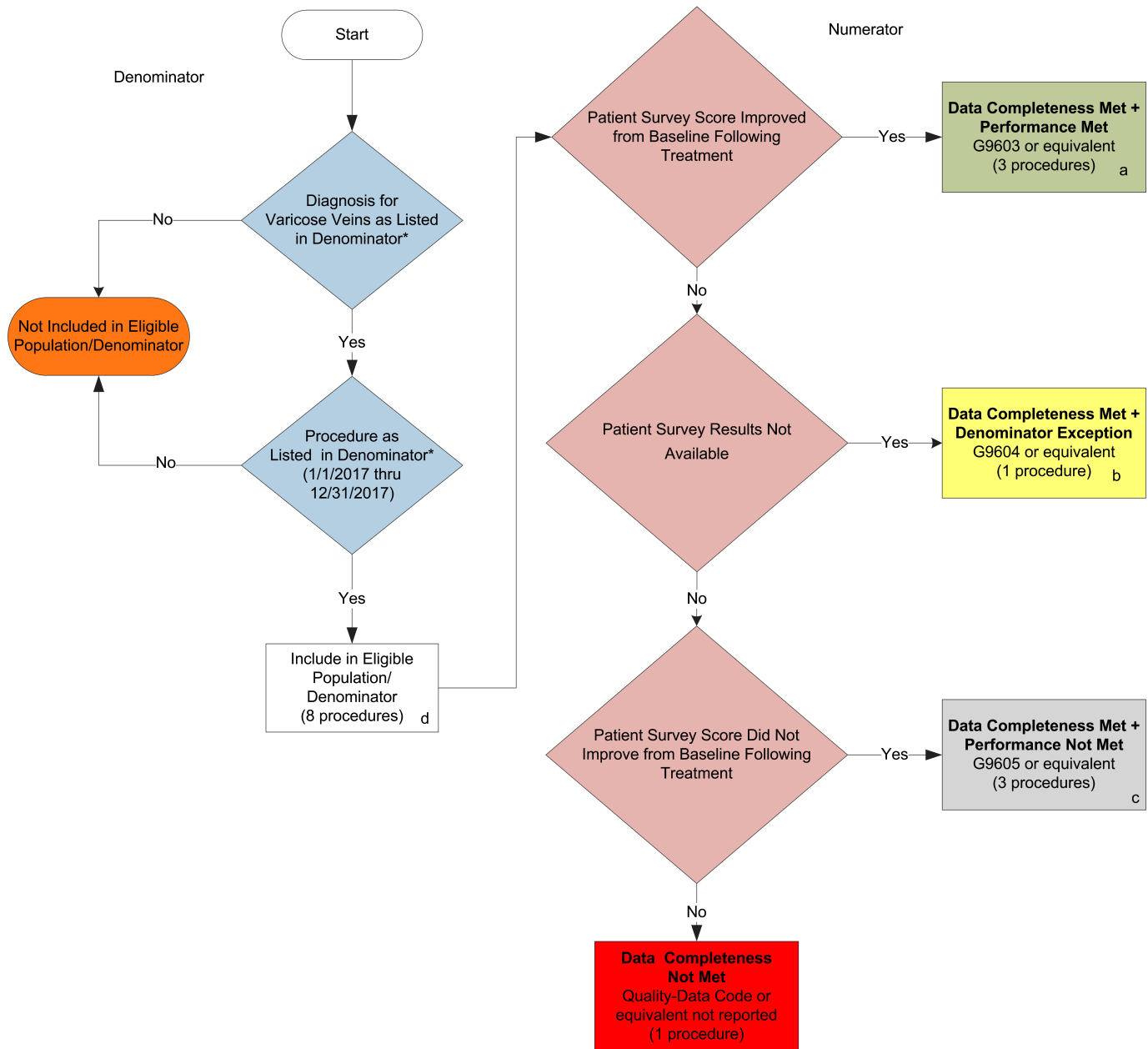
The American Venous Forum recommends the use of PRO instruments before and after vein treatment for all patients.

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## 2017 Registry Individual Measure Flow

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



#### SAMPLE CALCULATIONS:

##### Data Completeness=

$$\frac{\text{Performance Met (a=3 procedures)} + \text{Denominator Exception (b=1 procedures)} + \text{Performance Not Met (c=3 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

##### Performance Rate=

$$\frac{\text{Performance Met (a=3 procedures)}}{\text{Data Completeness Numerator (7 procedures)- Denominator Exception (b=1 procedure)}} = \frac{3 \text{ procedures}}{6 \text{ procedures}} = 50.00\%$$

\* See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Procedure

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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.

v1

**2017 Registry Individual Measure Flow**  
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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 Diagnosis:
  - a. If Diagnosis for Varicose Veins as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis for Varicose Veins as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
3. Check Procedure Performed:
  - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Procedure as Listed in the Denominator equals Yes, include in Eligible Population.
4. 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.
5. Start Numerator
6. 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.
  - b. 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 3 procedures in Sample Calculation.
  - c. If Patient Survey Score Improved from Baseline Following Treatment equals No, proceed to Patient Survey Results Not Available.
7. Check Patient Survey Results Not Available:
  - a. If Patient Survey Results Not Available equals Yes, include in Data Completeness Met and Denominator Exception.
  - b. 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 1 procedure in Sample Calculation.
  - c. If Patient Survey Results Not Available equals No, proceed to Patient Survey Score Did Not Improve from Baseline Following Treatment.
8. 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.
  - b. 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 3 procedures in the Sample Calculation.
  - c. If Patient Survey Score Did Not Improve from Baseline Following Treatment equals No, proceed to Data Completeness Not Met.
9. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the data completeness numerator in the sample calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=3 procedures)} + \text{Denominator Exception (b=1 procedures)} + \text{Performance Not Met (c=3 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=3 procedures)}}{\text{Data Completeness Numerator (7 procedures)- Denominator Exception (b=1 procedure)}} = \frac{3 \text{ procedures}}{6 \text{ procedures}} = 50.00\%$$