Quality ID #23: Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)
– National Quality Strategy Domain: Patient Safety
– Meaningful Measure Area: Preventive Care

2020 COLLECTION TYPE:
MEDICARE PART B CLAIMS

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time

INSTRUCTIONS:
This measure is to be submitted **each time** a procedure is performed during the performance period for all patients who undergo surgical procedures for which VTE prophylaxis is indicated. There is no diagnosis associated with this measure. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the listed surgical procedures as specified in the denominator coding will submit this measure.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

DENOMINATOR:
All surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients

> **Denominator Instructions:**
> CPT Category I procedure codes billed by surgeons performing surgery on the same patient, submitted with modifier 62 (indicating two surgeons, i.e., dual procedures) will be included in the denominator population, therefore both surgeons will be fully accountable for the clinical action described in the measure.

> **Denominator Criteria (Eligible Cases):**
> Patients aged ≥ 18 years on date of service
> **AND**
> **Patient procedure during the performance period (CPT):** Listed below are surgical procedure codes for which VTE prophylaxis is indicated

Table 1 - Surgical Procedures Codes

SURGICAL PROCEDURE	CPT CODE
Neurological Surgery	22551, 22554, 22558, 22600, 22612, 22630, 22633, 61313, 61315, 61510, 61512, 61518, 61548, 61697, 61700, 62223, 62230, 63015, 63020, 63030, 63042, 63045, 63046, 63047, 63056, 63075, 63081, 63267, 63276
SURGICAL PROCEDURE	CPT CODE
Hip Reconstruction	27125, 27130, 27132, 27134, 27137, 27138
Knee Reconstruction	27440, 27441, 27442, 27443, 27445, 27446, 27447
Genitourinary Surgery	50020, 50220, 50225, 50230, 50234, 50236, 50240, 50543, 50545, 50546, 50547, 50548, 50715, 50722, 50725, 50727, 50728, 50760, 50770, 50780, 50782, 50783, 50785, 50800, 50810, 50815, 50820, 50947, 50948, 51550, 51555, 51565, 51570, 51575, 51580, 51585, 51590, 51595, 51596, 51597, 51800, 51820, 51900, 51920, 51925, 51960, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866
Gynecologic Surgery	56630, 56631, 56632, 56633, 56634, 56637, 56640, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58951, 58953, 58954, 58956
Hip Fracture Surgery	27235, 27236, 27244, 27245, 27269
Le Fort Fractures	21346, 21347, 21348, 21422, 21423, 21432, 21433, 21435, 21436
Mandibular Fractures	21454, 21461, 21462, 21465, 21470
General Thoracic (Non-Cardiac)	0236T, 0505T, 21627, 21632, 21740, 21750, 21825, 31760, 31766, 31770, 31775, 31786, 31805, 32096, 32097, 32098, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32215, 32220, 32225, 32310, 32320, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32491, 32505, 32800, 32810, 32815, 32900, 32905, 32906, 32940, 33020, 33025, 33030, 33031, 33050, 33300, 33310, 33320, 34051, 35021, 35211, 35216, 35241, 35246, 35271, 35276, 35311, 35526, 37616, 38381, 39000, 39010, 39200, 39220, 39545, 39561, 64746
Laryngectomy	31360, 31365, 31367, 31368, 31370, 31375, 31380, 31382, 31390, 31395
Vascular	27880, 27881, 27882, 27884, 27886, 27888, 33361, 33362, 33363, 33364, 33365, 33366, 33877, 33880, 33881, 33883, 33886, 33889, 33891, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34830, 34831, 34832, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 35011, 35013, 35081, 35082, 35091, 35092, 35102, 35103, 35131, 35141, 35142, 35151, 35152, 35206, 35266, 35301, 35363, 35371, 35372, 35512, 35521, 35522, 35523, 35525, 35533, 35537, 35538, 35539, 35540, 35556, 35558, 35565, 35566, 35570, 35571, 35583, 35585, 35587, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35632, 35633, 35634, 35636, 35637, 35638, 35642, 35645, 35646, 35647, 35650, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 36830, 36902, 36905, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37246, 37248, 37617
Glossectomy	41130, 41135, 41140, 41145, 41150, 41153, 41155
Acoustic Neuroma	61520, 61526, 61530, 61591, 61595, 61596, 61598, 61606, 61616, 61618, 61619, 69720, 69955, 69960, 69970

SURGICAL PROCEDURE	CPT CODE
General Surgery	15734, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 19300, 19301, 19302, 19303, 19305, 19306, 19307, 19316, 19318, 19324, 19361, 19364, 19366, 19367, 19368, 19369, 19380, 21601, 21602, 21603, 27080, 27158, 27202, 27280, 27282, 38100, 38101, 38115, 38120, 38531, 38571, 38572, 38700, 38720, 38724, 38760, 38765, 38770, 38780, 39501, 39540, 39541, 39545, 39560, 39561, 43020, 43030, 43045, 43100, 43101, 43107, 43108, 43112, 43113, 43116, 43117, 43118, 43121, 43122, 43123, 43124, 43130, 43135, 43279, 43280, 43281, 43282, 43300, 43305, 43310, 43312, 43313, 43314, 43320, 43325, 43327, 43328, 43330, 43331, 43332, 43333, 43334, 43335, 43336, 43337, 43340, 43341, 43351, 43352, 43360, 43361, 43400, 43405, 43415, 43420, 43425, 43496, 43500, 43501, 43502, 43510, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43640, 43641, 43644, 43645, 43651, 43652, 43653, 43770, 43771, 43772, 43773, 43774, 43800, 43810, 43820, 43825, 43830, 43832, 43840, 43843, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 43870, 43880, 43886, 43887, 43888, 44005, 44010, 44020, 44021, 44025, 44050, 44055, 44110, 44111, 44120, 44125, 44126, 44127, 44130, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44180, 44186, 44187, 44188, 44202, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44227, 44300, 44310, 44312, 44314, 44316, 44320, 44322, 44340, 44345, 44346, 44602, 44603, 44604, 44605, 44615, 44620, 44625, 44626, 44640, 44650, 44660, 44661, 44680, 44700, 44800, 44820, 44850, 44900, 44950, 44960, 44970, 45000, 45020, 45100, 45108, 45110, 45111, 45112, 45113, 45114, 45116, 45119, 45120, 45121, 45123, 45126, 45130, 45135, 45136, 45150, 45160, 45171, 45172, 45190, 45395, 45397, 45400, 45402, 45500, 45505, 45540, 45541, 45550, 45560, 45562, 45563, 45800, 45805, 45820, 45825, 46715, 46716, 46730, 46735, 46740, 46742, 46744, 46746, 46748, 46750, 46751, 46753, 46754, 46760, 46761, 47010, 47015, 47100, 47120, 47122, 47125, 47130, 47135, 47140, 47141, 47142, 47300, 47350, 47360, 47361, 47362, 47370, 47371, 47380, 47381, 47382, 47400, 47420, 47425, 47460, 47480, 47562, 47563, 47564, 47570, 47600, 47605, 47610, 47612, 47620, 47700, 47701, 47711, 47712, 47715, 47720, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47801, 47802, 47900, 48000, 48001, 48020, 48100, 48102, 48105, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48500, 48510, 48520, 48540, 48545, 48547, 48548, 48554, 48556, 49000, 49002, 49010, 49020, 49040, 49060, 49203, 49204, 49205, 49215, 49220, 49250, 49255, 49320, 49321, 49322, 49323, 49405, 49406, 49407, 49505, 49507, 49560, 49561, 49565, 49566, 49570, 50320, 50340, 50360, 50365, 50370, 50380, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271, 60280, 60281, 60500, 60502, 60505, 60520, 60521, 60522, 60540, 60545, 60600, 60605, 60650

NUMERATOR:
Surgical patients who had an order for LMWH, LDUH, adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time

>   **Definition:**
>   **Mechanical Prophylaxis** – Does not include TED hose.
>
>   **Numerator Instructions:**
>   There must be documentation of order (written order, verbal order, or standing order/protocol) for VTE prophylaxis OR documentation that VTE prophylaxis was given.
>
>   **NUMERATOR NOTE:** *A single CPT Category II code is provided for VTE prophylaxis ordered or VTE prophylaxis given. If VTE prophylaxis is given, submit **4044F**.*
>
>   **Numerator Quality-Data Coding Options:**
>   **Appropriate VTE Prophylaxis Ordered**
>   *Performance Met:* **CPT II 4044F:** Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time

OR

>   **VTE Prophylaxis not Ordered for Medical Reasons**
>   Append a modifier (1P) to CPT Category II code 4044F to submit documented circumstances that appropriately exclude patients from the denominator.
>   *Denominator Exception:* **4044F** *with* **1P:** Documentation of medical reason(s) for patient not receiving any form of VTE prophylaxis (LMWH, LDUH, adjusted-dose warfarin, fondaparinux or mechanical prophylaxis) within 24 hours prior to incision time or 24 hours after surgery end time

OR

>   **VTE Prophylaxis not Ordered, Reason not Otherwise Specified**
>   Append a submission modifier (8P) to CPT Category II code 4044F to submit circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
>   *Performance Not Met:* **4044F** *with* **8P:** Order was not given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time, reason not otherwise specified

RATIONALE:
This measure addresses VTE risk based on surgical procedure. VTE prophylaxis is appropriate for all patients undergoing these procedures regardless of individual patient thromboembolic risk factors.

Duration of VTE prophylaxis is not specified in the measure due to varying guideline recommendations for different patient populations.

CLINICAL RECOMMENDATION STATEMENTS:
For general and abdominal-pelvic surgery patients at very low risk for VTE (< 0.5%; Rogers score, < 7; Caprini score, 0), we recommend that no specific pharmacologic (Grade 1B) or mechanical (Grade 2C) prophylaxis be used other than early ambulation. (ACCP, 2012)

For general and abdominal-pelvic surgery patients at low risk for VTE (~ 1.5%; Rogers score, 7-10; Caprini score, 1-2), we suggest mechanical prophylaxis, preferably with intermittent pneumatic compression (IPC), over no prophylaxis. (Grade 2C) (ACCP, 2012)

For general and abdominal-pelvic surgery patients at moderate risk for VTE (~ 3.0%; Rogers score, > 10; Caprini score, 3-4) who are not at high risk for major bleeding complications, we suggest LMWH (Grade 2B), LDUH (Grade 2B), or mechanical prophylaxis, preferably with IPC (Grade 2C), over no prophylaxis. (ACCP, 2012)

For general and abdominal-pelvic surgery patients at moderate risk for VTE (3.0%; Rogers score, > 10; Caprini score, 3-4) who are at high risk for major bleeding complications or those in whom the consequences of bleeding are thought to be particularly severe, we suggest mechanical prophylaxis, preferably with IPC, over no prophylaxis. (Grade 2C) (ACCP, 2012)

For general and abdominal-pelvic surgery patients at high risk for VTE (~ 6.0%; Caprini score, ≥ 5) who are not at high risk for major bleeding complications, we recommend pharmacologic prophylaxis with LMWH (Grade 1B) or LDUH (Grade 1B) over no prophylaxis. We suggest that mechanical prophylaxis with elastic stockings or IPC should be added to pharmacologic prophylaxis. (Grade 2C) (ACCP, 2012)

For high-VTE-risk patients undergoing abdominal or pelvic surgery for cancer who are not otherwise at high risk for major bleeding complications, we recommend extended-duration pharmacologic prophylaxis (4 weeks) with LMWH over limited-duration prophylaxis. (Grade 1B) (ACCP, 2012)

For high-VTE-risk general and abdominal pelvic surgery patients who are at high risk for major bleeding complications or those in whom the consequences of bleeding are thought to be particularly severe, we suggest use of mechanical prophylaxis, preferably with IPC, over no prophylaxis until the risk of bleeding diminishes and pharmacologic prophylaxis may be initiated. (Grade 2C) (ACCP, 2012)

For general and abdominal-pelvic surgery patients at high risk for VTE (6%; Caprini score, ≥ 5) in whom both LMWH and unfractionated heparin are contraindicated or unavailable and who are not at high risk for major bleeding complications, we suggest low-dose aspirin (Grade 2C), fondaparinux (Grade 2C), or mechanical prophylaxis, preferably with IPC (Grade 2C), over no prophylaxis. (ACCP, 2012)

For general and abdominal-pelvic surgery patients, we suggest that an inferior vena cava (IVC) filter should not be used for primary VTE prevention. (Grade 2C) (ACCP, 2012)

For general and abdominal-pelvic surgery patients, we suggest that periodic surveillance with venous compression ultrasound should not be performed. (Grade 2C) (ACCP, 2012)

For cardiac surgery patients with an uncomplicated postoperative course, we suggest use of mechanical prophylaxis, preferably with optimally applied IPC, over either no prophylaxis (Grade 2C) or pharmacologic prophylaxis. (Grade 2C) (ACCP, 2012)

For thoracic surgery patients at moderate risk for VTE who are not at high risk for perioperative bleeding, we suggest LDUH (Grade 2B), LMWH (Grade 2B), or mechanical prophylaxis with optimally applied IPC (Grade 2C) over no prophylaxis. (ACCP, 2012)

For thoracic surgery patients at high risk for VTE who are not at high risk for perioperative bleeding, we suggest LDUH (Grade 1B) or LMWH (Grade 1B) over no prophylaxis. In addition, we suggest that mechanical prophylaxis with elastic stockings or IPC should be added to pharmacologic prophylaxis. (Grade 2C) (ACCP, 2012)

For thoracic surgery patients who are at high risk for major bleeding, we suggest use of mechanical prophylaxis, preferably with optimally applied IPC, over no prophylaxis until the risk of bleeding diminishes and pharmacologic prophylaxis may be initiated. (Grade 2C) (ACCP, 2012)

For craniotomy patients, we suggest that mechanical prophylaxis, preferably with IPC, be used over no prophylaxis (Grade 2C) or pharmacologic prophylaxis (Grade 2C). (ACCP, 2012)

For craniotomy patients at very high risk for VTE (e.g., those undergoing craniotomy for malignant disease), we suggest adding pharmacologic prophylaxis to mechanical prophylaxis once adequate hemostasis is established and the risk of bleeding decreases. (Grade 2C) (ACCP, 2012)

For patients undergoing spinal surgery, we suggest mechanical prophylaxis, preferably with IPC, over no prophylaxis (Grade 2C), unfractionated heparin (Grade 2C), or LMWH. (Grade 2C) (ACCP, 2012)

For patients undergoing spinal surgery at high risk for VTE (including those with malignant disease or those undergoing surgery with a combined anterior-posterior approach), we suggest adding pharmacologic prophylaxis to mechanical prophylaxis once adequate hemostasis is established and the risk of bleeding decreases. (Grade 2C) (ACCP, 2012)

For major trauma patients, we suggest use of LDUH (Grade 2C), LMWH (Grade 2C), or mechanical prophylaxis, preferably with IPC (Grade 2C), over no prophylaxis. (ACCP, 2012)

For major trauma patients at high risk for VTE (including those with acute spinal cord injury, traumatic brain injury, and spinal surgery for trauma), we suggest adding mechanical prophylaxis to pharmacologic prophylaxis (Grade 2C) when not contraindicated by lower extremity injury. (ACCP, 2012)

For major trauma patients in whom LMWH and LDUH are contraindicated, we suggest mechanical prophylaxis, preferably with IPC, over no prophylaxis (Grade 2C) when not contraindicated by lower-extremity injury. We suggest adding pharmacologic prophylaxis with either LMWH or LDUH when the risk of bleeding diminishes or the contraindication to heparin resolves. (Grade 2C) (ACCP, 2012)

For major trauma patients, we suggest that an IVC filter should not be used for primary VTE prevention. (Grade 2C) (ACCP, 2012)

For major trauma patients, we suggest that periodic surveillance with venous compression ultrasound should not be performed. (Grade 2C) (ACCP, 2012)

In patients undergoing THA or TKA, we recommend use of one of the following for a minimum of 10 to 14 days rather than no antithrombotic prophylaxis: low-molecular-weight heparin (LMWH), fondaparinux, apixaban, dabigatran, rivaroxaban, low-dose unfractionated heparin (LDUH), adjusted-dose VKA, aspirin (all Grade 1B), or an intermittent pneumatic compression device (IPCD) (Grade 1C). (ACCP, 2012)

In patients undergoing HFS, we recommend use of one of the following rather than no antithrombotic prophylaxis for a minimum of 10 to 14 days: LMWH, fondaparinux, LDUH, adjusted-dose VKA, aspirin (all Grade 1B), or an IPCD. (Grade 1C) (ACCP, 2012)

For patients undergoing major orthopedic surgery (THA, TKA, HFS) and receiving LMWH as thromboprophylaxis, we recommend starting either 12 h or more preoperatively or 12 h or more postoperatively rather than within 4 h or less preoperatively or 4 h or less postoperatively. (Grade 1B) (ACCP, 2012)

In patients undergoing THA or TKA, irrespective of the concomitant use of an IPCD or length of treatment, we suggest the use of LMWH in preference to the other agents we have recommended as alternatives: fondaparinux, apixaban, dabigatran, rivaroxaban, LDUH (all Grade 2B), adjusted-dose VKA, or aspirin. (all Grade 2C) (ACCP, 2012)

In patients undergoing HFS, irrespective of the concomitant use of an IPCD or length of treatment, we suggest the use of LMWH in preference to the other agents we have recommended as alternatives: fondaparinux, LDUH (Grade 2B), adjusted-dose VKA, or aspirin. (all Grade 2C) (ACCP, 2012)

For patients undergoing major orthopedic surgery, we suggest extending thromboprophylaxis in the outpatient period for up to 35 days from the day of surgery rather than for only 10 to 14 days. (Grade 2B) (ACCP, 2012)

In patients undergoing major orthopedic surgery, we suggest using dual prophylaxis with an antithrombotic agent and an IPCD during the hospital stay. (Grade 2C) (ACCP, 2012)

In patients undergoing major orthopedic surgery and increased risk of bleeding, we suggest using an IPCD or no prophylaxis rather than pharmacologic treatment. (Grade 2C) (ACCP, 2012)

In patients undergoing major orthopedic surgery and who decline or are uncooperative with injections or an IPCD, we recommend using apixaban or dabigatran (alternatively rivaroxaban or adjusted-dose VKA if apixaban or dabigatran are unavailable) rather than alternative forms of prophylaxis. (all Grade 1B) (ACCP, 2012)

In patients undergoing major orthopedic surgery, we suggest against using IVC filter placement for primary prevention over no thromboprophylaxis in patients with an increased bleeding risk or contraindications to both pharmacologic and mechanical thromboprophylaxis. (Grade 2C) (ACCP, 2012)

For asymptomatic patients following major orthopedic surgery, we recommend against Doppler (or duplex) ultrasound screening before hospital discharge. (Grade 1B) (ACCP, 2012)

We suggest no prophylaxis rather than pharmacologic thromboprophylaxis in patients with isolated lower-leg injuries requiring leg immobilization. (Grade 2C) (ACCP, 2012)

For patients undergoing knee arthroscopy without a history of prior VTE, we suggest no thromboprophylaxis rather than prophylaxis. (Grade 2B) (ACCP, 2012)
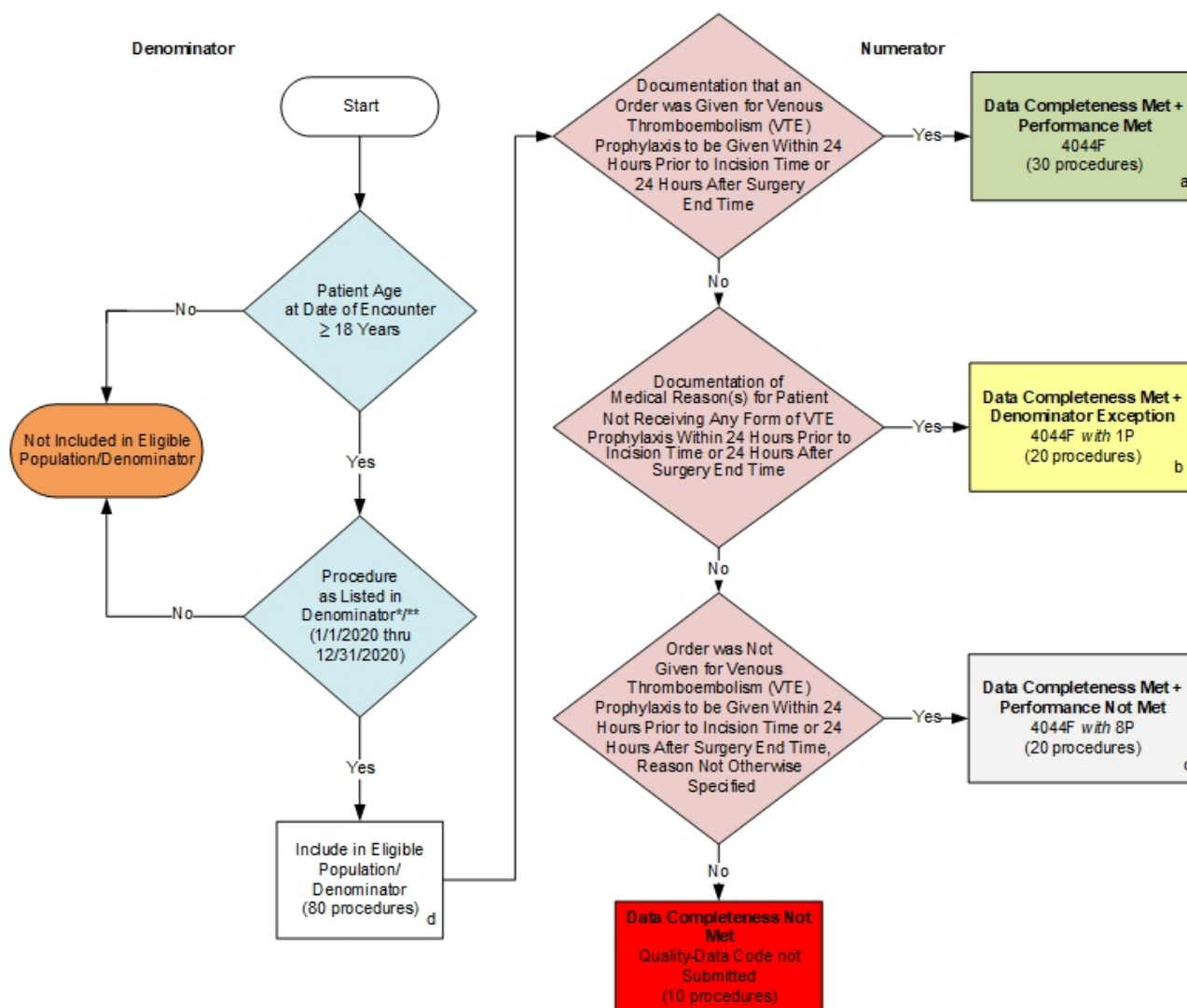
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2020 Medicare Part B Claims Flow for Quality ID #23:
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

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

Denominator

Numerator

Start

Patient Age at Date of Encounter ≥ 18 Years
— No →
Not Included in Eligible Population/Denominator

— Yes ↓

Procedure as Listed in Denominator*/** (1/1/2020 thru 12/31/2020)
— No → Not Included in Eligible Population/Denominator

— Yes ↓

Include in Eligible Population/Denominator (80 procedures) **d**

Documentation that an Order was Given for Venous Thromboembolism (VTE) Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time
— Yes → **Data Completeness Met + Performance Met** 4044F (30 procedures) **a**

— No ↓

Documentation of Medical Reason(s) for Patient Not Receiving Any Form of VTE Prophylaxis Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time
— Yes → **Data Completeness Met + Denominator Exception** 4044F *with* 1P (20 procedures) **b**

— No ↓

Order was Not Given for Venous Thromboembolism (VTE) Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time, Reason Not Otherwise Specified
— Yes → **Data Completeness Met + Performance Not Met** 4044F *with* 8P (20 procedures) **c**

— No ↓

Data Completeness Not Met Quality-Data Code not Submitted (10 procedures)

SAMPLE CALCULATIONS:

Data Completeness =

$$\frac{\text{Performance Met (a=30 procedures)} + \text{Denominator Exception (b=20 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate =

$$\frac{\text{Performance Met (a=30 procedures)}}{\text{Data Completeness Numerator (70 procedures)} - \text{Denominator Exception (b=20 procedures)}} = \frac{30 \text{ procedures}}{50 \text{ procedures}} = 60.00\%$$

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* See the posted measure specification for specific coding and instructions to submit this measure.
** CPT Category I procedure codes billed by surgeons performing surgery on the same patient, submitted with modifier 62 (indicating two surgeons, i.e., dual procedures) will be included in the denominator population. Both surgeons participating will be fully accountable for the clinical action described in the measure.
NOTE: Submission Frequency: Procedure

2020 Medicare Part B Claims Flow Narrative for Quality ID #23:
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

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

1. Start with Denominator

2. Check Patient Age:

   a. If Patient Age is greater than or equal to 18 Years on Date of Service equals No during the measurement period, do not include in Eligible Population. Stop Processing.

   b. If Patient Age is greater than or equal to 18 Years on Date of Service equals Yes during the measurement period, proceed to check Surgical Procedure Codes.

3. Check Surgical Procedure Codes:

   a. If Surgical Procedure Codes as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.

   b. If Surgical Procedure Codes as Listed Denominator equals Yes, include in the Eligible

4. Population. 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.

5. Start Numerator

6. Check Documentation that an Order was Given for VTE Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time:

   a. If Documentation that an Order was Given for VTE Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time 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 30 procedures in Sample Calculation.

   c. If Documentation that an Order was Given for VTE Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time equals No, proceed to check Documentation of Medical Reason(s) for Patient Not Receiving Any Form of VTE Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time.

7. Check Documentation of Medical Reason(s) for Patient Not Receiving Any Form of VTE Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time:

   a. If Documentation of Medical Reason(s) for Patient Not Receiving Any Form of VTE Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time 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 20 procedures in the Sample Calculation.

c. If Documentation of Medical Reason(s) for Patient Not Receiving Any Form of VTE Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time equals No, proceed to check Order was Not Given for VTE Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time, Reason Not Otherwise Specified.

8. Check Order was Not Given for VTE Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time, Reason Not Otherwise Specified:

a. If Order was Not Given for VTE Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time, Reason Not Otherwise Specified equals Yes, include in the 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 20 procedures in the Sample Calculation.

c. If Order was Not Given for VTE Prophylaxis to be Given Within 24 Hours Prior to Incision Time or 24 Hours After Surgery End Time, Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.

9. Check Data Completeness Not Met:

a. If Data Completeness Not Met, the Quality Data Code was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=30 procedures) + Denominator Exception (b=20 procedures) + Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=30 procedures)}}{\text{Data Completeness Numerator (70 procedures) – Denominator Exception (b=20 procedures)}} = \frac{30 \text{ procedures}}{50 \text{ procedures}} = 60.00\%$$