

**Quality ID #433: Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair**

**2024 COLLECTION TYPE:**  
**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**  
Outcome – High Priority

**DESCRIPTION:**  
Percentage of patients undergoing surgical repair of pelvic organ prolapse that is complicated by a bowel injury at the time of index surgery that is recognized intraoperatively or within 30 days after surgery.

**INSTRUCTIONS:**  
This measure is to be submitted **each time** a pelvic organ prolapse repair surgery is performed during the performance period ending **November 30<sup>th</sup>**. There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission Type:**  
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**  
All patients undergoing anterior, posterior or apical pelvic organ prolapse (POP) surgery

**Denominator Criteria (Eligible Cases):**

All patients, regardless of age

**AND**

**Patient procedure during the performance period (CPT):** 45560, 57106, 57110, 57120, 57200, 57210, 57240, 57250, 57260, 57265, 57268, 57270, 57280, 57282, 57283, 57284, 57285, 57289, 57423, 57425, 57545, 57555, 57556, 58263, 58270, 58280, 58292, 58294, 58400, 58410

**WITHOUT**

**Telehealth Modifier (including but not limited to):** GQ, GT, 95, POS 02, POS 10

**NUMERATOR:**  
The number of patients undergoing prolapse repair who sustain a bowel injury that necessitates repair either intraoperatively or within 30 days after surgery

**Numerator Instructions:**

**INVERSE MEASURE** – A lower calculated performance rate for this measure indicates better clinical care or control. The “Performance Not Met” numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

**NUMERATOR NOTE:** *In order to meet the measure, bowel injury is sustained as a result of the prolapse surgery.*

**Numerator Options:**

**Performance Met:**

Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery (**G9628**)

**OR**

**Denominator Exception:**

Documented medical reasons for not reporting bowel injury (e.g. gynecologic or other pelvic malignancy documented, planned (e.g. not due to an unexpected bowel injury) resection and/or re-anastomosis of bowel, or patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bowel injury) (**G9629**)

**OR**

**Performance Not Met:**

Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery (**G9630**)

**RATIONALE:**

There are numerous approaches to surgical correction of pelvic organ prolapse- vaginal, open, laparoscopic and robotic. The incidence of visceral injury ranges from 0.1-4% (SGS Systemic Review Obstet Gynecol 2008: 112: 1131- 1142), depending on the approach, with high potential for morbidity. Unrecognized injury to the intestine increases the risk of mortality from 2 to 23% (Chapron et al. J Am Coll Surg. 1991;185:461-465, Baggish, MS J Gynecol Surg. 2003;19:63-73). It is critically important for surgeons who are performing these procedures to recognize and repair any visceral injuries intraoperatively, in order to minimize postoperative morbidity, including the need for subsequent surgical intervention to address these complications. Surgeons benefit from interventions to improve the quality of their surgical care if they have a higher than expected rate of visceral injury during pelvic organ prolapse repair.

**CLINICAL RECOMMENDATION STATEMENTS:**

There are numerous approaches to surgical correction of pelvic organ prolapse- vaginal, open, laparoscopic and robotic. The incidence of visceral injury ranges from 0.1-4% (SGS Systemic Review Obstet Gynecol 2008: 112: 1131- 1142) depending on the approach with high potential for morbidity. Unrecognized injury to the intestine increases the risk of mortality from 2 to 23 % (Chapron et al. J Am Coll Surg. 1991;185:461-465, Baggish, MS J Gynecol Surg. 2003;19:63-73).

1. SGS Systemic Review Obstet Gynecol 2008: 112: 1131- 1142
2. Chapron et al. J Am Coll Surg. 1991;185:461-465,
3. Baggish, MS J Gynecol Surg. 2003;19:63-73
4. Husch, T et al Int J Surg 2016; 33 Pt A:36-41

**COPYRIGHT:**

These performance measures were developed and are owned by the American Urogynecologic Society ("AUGS"). These performance measures are not clinical guidelines and do not establish a standard of medical care. AUGS makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and AUGS has no liability to anyone who relies on such measures. AUGS holds a copyright in this measure and can rescind or alter this measure at any time. Users of the measure shall not have the right to alter, enhance, or otherwise modify the measure and shall not disassemble, recompile, or reverse engineer the source code or object code relating to the measure. Anyone desiring to use or reproduce the measure without modification for a noncommercial purpose may do so without obtaining any approval from AUGS. All commercial uses must be approved by AUGS and are subject to a license at the discretion of AUGS. Use by health care providers in connection with their own practices is not commercial use. A "commercial use" refers to any sale, license, or distribution of a measure for commercial

gain, or incorporation of a measure into any product or service that is sold, licensed, or distributed for commercial gain, even if there is no actual charge for inclusion of the measure. Performance measures developed by AUGS for CMS may look different from the measures solely created and owned by AUGS.

**THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.**

Limited proprietary coding from Current Procedural Terminology (CPT®) is contained in the measure specifications. Users of this code set should obtain all necessary licenses. AUGS disclaims all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

Physician Performance Measures (Measures) and related data specifications developed by AUGS are intended to facilitate quality improvement activities by physicians. These Measures are intended to assist physicians in enhancing quality of care. They are designed for use by any physician who manages the care of a patient for a specific condition or for diagnosis or prevention. AUGS encourages use of this Measure by other health care professionals, where appropriate.

Measures are subject to review and may be revised or rescinded at any time by AUGS. They may not be altered without the prior written approval from AUGS. Measures developed by AUGS, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use of the Measures is not permitted absent a license agreement between the user and AUGS. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

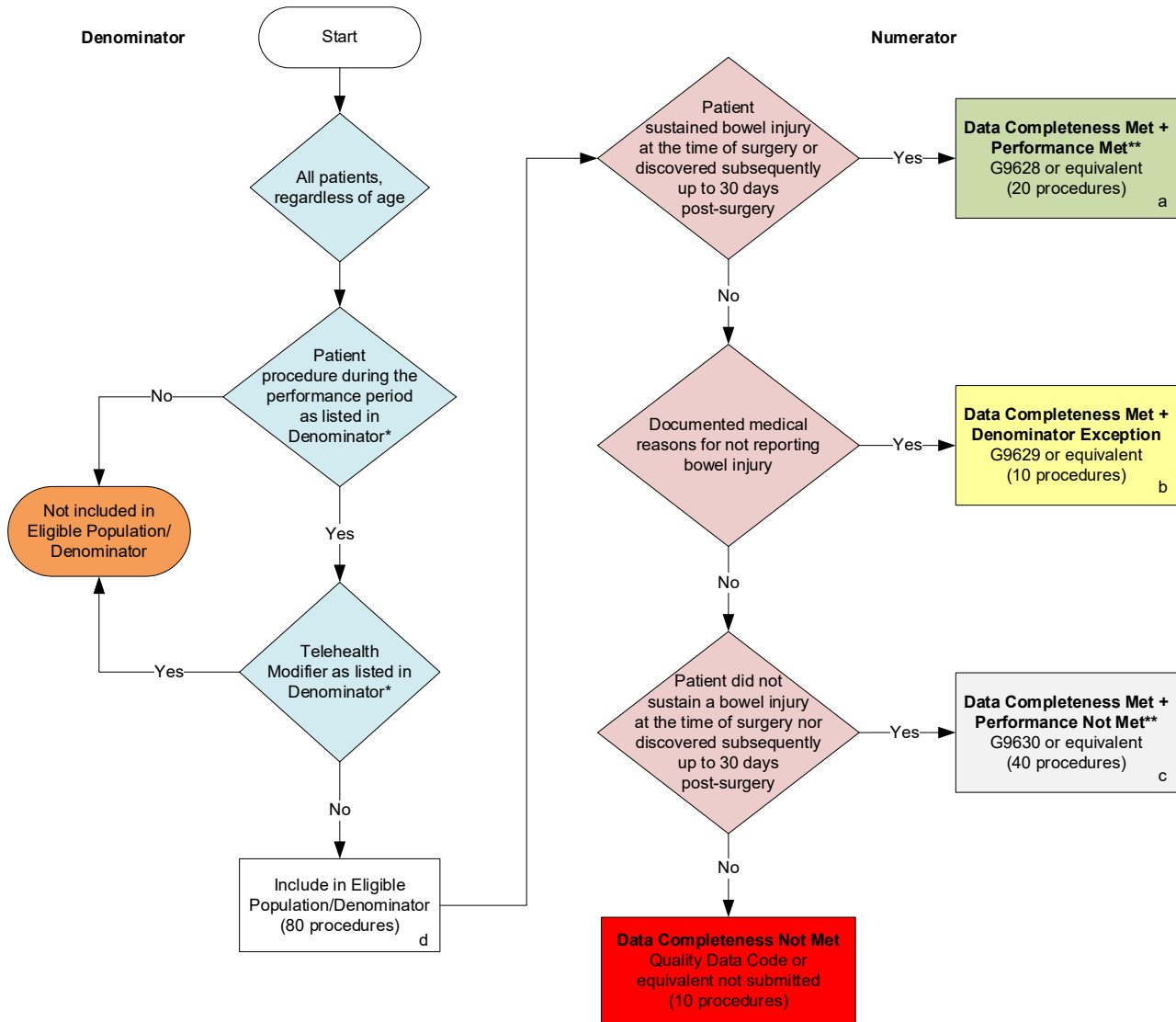
AUGS is not responsible for any harm to any party resulting from the use of these Measures.

Copyright 2022© by the American Urogynecologic Society; 1100 Wayne Ave Suite 825 Silver Spring MD 20910. All Rights Reserved.

CPT® contained in the Measure specification is copyright 2004-2023 American Medical Association. CPT® is a registered trademark of the American Medical Association. All Rights Reserved.

## 2024 Clinical Quality Measure Flow for Quality ID #433: Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair

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



### SAMPLE CALCULATIONS

**Data Completeness=**  

$$\frac{\text{Performance Met (a=20 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=40 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate\*\*=**  

$$\frac{\text{Performance Met (a=20 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures)}} = \frac{20 \text{ procedures}}{60 \text{ procedures}} = 33.33\%$$

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

\*\*A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Procedure

CPT only copyright 2023 American Medical Association. All rights reserved.  
 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.

v8

**2024 Clinical Quality Measure Flow Narrative for Quality ID #433:  
Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair**

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

1. Start with Denominator
2. All patients, regardless of age
3. Check *Patient procedure during the performance period as listed in Denominator\**:
  - a. If *Patient procedure during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient procedure during the performance period as listed in Denominator\** equals Yes, proceed to check *Telehealth Modifier as listed in Denominator\**.
4. Check *Telehealth Modifier as listed in Denominator\**:
  - a. If *Telehealth Modifier as listed in Denominator\** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Telehealth Modifier as listed in Denominator\** equals No, include in *Eligible Population/Denominator*.
5. 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 patients in the Sample Calculation.
6. Start Numerator
7. Check *Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery*:
  - a. If *Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery* 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 20 procedures in the Sample Calculation.
  - b. If *Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery* equals No, proceed to check *Documented medical reasons for not reporting bowel injury*.
8. Check *Documented medical reasons for not reporting bowel injury*:
  - a. If *Documented medical reasons for not reporting bowel injury* equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *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 10 procedures in the Sample Calculation.
- b. If *Documented medical reasons for not reporting bowel injury* equals No, proceed to check *Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery*.
9. Check *Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery*:
- a. If *Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery* 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 40 procedures in the Sample Calculation.
- b. If *Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery* 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 20 procedures) plus Denominator Exception (b equals 10 procedures) plus Performance Not Met (c equals 40 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 20 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exception (b equals 10 procedures). All equals 20 procedures divided by 60 procedures. All equals 33.33 percent.

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

\*\*A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Procedure

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.