

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

- National Quality Strategy Domain: Patient Safety
- Meaningful Measure Area: Preventable Healthcare Harm

**2022 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:** GQ, GT, 95, POS 02

**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

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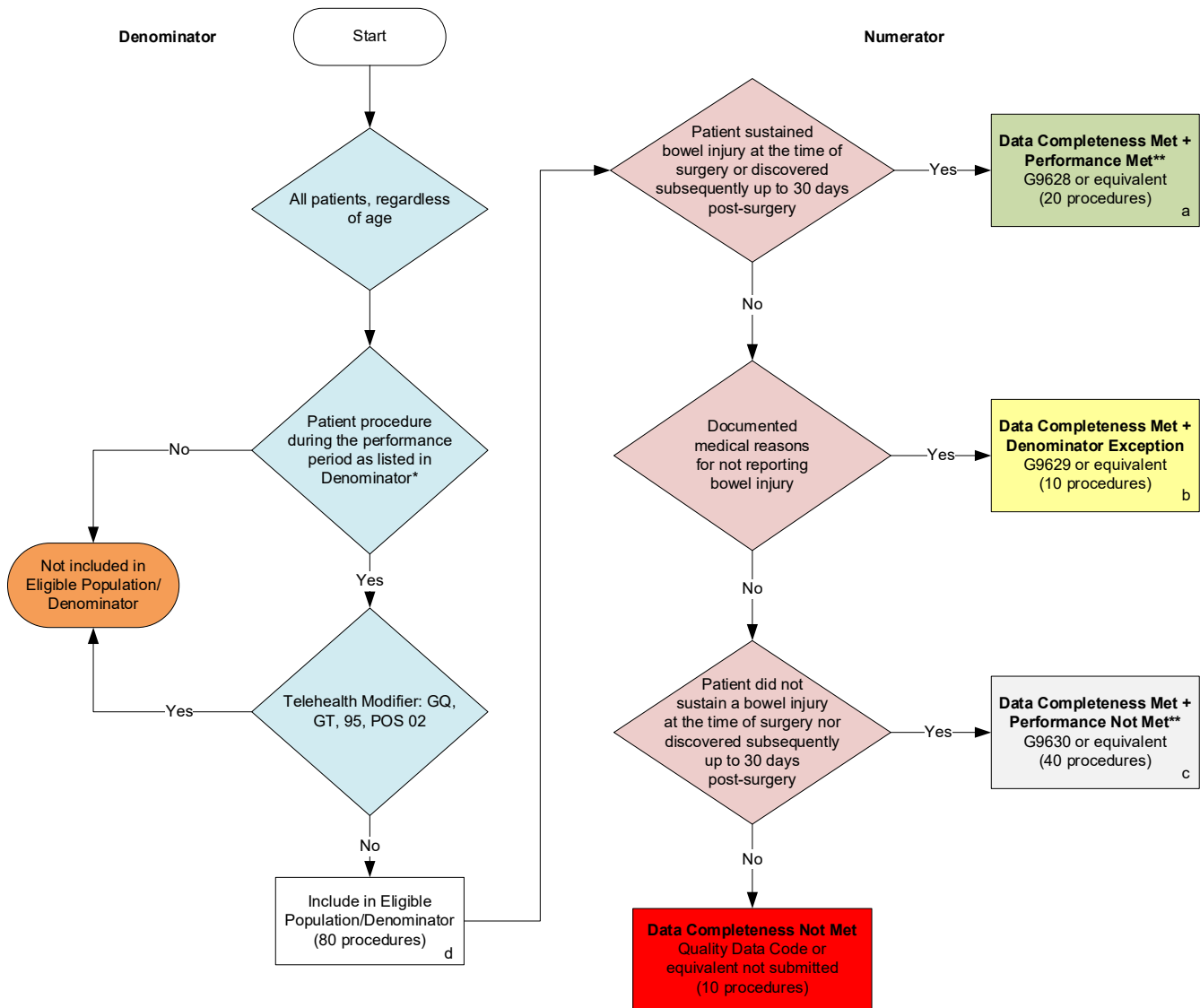
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**2022 Clinical Quality Measure Flow for Quality ID #433:  
Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair**

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



**SAMPLE CALCULATIONS**

**Data Completeness=**  
 Performance Met (a=20 procedures) + Denominator Exception (b=10 procedures) + Performance Not Met (c=40 procedures) = 70 procedures = 87.50%  
 Eligible Population / Denominator (d=80 procedures) = 80 procedures

**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

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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. v6

**2022 Clinical Quality Measure Flow Narrative for Quality ID #433:  
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**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*.
4. Check *Telehealth Modifier*:
  - a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Telehealth Modifier* 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*:
    - a. 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 87.5 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.