

Measure #422 (NQF 2063): Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury - National Quality Strategy Domain: Patient Safety

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

**MEASURE TYPE:**  
Process

**DESCRIPTION:**  
Percentage of patients who undergo cystoscopy to evaluate for lower urinary tract injury at the time of hysterectomy for pelvic organ prolapse

**INSTRUCTIONS:**  
This measure is to be reported **each time** a procedure is performed during the **performance period** for patients who undergo a hysterectomy for pelvic organ prolapse. 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 undergoing hysterectomy for pelvic organ prolapse

**Denominator Criteria (Eligible Cases):**

All patients, regardless of age

**AND**

**Diagnosis for Pelvic Organ Prolapse (ICD-10-CM):** N81.10, N81.11, N81.12, N81.2, N81.3, N81.4, N81.5, N81.6, N81.82, N81.83, N81.84, N81.89, N81.9

**AND**

**Patient procedure during the performance period (CPT):** 58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573

**NUMERATOR:**  
Patients in whom an intraoperative cystoscopy was performed to evaluate for lower urinary tract injury at the time of hysterectomy for pelvic organ prolapse

**Numerator Options:**

***Performance Met:***

Intraoperative cystoscopy performed to evaluate for lower tract injury (**G9606**)

**OR**

***Denominator Exception:***

Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra) (**G9607**)

**OR**

***Performance Not Met:***

Intraoperative cystoscopy not performed to evaluate for lower tract injury (**G9608**)

## **RATIONALE:**

Lower urinary tract (bladder and/or ureter(s)) injury is a common complication of prolapse repair surgery, occurring in up to 5% of patients. Delay in detection of lower urinary tract injury has an estimated cost of \$54,000 per injury (Visco et al), with significant morbidity for patients who experience them. Universal cystoscopy may detect up to 97% of all injuries at the time of surgery (Ibeanu et al, 2009), resulting in the prevention of significant morbidity and providing significant cost savings (over \$108 million per year).

There is a gap in the performance of cystoscopy at the time of hysterectomy for pelvic organ prolapse. In a recent study we found that only 84.5% (539/638) of surgeons performed cystoscopy at the time of hysterectomy for pelvic organ prolapse. As many as 97% of high volume surgeons performed a cystoscopy at the time of hysterectomy for pelvic organ prolapse while low volume surgeons performed this procedure only 75% of the time ( $p < .001$ ).

## **CLINICAL RECOMMENDATION STATEMENTS:**

It is strongly recommended to perform cystoscopy at the conclusion of any hysterectomy done for an indication that includes uterovaginal prolapse. The cystoscopy must assess for and document at a minimum the integrity of the bladder as well as patency of the ureters.

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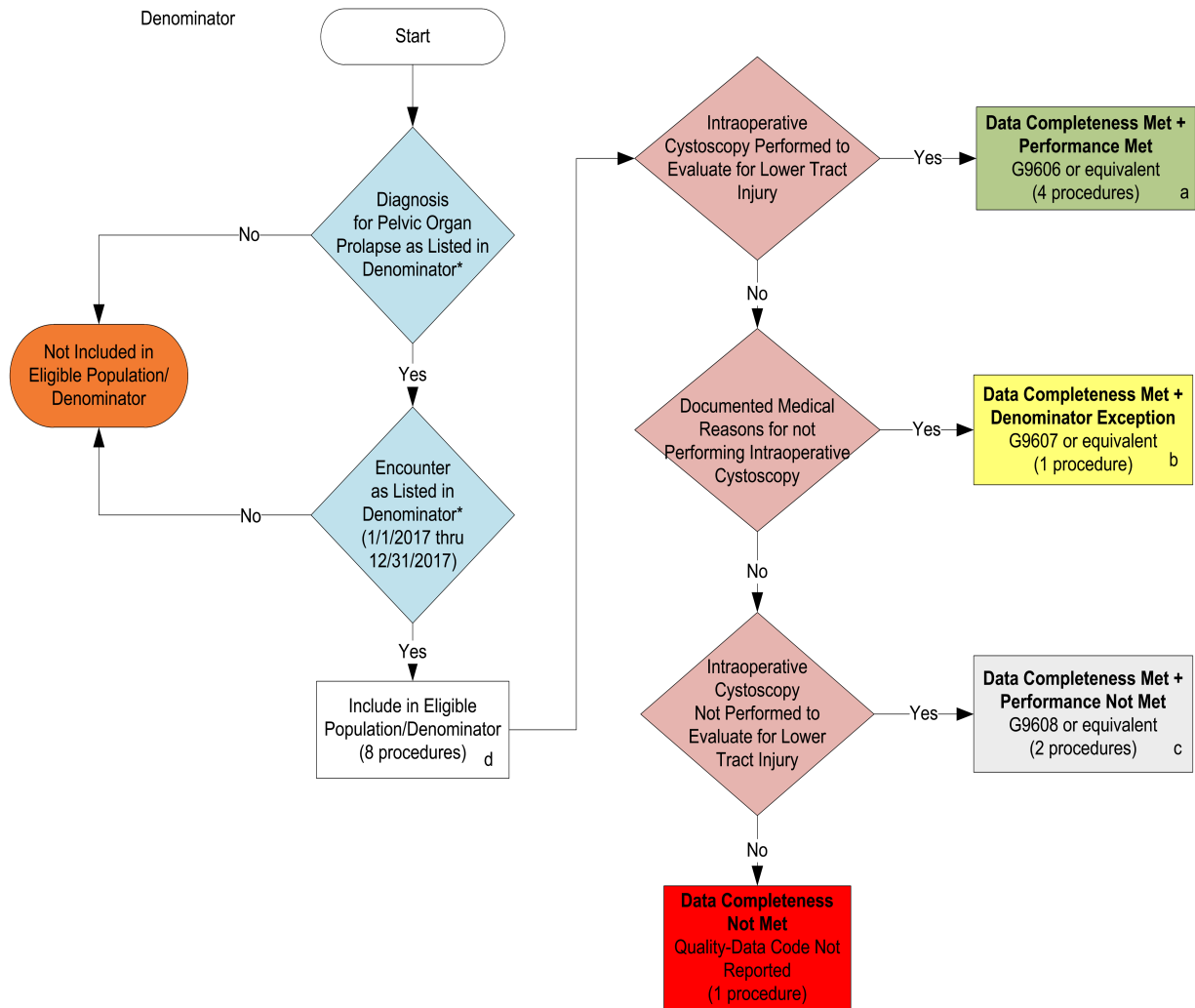
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**2017 Registry Individual Measure Flow**  
**#422: NQF 2063: Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury**



**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=4 procedures)} + \text{Denominator Exception (b=1 procedure)} + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedure}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=4 procedures)}}{\text{Data Completeness Numerator (7 procedures) - Denominator Exception (b=1 procedure)}} = \frac{4 \text{ procedures}}{6 \text{ procedures}} = 66.67\%$$

\*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.

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**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 Pelvic Organ Prolapse as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis for Pelvic Organ Prolapse as Listed in the Denominator equals Yes, proceed to check Current Encounter Performed.
3. Check Encounter Performed:
  - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Encounter 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 Intraoperative Cystoscopy Performed:
  - a. If Intraoperative Cystoscopy Performed for Lower Tract Injury 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 4 procedures in Sample Calculation.
  - c. If Intraoperative Cystoscopy Performed for Lower Tract Injury equals No, proceed to Intraoperative Cystoscopy Not Performed, Documented Medical Reasons.
7. Check Documented Medical Reasons for not Performing Intraoperative Cystoscopy:
  - a. If Documented Medical Reasons for not Performing Intraoperative Cystoscopy 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 the Sample Calculation.

- c. If Documented Medical Reasons for not Performing Intraoperative Cystoscopy equals No, proceed to Intraoperative Cystoscopy Not Performed.
8. Check Intraoperative Cystoscopy Not Performed for Lower Tract Injury:
- a. If Intraoperative Cystoscopy Not Performed for Lower Tract Injury 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 and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 procedures in the Sample Calculation.
  - c. If Intraoperative Cystoscopy Not Performed for Lower Tract Injury 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=**

$$\frac{\text{Performance Met (a=4 procedures)} + \text{Denominator Exception (b=1 procedure)} + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedure}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=4 procedures)}}{\text{Data Completeness Numerator (7 procedures) - Denominator Exception (b=1 procedure)}} = \frac{4 \text{ procedures}}{6 \text{ procedures}} = 66.67\%$$