Quality ID #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
– Meaningful Measure Area: Preventable Healthcare Harm

2019 COLLECTION TYPE: MEDICARE PART B CLAIMS

MEASURE TYPE: Process – High Priority

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 submitted each time a procedure is performed during the performance period for patients who undergo a hysterectomy for pelvic organ prolapse. 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 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 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, N81.89, 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 Quality-Data Coding Options:
Intraoperative Cystoscopy Performed
Performance Met: G9606: Intraoperative cystoscopy performed to evaluate for lower tract injury

OR
Intraoperative Cystoscopy not Performed, Documented Medical Reasons
Denominator Exception: G9607: 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) or in the case of patient death

OR

Intraoperative Cystoscopy not Performed

Performance Not Met: G9608:

Intraoperative cystoscopy not performed to evaluate for lower tract injury

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.

COPYRIGHT:

This performance measure was developed and is owned by the American Urogynecologic Society ("AUGS"). This 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, eg, 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 © by the American Urogynecologic Society; 1100 Wayne Ave Suite 825 Silver Spring MD 20910. All Rights Reserved.

CPT® contained in the Measures specifications is copyright 2004-2018 American Medical Association. CPT® is a registered trademark of the American Medical Association.
2019 Medicare Part B Claims Flow for Quality ID #422 NQF #2063: Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury

Denominator

Start

All Patients Regardless of Age

Diagnosis for Pelvic Organ Prolapse as Listed in Denominator

No

Not included in Eligible Population/Denominator

Yes

Procedure as Listed in denominator (01/2019 thru 12/31/2019)

Intraoperative Cystoscopy Performed to Evaluate for Lower Tract Injury

Yes

Data Completeness Met + Performance Met G9806 (40 procedures)

No

Documented Medical Reasons for Not Performing Intraoperative Cystoscopy (e.g., Urethral Pathology Preventing Cystoscopy, Any Patient Who has a Congenital or Acquired Absence of the Urethra, or in the Case of Patient Death)

Yes

Data Completeness Met + Denominator Exception G9637 (10 procedures)

No

Intraoperative Cystoscopy Not Performed to Evaluate for Lower Tract Injury

Yes

Data Completeness Met + Performance Not Met G9636 (20 procedures)

No

Include in Eligible Population/Denominator (80 procedures)

Data Completeness Not Met the Quality Data Code was not submitted (10 procedures)

SAMPLE CALCULATIONS:

Data Completeness:

Performance Met (40 procedures) + Denominator Exception (10 procedures) + Performance Not Met (20 procedures) = 70 procedures = 67.50%

Eligible Population / Denominator (80 procedures)

Performance Rate:

Performance Met (40 procedures) / Denominator Exception (10 procedures) = 50 procedures = 66.67%

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

NOTE: Submission Frequency: Procedure
2019 Medicare Part B Claims Flow Narrative for Quality ID #422 NQF# 2063:
Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator

2. All Patients Regardless of Age

3. Check Patient Diagnosis:
   a. If Diagnosis for Pelvic Organ Prolapse as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
   b. If Diagnosis for Pelvic Organ Prolapse as Listed in the Denominator equals Yes, proceed to check Procedure Performed.

4. Check Procedure Performed:
   a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
   b. If Procedure as Listed in the Denominator equals Yes, include in Eligible Population.

5. 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.

6. Start Numerator

7. Check Intraoperative Cystoscopy Performed to Evaluate for Lower Tract Injury:
   a. If Intraoperative Cystoscopy Performed to Evaluate 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 40 procedures in the Sample Calculation.
   c. If Intraoperative Cystoscopy Performed to Evaluate for Lower Tract Injury equals No, proceed to check 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) or in the Case of Patient Death.

8. Check 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) or in the Case of Patient Death:
a. If 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) or in the Case of Patient Death 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 10 procedures in the Sample Calculation.

c. If 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) or in the Case of Patient Death equals No, proceed to check Intraoperative Cystoscopy Not Performed to Evaluate for Lower Tract Injury.

9. Check Intraoperative Cystoscopy Not Performed to Evaluate for Lower Tract Injury:
   a. If Intraoperative Cystoscopy Not Performed to Evaluate 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 in the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.
   c. If Intraoperative Cystoscopy Not Performed to Evaluate for Lower Tract Injury 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 was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

<table>
<thead>
<tr>
<th>SAMPLE CALCULATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Completeness:</strong></td>
</tr>
<tr>
<td>Performance Met (a=40 procedures) + Denominator Exception (b=10 procedures) + Performance Not Met (c=20 procedures) = 70 procedures = 87.50%</td>
</tr>
<tr>
<td>Eligible Population / Denominator (d=80 procedures) = 80 procedures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Performance Rate:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Met (a=40 procedures) / Data Completeness Numerator (70 procedures) = 40 procedures = 66.67%</td>
</tr>
<tr>
<td>Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures) = 60 procedures</td>
</tr>
</tbody>
</table>