
2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Outcome

DESCRIPTION:
Percentage of patients undergoing pelvic organ prolapse repairs who sustain an injury to the ureter recognized either during or within 1 month after surgery

INSTRUCTIONS:
This measure is to be submitted each time an anterior and apical prolapse repair surgery is performed during the performance period ending November 30th. There is no diagnosis associated with this measure. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission:
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 submissions; however, these codes may be submitted for those registries that utilize claims data.

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

Denominator Criteria (Eligible Cases):
All patients, regardless of age
AND
Patient procedure during the performance period (CPT): 57106, 57110, 57120, 57240, 57260, 57265, 57268, 57270, 57280, 57282, 57283, 57284, 57285, 57423, 57425, 57556, 58263, 58270, 58280, 58292, 58294, 58400

NUMERATOR:
The number of patients receiving a ureter injury with repair at the time of initial surgery or subsequently up to 1 month postoperatively 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, ureter injury is sustained as a result of the prolapse surgery.

Numerator Options:
Performance Met: Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery (G9631)
OR

Denominator Exception:
Documented medical reasons for not reporting ureter injury (e.g. gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of ureter injury) (G9632)

OR

Performance Not Met:
Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 1 month post-surgery (G9633)

RATIONALE:
Ureteral injury is an uncommon but potentially serious complication of surgery for pelvic organ prolapse. It is critically important for surgeons who are performing these procedures to recognize and repair any ureteral injuries intraoperatively, in order to minimize postoperative morbidity, including the need for subsequent surgical intervention to address these complications. Surgeons who have a higher than expected rate of ureteric injury during pelvic organ prolapse repair would potentially benefit from interventions to improve the quality of their surgical care.

CLINICAL RECOMMENDATION STATEMENTS:
Ureteral injury is an uncommon but potentially serious complication of surgery for pelvic organ prolapse. It is critically important for surgeons who are performing these procedures to recognize and repair any ureteral injuries intraoperatively, in order to minimize postoperative morbidity, including the need for subsequent surgical intervention to address these complications. Surgeons who have a higher than expected rate of ureteric injury during pelvic organ prolapse repair would potentially benefit from interventions to improve the quality of their surgical care.

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, 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; 2025 M Street, NW, Suite 800, Washington, DC 20036. All Rights Reserved.

CPT® contained in the Measures specifications is copyright 2004-2017 American Medical Association. CPT® is a registered trademark of the American Medical Association.
2018 Registry Flow for Quality ID #434: Proportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Prolapse Repair

Start

Patient Regardless of Age

Yes

No

Procedure as Listed in Denominator* (1/1/2018 thru 11/30/2018)

Yes

No

Data Completeness Not Met + Performance Met**
G9631 or Equivalent (40 procedures)

G9632 or Equivalent (10 procedures)

G9633 or Equivalent (20 procedures)

Data Completeness Not Met + Denominator Exception
G9632 or Equivalent (10 procedures)

Data Completeness Not Met + Performance Not Met**
G9633 or Equivalent (20 procedures)

Include in Eligible Population/Denominator (80 procedures)

Not Included in Eligible Population/Denominator

Numerator

Patient Sustained Ureter Injury at the Time of Surgery or Discovered Subsequently Up to 1 Month Post-Surgery

Yes

No

Documented Medical Reasons For Not Reporting Ureter Injury

Yes

No

Denominator

SAMPLE CALCULATIONS:

Data Completeness=
Performance Met (a=40 procedures) + Denominator Exception (b=10 procedures) + Performance Not Met (c=20 procedures) = 70 procedures

Eligible Population / Denominator (d=80 procedures) = 87.50%

Performance Rate**=
Performance Met (a=40 procedures)

Data Completeness Numerator (70 procedures) – Denominator Exception (b=10 procedures) = 60 procedures

= 66.67%

*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 2017 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.
2018 Registry Flow for Quality ID #434:
Proportion of Patients Sustaining a Ureter Injury at the Time of any Pelvic Organ Prolapse Repair

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Age:
   a. All Patients Regardless of Age, proceed to check Procedure Performed.
3. Check Procedure Performed:
   a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Procedure 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 80 procedures in the Sample Calculation.
5. Start Numerator
6. Check Patient Sustained Ureter Injury at the Time of Surgery or Discovered Subsequently Up to 1 Month Post-Surgery:
   a. If Patient Sustained Ureter Injury at the Time of Surgery or Discovered Subsequently Up to 1 Month Post- Surgery equals Yes, include in Data Completeness Met and Performance Met.
   b. Data Completeness Met and Performance Met 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 Patient Sustained Ureter Injury at the Time of Surgery or Discovered Subsequently Up to 1 Month Post- Surgery equals No, proceed to Documented Medical Reasons for Not Reporting Ureter Injury.
7. Check Documented Medical Reasons for Not Reporting Ureter Injury:
   a. If Documented Medical Reasons for Not Reporting Ureter Injury equals Yes, include in Data Completeness Met and Denominator Exception.
   b. Data Completeness Met and Denominator Exception 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 Reporting Ureter Injury equals No, proceed to Patient Did Not Sustain Ureter Injury at the Time of Surgery or Subsequently Up to 1 Month Post-Surgery.
8. Check Patient Did Not Sustain Ureter Injury at the Time of Surgery or Subsequently Up to 1 Month Post-Surgery:
a. If Patient did Not Sustain Ureter Injury at the Time of Surgery or Subsequently Up to 1 Month Post-Surgery equals Yes, include in Data Completeness Met and Performance Not Met.

b. Data Completeness Met and Performance Not Met 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 Patient did Not Sustain Ureter Injury at the Time of Surgery or Subsequently Up to 1 Month Post-Surgery 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 submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

   SAMPLE CALCULATIONS:

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

   Performance Rate** =
   Performance Met (a=40 procedures) = 40 procedures = 66.67%
   Data Completeness Numerator (70 procedures) – Denominator Exception (b=10 procedures) = 60 procedures