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

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY

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 reporting period for patients who undergo a hysterectomy for pelvic organ prolapse. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Claims:
ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure’s denominator. HCPCS codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-10-CM diagnosis codes, CPT codes, and the appropriate quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of 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, N81.12, N81.0, N81.6, N81.81, N81.2, N81.3, N81.4, N81.6, N81.89, N81.82, N81.83, N81.84

AND
Patient encounter during the performance period (CPT): 57530, 58150, 58162, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58545, 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 for Reporting Satisfactorily:
Intraoperative Cystoscopy Performed
Performance Met: G9606: Intraoperative cystoscopy performed to evaluate for lower tract injury

OR
Intraoperative Cystoscopy not Performed, Patient not Eligible

Other Performance Exclusion: G9607: Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)

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).

In a recent study we found that 84.5% (539/638) performed cystoscopy 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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2016 Claims/Registry Individual Measure Flow

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**Diagram Description:**

- **Start:**
  - Denominator
  - Numerator
  - Reporting Met + Performance Met G9606 or equivalent (4 procedures) a

- **Diagnosis for Pelvic Organ Prolapse as Listed in Denominator:**
  - Yes
    - Intraoperative Cystoscopy Performed
      - Yes
        - Reporting Met + Performance Met G9606 or equivalent (4 procedures) a
      - No
        - Reporting Met + Performance Exclusion G9607 or equivalent (1 procedure) b
  - No
    - Not Included in Eligible Population/Denominator

- **Encounter as Listed in Denominator:**
  - (1/1/2016 thru 12/31/2016)
    - Yes
      - Intraoperative Cystoscopy Not Performed
        - Yes
          - Reporting Met + Performance Not Met G96308 or equivalent (2 procedures) c
        - No
          - Include in Eligible Population/Denominator (8 procedures) d
    - No
      - Not Included in Eligible Population/Denominator

**SAMPLE CALCULATIONS:**

- **Reporting Rate:**
  \[ \text{Performance Met (a=4 procedures)} + \text{Performance Exclusion (b=1 procedure)} + \text{Performance Not Met (c=2 procedures)} = \text{7 procedures} \]
  \[ \text{Eligible Population / Denominator (d=8 procedures)} = \text{8 procedure} \]
  \[ \text{Reporting Rate} = \frac{7}{8} \times 100\% = 87.50\% \]

- **Performance Rate:**
  \[ \text{Performance Met (a=4 procedures)} - \text{Performance Exclusion (b=1 procedure)} = \text{3 procedures} \]
  \[ \text{Reporting Numerator (7 procedures)} - \text{Performance Exclusion (1 procedure)} = \text{6 procedures} \]
  \[ \text{Performance Rate} = \frac{3}{6} \times 100\% = 66.66\% \]

*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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2016 Claims/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 equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate 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 equals No, proceed to Intraoperative Cystoscopy Not Performed, Patient Not Eligible

7. Check Intraoperative Cystoscopy Not Performed, Patient Not Eligible:
   a. If Intraoperative Cystoscopy Not Performed, Patient Not Eligible equals Yes, include in Reporting Met and Performance Exclusion.
   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate 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 Intraoperative Cystoscopy Not Performed, Patient Not Eligible equals No, proceed to Intraoperative Cystoscopy Not Performed.
8. Check Intraoperative Cystoscopy Not Performed:
   a. If Intraoperative Cystoscopy Not Performed equals Yes, include in Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate 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 equals No, proceed to Reporting Not Met.

9. Check Reporting Not Met:
   a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the reporting numerator in the sample calculation.

   SAMPLE CALCULATIONS:

   Reporting Rate=
   \[
   \text{Performance Met (a=4 procedures)} + \frac{\text{Performance Exclusion (b=1 procedure)}}{\text{Eligible Population}} + \frac{\text{Performance Not Met (c=2 procedures)}}{\text{Denominator (d=6 procedures)}} = 87.50\%
   \]

   Performance Rate=
   \[
   \frac{\text{Performance Met (a=4 procedures)}}{\text{Reporting Numerator (7 procedures)}} - \frac{\text{Performance Exclusion (b=1 procedure)}}{\text{6 procedures}} = 66.66\%
   \]