

## Quality ID #355: Unplanned Reoperation within the 30 Day Postoperative Period

### **2023 COLLECTION TYPE:** **MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**  
Outcome – High Priority

**DESCRIPTION:**  
Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period.

**INSTRUCTIONS:**  
This measure is to be submitted **each time** an operative procedure listed in the denominator is performed during the performance period. 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.

***NOTE:*** Include only patients that have procedures through **November 30th** of the performance period. This will allow the evaluation of at least 30 days after the procedure within the performance period.

**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:**  
Patients aged 18 years and older undergoing an operative procedure

**Denominator Criteria (Eligible Cases):**

All patients aged 18 years and older

**AND**

**Patient procedure during the performance period (CPT):** 11004, 11005, 11006, 11450, 11451, 11462, 11463, 11470, 11471, 11770, 11771, 11772, 15734, 15778, 15920, 15931, 15933, 15940, 15950, 19020, 19101, 19110, 19112, 19120, 19125, 19300, 19301, 19302, 19303, 19305, 19306, 19307, 20100, 20101, 20102, 20200, 20205, 21552, 21554, 21555, 21556, 21557, 21558, 21601, 21602, 21603, 21811, 21812, 21813, 21931, 21932, 21933, 21935, 21936, 22900, 22901, 22902, 22903, 22904, 22905, 23071, 23073, 23075, 23076, 23077, 23078, 24071, 24073, 24075, 24076, 24077, 24079, 25071, 25075, 25077, 25078, 27043, 27045, 27047, 27048, 27049, 27080, 27327, 27328, 27329, 27337, 27339, 27615, 27616, 27632, 27634, 35221, 35251, 35281, 35840, 36561, 36563, 36565, 36566, 36571, 36576, 36590, 36818, 36819, 36820, 36821, 36825, 36830, 37617, 38100, 38115, 38120, 38308, 38500, 38520, 38525, 38530, 38531, 38550, 38555, 38564, 38740, 38745, 38760, 38765, 39501, 39540, 39541, 39560, 43122, 43279, 43280, 43281, 43282, 43286, 43287, 43288, 43325, 43327, 43330, 43332, 43333, 43336, 43337, 43340, 43497, 43500, 43501, 43502, 43510, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43640, 43641, 43644, 43645, 43651, 43652, 43653, 43770, 43771, 43772, 43773, 43774, 43775, 43800, 43810, 43820, 43825, 43830, 43831, 43832, 43840, 43843, 43845, 43846, 43847, 43848, 43860, 43865, 43870, 43880, 43886, 43887, 43888, 44005, 44010, 44020, 44021, 44025, 44050, 44055, 44110,

44111, 44120, 44125, 44126, 44127, 44130, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44180, 44186, 44187, 44188, 44202, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44227, 44300, 44310, 44312, 44314, 44316, 44320, 44322, 44340, 44345, 44346, 44602, 44603, 44604, 44605, 44615, 44620, 44625, 44626, 44640, 44650, 44660, 44661, 44680, 44700, 44800, 44820, 44850, 44900, 44950, 44960, 44970, 45000, 45005, 45020, 45100, 45108, 45110, 45111, 45112, 45113, 45114, 45116, 45119, 45120, 45121, 45123, 45126, 45130, 45135, 45136, 45150, 45160, 45171, 45172, 45395, 45397, 45400, 45402, 45505, 45540, 45541, 45550, 45562, 45563, 45800, 45805, 45900, 45905, 46040, 46045, 46060, 46080, 46500, 46250, 46255, 46257, 46258, 46260, 46261, 46262, 46270, 46275, 46280, 46285, 46288, 46700, 46761, 47010, 47015, 47100, 47120, 47122, 47125, 47130, 47300, 47350, 47360, 47361, 47362, 47370, 47371, 47380, 47400, 47420, 47425, 47460, 47480, 47562, 47563, 47564, 47570, 47600, 47605, 47610, 47612, 47620, 47711, 47712, 47715, 47720, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47801, 47900, 48000, 48001, 48020, 48100, 48105, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48500, 48510, 48520, 48540, 48545, 48547, 48548, 49000, 49002, 49010, 49013, 49014, 49020, 49040, 49060, 49062, 49084, 49203, 49204, 49205, 49215, 49255, 49320, 49321, 49322, 49323, 49324, 49325, 49402, 49421, 49422, 49425, 49426, 49429, 49436, 49505, 49507, 49520, 49521, 49525, 49540, 49550, 49553, 49555, 49557, 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618, 49621, 49622, 49650, 49651, 49900, 50205, 50500, 50740, 55520, 55540, 57305, 57307, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271, 60500, 60502, 60520, 60540, 60545, 60650

**WITHOUT**

**Telehealth Modifier (including but not limited to):** GQ, GT, 95, POS 02

**NUMERATOR:**

Unplanned return to the operating room for a surgical procedure, for any reason, within 30 days of the principal operative procedure

**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:** *This measure intent is to capture patients who go back to the operating room within 30 days for a follow-up procedure based on complications of the principal (denominator eligible) operative procedure. Examples: Breast biopsies (19101) with return for re-excisions or insertion of port-a-cath for chemotherapy would not be considered an unplanned return to the operating room for a surgical procedure. If this patient had an open, incisional biopsy of breast tissue (19101) and subsequently had an appendectomy performed this would not be considered an unplanned return to the operating room for a surgical procedure. The return to the OR may occur at any hospital or surgical facility.*

**Numerator Options:**

***Performance Met:***

Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure (**G9308**)

**OR**

***Performance Not Met:***

No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure (**G9307**)

**RATIONALE:**

This is an adverse surgical outcome, which is often a preventable cause of harm, thus it is important to measure and report. It is feasible to collect the data and produces reliable and valid results about the quality of care. It is useful and understandable to stakeholders. As highlighted earlier, this measure was developed in a collaborative effort by the American College of Surgeons and the American Board of Surgery. This measure addresses the National Quality Strategy Priorities, and was identified by an expert panel of physician providers to be a critical outcome for this procedure. This measure addresses a high-impact condition as it is one of the most common procedures performed in the U.S. The measure aligns well with the intended use. The care settings include Acute Care Facilities/Hospitals. Data are being collected in a clinical registry that has been in existence for over 10 years, with over 5500 current, active users. Thus, we are requesting consideration of this measure in the MIPS CQM reporting option. The level of analysis is the clinician/individual. All populations are included, except children. The measure allows measurement across the person-centered episode of care out to 30 days after the procedure whether an inpatient, outpatient, or readmitted. The measure addresses disparities in care. The risk adjustment is performed with a parsimonious dataset and aims to allow efficient data collection resources and data reporting. Measures have been harmonized when possible.

**CLINICAL RECOMMENDATION STATEMENTS:**

A modified-Delphi methodology using an expert panel of surgeons who are Directors of the American Board of Surgery identified this to be a critical outcome for this surgical procedure (Surgeon Specific Registry Report on Project for ABS MOC Part IV. Unpublished study by the American College of Surgeons in conjunction with the American Board of Surgery, 2011).

**COPYRIGHT:**

© 2013 - 2022 American College of Surgeons. All rights reserved.

Physician Performance Measures and related data specifications (Measures), developed by the American College of Surgeons (ACS), are intended to facilitate quality improvement activities by physicians.

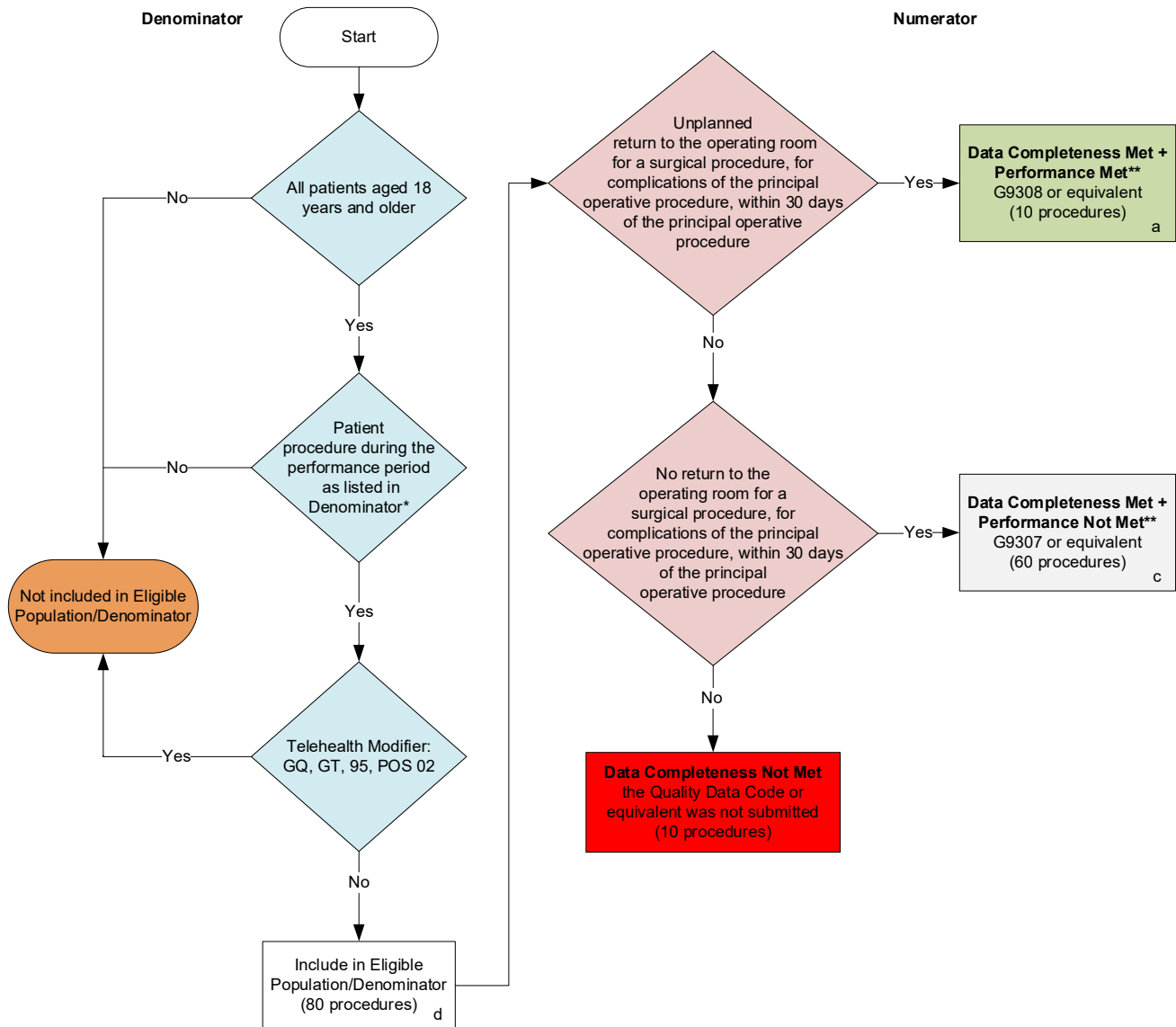
The Measures are not clinical guidelines. They do not establish a standard of medical care and have not been tested for all potential applications. The Measures are provided "AS-IS" without warranty of any kind, either express or implied, including the warranties of merchantability, fitness for a particular purpose or non-infringement. ACS makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures. ACS disclaims responsibility, and shall not be liable, for damages or claims of any kind whatsoever related to or based upon use or reliance on the Measures.

The Measures are subject to review and may be revised or rescinded at any time by the ACS. The Measures may not be altered without the prior written approval of the ACS.

CPT® contained in the Measures specifications is copyright 2004-2022 American Medical Association. All Rights Reserved.

## 2023 Clinical Quality Measure Flow for Quality ID #355: Unplanned Reoperation within the 30 Day Postoperative Period

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



### SAMPLE CALCULATIONS

**Data Completeness=**

$$\frac{\text{Performance Met (a=10 procedures) + Performance Not Met (c=60 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate\*\*=**

$$\frac{\text{Performance Met (a=10 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{10 \text{ procedures}}{70 \text{ procedures}} = 14.29\%$$

\*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

NOTE: Telehealth modifiers include **but are not limited to:** GQ, GT, 95, POS 02

CPT only copyright 2022 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.

v7

## 2023 Clinical Quality Measure Flow Narrative for Quality ID #355: Unplanned Reoperation within the 30 Day Postoperative Period

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

1. Start with Denominator
2. Check *All patients aged 18 years and older*.
  - a. If *All patients aged 18 years and older* equals No; do not include in Eligible Population/Denominator. Stop processing.
  - b. If *All patients aged 18 years and older* equals Yes; proceed to check *Patient procedure during the performance period as listed in Denominator\**.
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 procedures in the Sample Calculation.
6. Start Numerator
7. Check *Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure*:
  - a. If *Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure* 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 10 procedures in the Sample Calculation.
  - b. If *Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure* equals No; proceed to check *No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure*.
8. Check *No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure*:

- a. If *No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure* 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 60 procedures in the Sample Calculation.
  - b. If *No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure* equals No; proceed to check *Data Completeness Not Met*.
9. 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 10 procedures) plus Performance Not Met (c equals 60 procedures) divided by Eligible Population / Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 10 procedures) divided by Data Completeness Numerator (70 procedures). All equals 10 procedures divided by 70 procedures. All equals 14.29 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

NOTE: Telehealth modifiers include **but are not limited to**: GQ, GT, 95, POS 02

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.