Quality ID #356: Unplanned Hospital Readmission within 30 Days of Principal Procedure

2025 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Outcome – High Priority

DESCRIPTION:
Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure.

INSTRUCTIONS:
This measure is to be submitted <u>each time</u> a surgical 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 surgical 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 a surgical procedure

> Denominator Criteria (Eligible Cases):
> All patients aged 18 years and older
> AND
> Patient procedure during the performance period (CPT): 11004, 11005, 11006, 15734, 15778, 15920, 15931, 15933, 15940, 15950, 19306, 20100, 20101, 20102, 21601, 21602, 21603, 21811, 21812, 21813, 22904, 22905, 27080, 35221, 35251, 35281, 35840, 36565, 36566, 37617, 38100, 38115, 38120, 38530, 38531, 38564, 38765, 39501, 39540, 39541, 39560, 43122, 43279, 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, 43772, 43773, 43774, 43775, 43800, 43810, 43820, 43825, 43830, 43831, 43832, 43840, 43843, 43845, 43846, 43847, 43848, 43860, 43865, 43870, 43880, 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, 45020, 45110, 45111, 45112, 45113, 45114, 45116, 45119, 45120, 45121, 45123, 45126, 45130, 45135, 45136, 45395, 45397, 45400, 45402, 45540, 45550, 45562, 45563, 45800, 45805, 47010, 47015, 47100, 47120, 47122, 47125, 47130, 47300, 47350, 47360, 47361, 47362, 47370, 47380, 47400, 47420, 47425, 47460,

47480, 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, 49186, 49187, 49188, 49189, 49190, 49215, 49255, 49320, 49322, 49323, 49402, 49425, 49429, 49553, 49557, 49596, 49616, 49617, 49618, 49621, 49622, 49900, 50205, 50500, 50740, 57305, 57307, 60200, 60254, 60270, 60540, 60545, 60650

<u>WITHOUT</u>

Telehealth Modifier (including but not limited to): GQ, GT, POS 02, POS 10

<u>NUMERATOR:</u>

Inpatient readmission to the same hospital for any reason or an outside hospital (if known to the surgeon), within 30 days of the principal surgical procedure

<u>Numerator Instructions:</u>

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.

<u>Numerator Options:</u>

Performance Met: Unplanned hospital readmission within 30 days of principal procedure **(G9310)**

OR

Performance Not Met: No unplanned hospital readmission within 30 days of principal procedure **(G9309)**

<u>RATIONALE:</u>

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 produce reliable and valid results about the quality of care. It is useful and understandable to stakeholders. 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. The measure has been harmonized when possible.

<u>CLINICAL RECOMMENDATION STATEMENTS:</u>

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).

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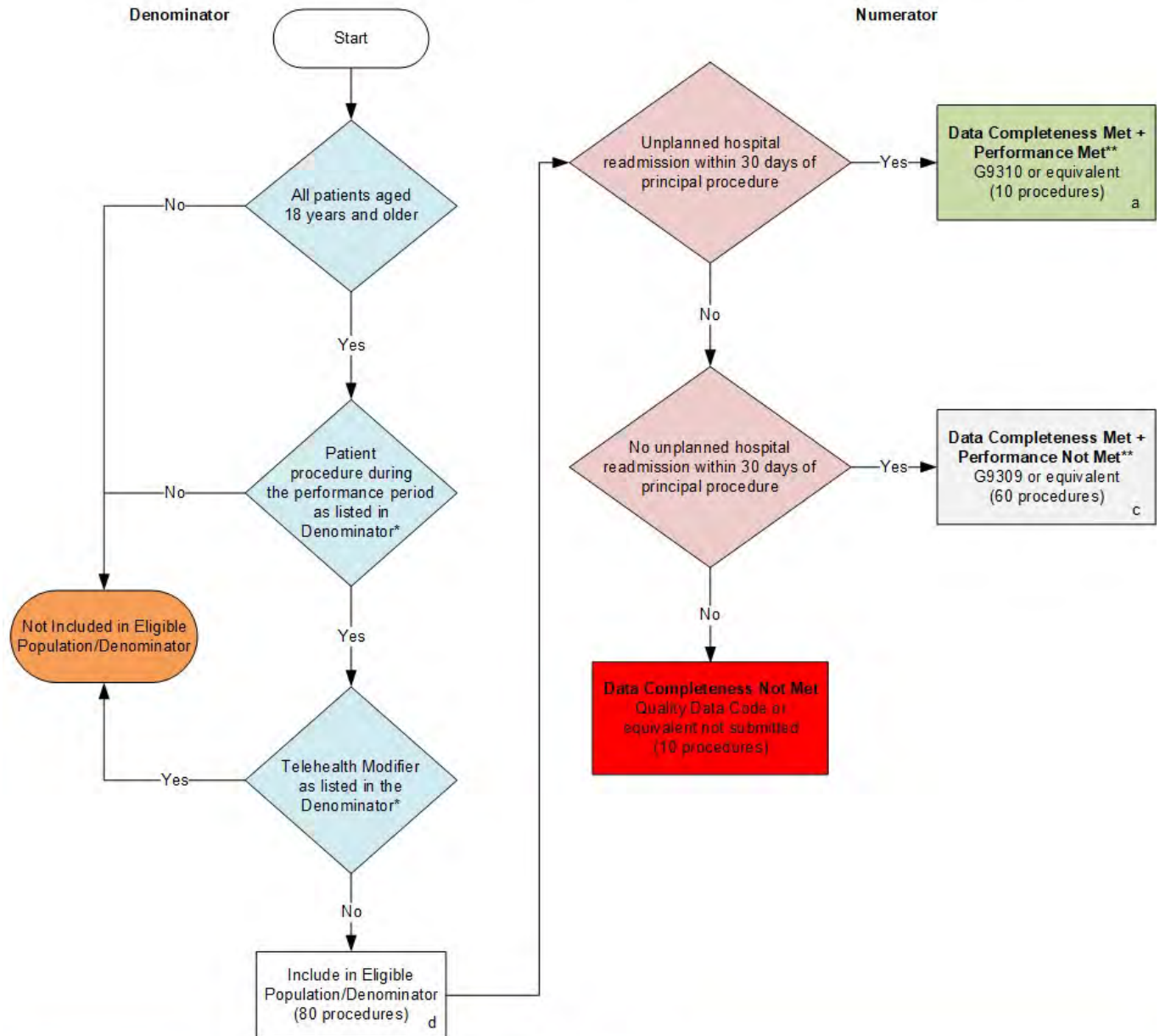
2025 Clinical Quality Measure Flow for Quality ID #356:
Unplanned Hospital Readmission within 30 Days of Principal Procedure

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

Denominator

Numerator

Start

All patients aged 18 years and older
- No → Not Included in Eligible Population/Denominator
- Yes ↓

Patient procedure during the performance period as listed in Denominator*
- No → Not Included in Eligible Population/Denominator
- Yes ↓

Telehealth Modifier as listed in the Denominator*
- Yes → Not Included in Eligible Population/Denominator
- No ↓

Include in Eligible Population/Denominator (80 procedures) d

Unplanned hospital readmission within 30 days of principal procedure
- Yes → **Data Completeness Met + Performance Met**** G9310 or equivalent (10 procedures) a
- No ↓

No unplanned hospital readmission within 30 days of principal procedure
- Yes → **Data Completeness Met + Performance Not Met**** G9309 or equivalent (60 procedures) c
- No ↓

Data Completeness Not Met Quality Data Code or equivalent not submitted (10 procedures)

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

2025 Clinical Quality Measure Flow Narrative for Quality ID #356: Unplanned Hospital Readmission within 30 Days of Principal Procedure

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 as listed in the Denominator**.

4. Check *Telehealth Modifier as listed in the Denominator**:

   a. If *Telehealth Modifier as listed in the Denominator** equals Yes; do not include in Eligible Population/Denominator. Stop processing.

   b. If *Telehealth Modifier as listed in the Denominator** 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 hospital readmission within 30 days of principal procedure*:

   a. If *Unplanned hospital readmission within 30 days of principal 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 hospital readmission within 30 days of principal procedure* equals No; proceed to check *No unplanned hospital readmission within 30 days of principal procedure*.

8. Check *No unplanned hospital readmission within 30 days of principal procedure*:

   a. If *No unplanned hospital readmission within 30 days of principal 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 unplanned hospital readmission within 30 days of principal procedure* equals No; proceed to check *Data Completeness Not Met.*

9. Check *Data Completeness Not Met*:

- 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

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.