

Quality ID #429: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy – National Quality Strategy Domain: Patient Safety

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**  
REGISTRY ONLY

**MEASURE TYPE:**  
Process

**DESCRIPTION:**  
Percentage of patients who are screened for uterine malignancy prior to vaginal closure or obliterative surgery for pelvic organ prolapse

**INSTRUCTIONS:**  
This measure is to be submitted **each time** a prolapse organ repair surgery is performed during the performance period. 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 surgery for pelvic organ prolapse involving vaginal closure/ obliterative procedure

**Denominator Criteria (Eligible Cases):**

All patients, regardless of age

**AND**

Patient procedure during the performance period (CPT): 57106, 57110, 57120

**AND NOT**

**DENOMINATOR EXCLUSION:**

Patients who have had a hysterectomy: G9774

**NUMERATOR:**  
Number of patients screened for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind

**Numerator Options:**

***Performance Met:***

Documentation of screening for uterine malignancy, or those that had an ultrasound and/or endometrial sampling of any kind (G9618)

**OR**

***Performance Not Met:***

Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given (G9620)

**RATIONALE:**  
This measure will promote screening of patients at risk for a uterine malignancy prior to obliterative vaginal surgery. The incidence of endometrial cancer found unsuspectingly in patients with POP ranges from 0.3- 3.2%. In a review of

all surgical pathology reports for patients undergoing a hysterectomy for pelvic organ prolapse, 644 women were evaluated and 2 were diagnosed with endometrial cancer (0.3%). Ensuring that providers ask about possible symptoms that may hint at the need for further evaluation would increase the quality of care provided to these patients.

#### **CLINICAL RECOMMENDATION STATEMENTS:**

This measure will help ensure that patients who do have a uterine malignancy are diagnosed prior to obliterative procedure and can be referred to a gynecologic oncologist for appropriate treatment for the malignancy. The incidence of endometrial cancer found unsuspectingly in patients with POP ranges from 0.3- 3.2%. In a review of all surgical pathology reports for patients undergoing a hysterectomy for pelvic organ prolapse, 644 women were evaluated and 2 were diagnosed with endometrial cancer (0.3%). Ensuring that providers ask about possible symptoms that may hint at the need for further evaluation would increase the quality of care provided to these patients.

#### **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.

#### **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.

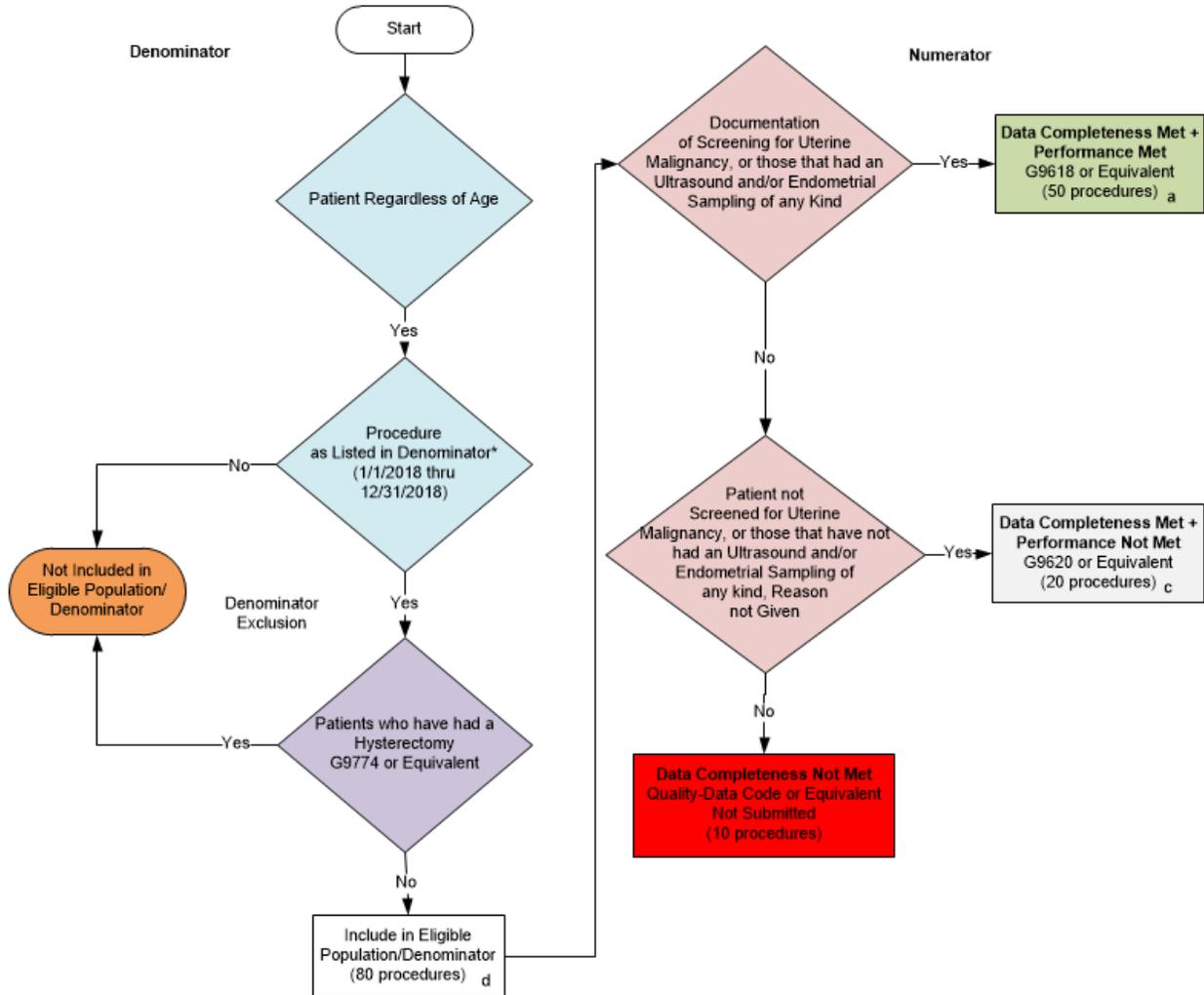
Measures are subject to review and may be revised or rescinded at any time by AUGS. They may not be altered without the prior written approval from AUGS. Measures developed by AUGS, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health 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 #429:  
Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy**



**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=50 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=50 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{50 \text{ procedures}}{70 \text{ procedures}} = 71.43\%$$

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

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.

v2

**2018 Registry Individual Measure Flow**  
**#429: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy**

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 Performed as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Procedure Performed as Listed in the Denominator equals Yes, proceed to Patient Has Had a Hysterectomy.
4. Patient Has Had a Hysterectomy:
  - a. If Patient Has Had a Hysterectomy equals Yes, do not include in Eligible Patient Population. Stop Processing.
  - b. If Patient Has Had a Hysterectomy equals No, include in Eligible Population.
5. 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.
6. Start Numerator
7. Check Documentation of Screening for Uterine Malignancy, or those that had an Ultrasound and/or Endometrial Sampling of any Kind:
  - a. If Documentation of Screening for Uterine Malignancy, or those that had an Ultrasound and/or Endometrial Sampling of any Kind 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 50 procedures in the Sample Calculation.
  - c. If Documentation of Screening for Uterine Malignancy, or those that had an Ultrasound and/or Endometrial Sampling of any Kind equals No, proceed to Patient not Screened for Uterine Malignancy, or those that have not had an Ultrasound and/or Endometrial Sampling of any kind, Reason not Given.
8. Check Patient not Screened for Uterine Malignancy, or those that have not had an Ultrasound and/or Endometrial Sampling of any kind, Reason not Given:
  - a. If Patient not Screened for Uterine Malignancy, or those that have not had an Ultrasound and/or Endometrial Sampling of any kind, Reason not Given 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 and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.
  - c. If Patient not Screened for Uterine Malignancy, or those that have not had an Ultrasound and/or Endometrial Sampling of any kind, Reason not Given 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=**

$$\frac{\text{Performance Met (a=50 procedures)} + \text{Performance Not Met (c=20 procedures)} = 70 \text{ procedures}}{\text{Eligible Population / Denominator (d=80 procedures)} = 80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=50 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{50 \text{ procedures}}{70 \text{ procedures}} = 71.43\%$$