Measure #254 (NQF 0651): Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain – National Quality Strategy Domain: Effective Clinical Care

2015 PQRS OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY

DESCRIPTION:
Percentage of pregnant female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound to determine pregnancy location.

INSTRUCTIONS:
This measure is to be reported each time a patient who presents in the emergency department with a chief complaint of abdominal pain and/or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound during the reporting period. It is anticipated that clinicians who provide care in the emergency department will submit this measure. The Part B claim form place of service field must indicate that the encounter has taken place in the emergency department.

Measure Reporting via Claims:
ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes, Place of Service Indicator, and patient demographics are used to identify patients who are included in the measure’s denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes, Place of Service Indicator, and the appropriate numerator quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes, Place of Service Indicator, 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 pregnant female patients aged 14 to 50 who present to the ED with a chief complaint of abdominal pain or vaginal bleeding.

Denominator Criteria (Eligible Cases):
Pregnant females aged 14 to 50
AND
Diagnosis of Other Current Condition in the Mother Classifiable Elsewhere but Complicating Pregnancy, Childbirth, or the Puerperium (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 648.90, 648.93
Diagnosis of Other Current Condition in the Mother Classifiable Elsewhere but Complicating Pregnancy, Childbirth, or the Puerperium (ICD-10-CM) [for use 10/01/2015-12/31/2015]: O26.899, O26.90, O26.91
AND
Diagnosis for Abdominal Pain (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 789.00, 789.03, 789.04, 789.05, 789.06, 789.07, 789.09, 789.60, 789.63, 789.64, 789.65, 789.66, 789.67, 789.69

OR

Diagnosis for Vaginal Bleeding (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 640.00, 640.03, 640.80, 640.83, 640.90, 640.93, 641.10, 641.13, 641.20, 641.23, 641.30, 641.33, 641.80, 641.83, 641.90, 641.93

Diagnosis for Vaginal Bleeding (ICD-10-CM) [for use 10/01/2015-12/31/2015]: O20.0, O20.8, O20.9, O44.10, O44.11, O45.001, O45.009, O45.011, O45.019, O45.021, O45.029, O45.091, O45.099, O45.8X1, O45.8X9, O45.90, O45.91, O46.001, O46.009, O46.011, O46.019, O46.021, O46.029, O46.8X1, O46.8X9, O46.90, O46.91, O46.091, O46.099

AND

Patient encounter during the reporting period (CPT): 99281, 99282, 99283, 99284, 99285, 99291

AND

Place of Service Indicator: 23
(The Part B claim form Place of Service field must indicate emergency department)

NUMERATOR:
Patients who receive a trans-abdominal or trans-vaginal ultrasound with documentation of pregnancy location in medical record

Numerator Instructions: This measure is to be reported each time a patient meets the requirements as indicated in the denominator. If the clinician documents that the clinical event surrounding the patient, with or without performance of trans-abdominal or trans-vaginal ultrasound, does not meet the intent of the measure report quality-data code G8807.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Trans-Abdominal or Trans-Vaginal Ultrasound Performed and Pregnancy Location Documented During ED Visit
Performance Met: G8806: Performance of trans-abdominal or trans-vaginal ultrasound

OR

Trans-Abdominal or Trans-Vaginal Ultrasound not Performed for Documented Reasons
Other Performance Exclusion: G8807: Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (eg, patient has visited the ED multiple times within 72 hours, patient has a documented Intrauterine Pregnancy [IUP])

OR

Trans-Abdominal or Trans-Vaginal Ultrasound not Performed, Reason not Given
Performance Not Met: G8808: Performance of trans-abdominal or trans-vaginal ultrasound not ordered, reason not given (eg, patient has visited the ED multiple times with no documentation of a trans-abdominal or trans-vaginal ultrasound within ED or from referring eligible professional)

RATIONALE:
Ectopic Pregnancy is a relatively common condition which can result in morbidity or mortality if misdiagnosed resulting in a delay to appropriate treatment. Abdominal pain is a frequent presenting complaint of women with ruptured ectopic pregnancy. Pelvic ultrasound can establish a pregnancy as intrauterine and identify high risk features for ectopic pregnancy (pelvic free fluid, complex adnexal mass). Early ultrasound can shorten the time to diagnosis of ectopic pregnancy and can help risk stratify pregnant patients with the complaint of abdominal pain or vaginal bleeding for discharge with routine follow-up, discharge with early follow-up or admission.
CLINICAL RECOMMENDATION STATEMENTS:
Use of emergency ultrasound in pelvic disorders centers on the detection of intrauterine pregnancy (IUP), detection of ectopic pregnancy, detection of fetal heart rate in all stages of pregnancy, dating of the pregnancy, and detection of significant free fluid. Bedside pelvic ultrasound during the first trimester of pregnancy can be used to exclude ectopic pregnancy by demonstrating an intrauterine pregnancy. Studies of EP-performed ultrasound in this setting have demonstrated sensitivity of 76-90% and specificity of 88-92% for the detection of ectopic pregnancy. In one study, EPs were able to detect an intrauterine pregnancy in 70% of patients with suspected ectopic pregnancy (first trimester pregnancy with abdominal pain or vaginal bleeding). When intrauterine fetal anatomy was visualized at the bedside, ectopic pregnancy was ruled out with a negative predictive value of essentially 100%. When bedside ultrasound evaluation was incorporated into a clinical algorithm for the evaluation of patients with suspected ectopic pregnancy, the incidence of discharged patients returning with ruptured ectopic pregnancy was significantly reduced.