
2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients undergoing appropriate preoperative evaluation for the indication of stress urinary incontinence per ACOG/AUGS/AUA guidelines

INSTRUCTIONS:
This measure is to be reported each time a prolapse organ repair surgery is performed during the reporting period. There is no diagnosis associated with this measure. 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 Registry:
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 anterior or apical pelvic organ prolapse (POP) surgery

Denominator Criteria (Eligible Cases):
All patients, regardless of age
AND
Patient encounter during the reporting period (CPT): 57260, 57265, 57268, 57270, 57280, 57282, 57283, 57284, 57285, 57423, 57425, 57556, 58263, 58270, 58280, 58292, 58294, 58400

NUMERATOR:
Number of patients undergoing preoperative assessment

Definition:
Preoperative Assessment – Includes the following:
1) History asking about incontinence and its character.
2) Urinalysis documented.
3) Physical exam testing for stress incontinence whether or not a patient is symptomatic.

Numerator Options:
Performance Met: Preoperative assessment documented (G9615)
OR
Other Performance Exclusion: Documentation of reason(s) for not documenting a preoperative assessment (e.g., patient with a gynecologic or other pelvic malignancy noted at the time of surgery) (G9616)
OR
Performance Not Met: Preoperative assessment not documented, reason not given (G9617)

RATIONALE:
Many women undergoing hysterectomy for pelvic organ prolapse also have stress urinary incontinence (SUI). The presence of SUI is not always volunteered by the patient. What is more, in cases of severe prolapse underlying SUI may be masked by kinking of the urethra due to the prolapse (referred to as "occult SUI"). When SUI is not treated at the time of prolapse repair, the patient will often suffer from SUI following the prolapse repair, necessitating an additional surgery - with the associated additional costs and additional risks of anesthesia - or the patient having to live with the incontinence. Implementation of this measure will improve quality by increasing the preoperative diagnosis of SUI in women undergoing hysterectomy for pelvic organ prolapse, allowing for appropriate treatment of the SUI at the time of the prolapse surgery, thus decreasing the incidence of postoperative SUI.

CLINICAL RECOMMENDATION STATEMENTS:
Many women undergoing hysterectomy for pelvic organ prolapse also have stress urinary incontinence (SUI). The presence of SUI is not always volunteered by the patient. What is more, in cases of severe prolapse underlying SUI may be masked by kinking of the urethra due to the prolapse (referred to as "occult SUI"). When SUI is not treated at the time of prolapse repair, the patient will often suffer from SUI following the prolapse repair, necessitating an additional surgery - with the associated additional costs and additional risks of anesthesia - or the patient having to live with the incontinence. Implementation of this measure will improve quality by increasing the preoperative diagnosis of SUI in women undergoing hysterectomy for pelvic organ prolapse, allowing for appropriate treatment of the SUI at the time of the prolapse surgery, thus decreasing the incidence of postoperative SUI.

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2016 Registry Individual Measure Flow
PQRS #428: Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence

**Denominator**

- Start
- Preoperative Assessment Documented
  - Yes
    - Reporting Met + Performance Met G9615 or equivalent (4 procedures) a
  - No
    - Documentation of Reason(s) for Not Documenting a Preoperative Assessment
      - Yes
        - Reporting Met + Performance Exclusion G9616 or equivalent (1 procedure) b
      - No
        - Preoperative Assessment Not Documented, Reason Not Given
          - Yes
            - Reporting Met + Performance Not Met G9617 or equivalent (2 procedures) c
          - No
            - Include in Eligible Population/Denominator (8 procedures) d

- Not Included in Eligible Population/Denominator
  - (1/1/2016 thru 12/31/2016)

**Numerator**

- Reporting Not Met Quality-Data Code or equivalent not reported (1 procedure)

**SAMPLE CALCULATIONS:**

**Reporting Rate**

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

**Performance Rate**

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

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

**NOTE:** Reporting Frequency: Procedure

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2016 Registry Individual Measure Flow
PQRS #428: Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence

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 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.

3. 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.

4. Start Numerator

5. Check Preoperative Assessment Documented:
   a. If Preoperative Assessment Documented 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 Preoperative Assessment Documented equals No, proceed to Documentation of Reason(s) for Not Documenting a Preoperative Assessment.

6. Check Documentation of Reason(s) for Not Documenting a Preoperative Assessment:
   a. If Documentation of Reason(s) for Not Documenting a Preoperative Assessment 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 Documentation of Reason(s) for Not Documenting a Preoperative Assessment equals No, proceed to Preoperative Assessment Not Documented, Reason Not Given.

7. Check Preoperative Assessment Not Documented, Reason Not Given:
   a. If Preoperative Assessment Not Documented, Reason Not Given 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 Preoperative Assessment Not Documented, Reason Not Given equals No, proceed to Reporting Not Met.

8. 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:**

<table>
<thead>
<tr>
<th>Reporting Rate=</th>
<th>Performance Met (a=4 procedures) + Performance Exclusion (b=1 procedure) + Performance Not Met (c=2 procedures) = 7 procedures. 87.50%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eligible Population / Denominator (d=8 procedures) = 8 procedure</td>
</tr>
<tr>
<td>Performance Rate=</td>
<td>Performance Met (a=4 procedures) = 4 procedures, 66.66%</td>
</tr>
<tr>
<td></td>
<td>Reporting Numerator (7 procedures) - Performance Exclusion (b=1 procedure) = 6 procedures</td>
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</tbody>
</table>