

Quality ID #48: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

– National Quality Strategy Domain: Effective Clinical Care

– Meaningful Measure Area: Preventive Care

2019 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients seen during the performance period. This measure is appropriate for use in the ambulatory setting only and is considered a general screening measure. 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.

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:

All female patients aged 65 years and older with a visit during the measurement period

Denominator Criteria (Eligible Cases):

All female patients aged ≥ 65 years on date of encounter

AND

Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402

AND NOT

DENOMINATOR EXCLUSION:

Patient use of hospice services any time during the measurement period: G9693

NUMERATOR:

Patients who were assessed for the presence or absence of urinary incontinence within 12 months

Definition:

Urinary Incontinence – Any involuntary leakage of urine

Numerator Options:

Performance Met:

Presence or absence of urinary incontinence assessed
(1090F)

OR

Performance Not Met:

Presence or absence of urinary incontinence not assessed, reason not otherwise specified (**1090F with 8P**)

RATIONALE:

Female patients may not volunteer information regarding incontinence, so they should be asked by their physician.

CLINICAL RECOMMENDATION STATEMENTS:

Strategies to increase recognition and reporting of UI are required and especially the perception that it is an inevitable consequence of aging for which little or nothing can be done. (ICI)

Patients with urinary incontinence should undergo a basic evaluation that includes a history, physical examination, measurement of post-void residual volume, and urinalysis. (ACOG) (Level C)

Health care providers should be able to initiate evaluation and treatment of UI basing their judgment on the results of history, physical examination, post-voiding residual and urinalysis. (ICI) (Grade

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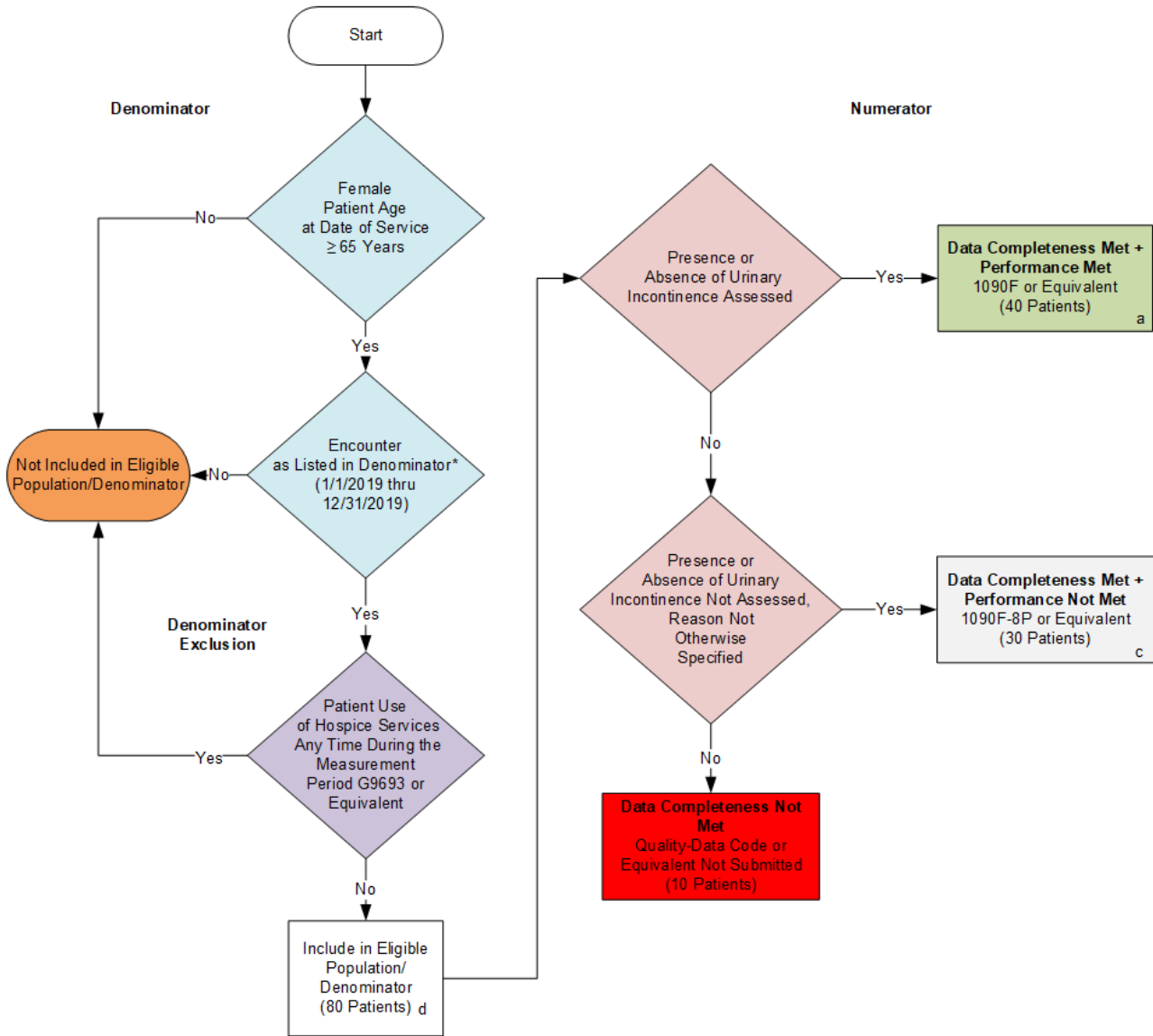
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**2019 Clinical Quality Measure Flow for Quality ID #48:
Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women
Aged 65 Years and Older**



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

*See the posted Measure Specification for specific coding and instructions to submit this measure.
 NOTE: Submission Frequency: Process-process

**2019 Clinical Quality Measure Flow Narrative for Quality ID #48:
Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged
65 Years and Older**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. Check Female Patient Age:
 - a. If Female Patient Age is greater than or equal to 65 Years on Date of Service equals No during the measurement period, do not include in Eligible Population. Stop Processing.
 - b. If Female Patient Age is greater than or equal to 65 Years on Date of Service equals Yes during the measurement period, proceed to check Encounter Performed.
3. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Patient Use of Hospice Services Any Time During the Measurement Period.
4. Check Patient Use of Hospice Services Any Time During the Measurement Period:
 - a. If Patient Use of Hospice Services Any Time During the Measurement Period equals No, include in Eligible Population.
 - b. If Patient Use of Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Population. Stop Processing.
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 patients in the Sample Calculation.
6. Start Numerator
7. Check Presence or Absence of Urinary Incontinence Assessed:
 - a. If Presence or Absence of Urinary Incontinence Assessed equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.
 - c. If Presence or Absence of Urinary Incontinence Assessed equals No, proceed to check Presence or Absence of Urinary Incontinence Not Assessed, Reason Not Otherwise Specified.
8. Check Presence or Absence of Urinary Incontinence Not Assessed, Reason Not Otherwise Specified:

- a. If Presence or Absence of Urinary Incontinence Not Assessed, Reason Otherwise Not Specified equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
 - c. If Presence or Absence of Urinary Incontinence Not Assessed, Reason Not Otherwise Specified 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 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$