

Quality ID #428: Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence

- National Quality Strategy Domain: Effective Clinical Care
- Meaningful Measure Area: Preventable Healthcare Harm

2019 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients undergoing appropriate preoperative evaluation of stress urinary incontinence prior to pelvic organ prolapse surgery per ACOG/AUGS/AUA guidelines

INSTRUCTIONS:

This measure is to be submitted **each time** an anterior and/or apical pelvic organ prolapse repair surgery 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.

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 patients undergoing anterior or apical pelvic organ prolapse (POP) surgery

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Patient procedure during the performance period (CPT): 57106, 57110, 57120, 57240, 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

Denominator Exception:

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 surgical correction of pelvic organ prolapse also have stress urinary incontinence (SUI). The presence of SUI is not always volunteered by the patient. In cases of severe prolapse, underlying SUI may be masked by kinking of the urethra due to the prolapse (referred to as "occult SUI"). Rates of occult SUI can be as high as 23.5% to 41.5% based on prior literature (1, 2). When SUI is not treated at the time of prolapse repair, patients will be more likely to experience SUI after prolapse correction, which can necessitate an additional surgery (3). This can lead to additional cost and risk of anesthesia if surgery is chosen or the patient may have to live with their incontinence. Implementation of this measure will improve quality by increasing the preoperative diagnosis of SUI in women undergoing surgical correction of pelvic organ prolapse, allowing for a shared decision approach between surgeon and patient to allow for the appropriate treatment of SUI at the time of the prolapse surgery, thus decreasing the incidence of postoperative SUI.

CLINICAL RECOMMENDATION STATEMENTS:

Many women undergoing surgical correction for pelvic organ prolapse also have stress urinary incontinence (SUI). The presence of SUI is not always volunteered by the patient. In cases of severe prolapse, a significant number of women may have underlying SUI that is 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, patients will be more likely to experience SUI after prolapse correction, which can necessitate an additional surgery. Implementation of this measure will improve quality by increasing the preoperative diagnosis of SUI in women undergoing surgical correction for pelvic organ prolapse, allowing for a shared decision approach between surgeon and patient to allow for the appropriate treatment of SUI at the time of the prolapse surgery, thus decreasing the incidence of postoperative SUI.

References:

1. Karamustafaoglu Balci B, Gungor Ugurlucan F, Yasa C, Yalcin O. 5-year experience in the diagnosis and treatment of occult urinary incontinence in women with pelvic organ prolapse. *Eur J Obstet Gynecol Reprod Biol.* 2017 Jan 5
2. Duecy EE, Pulvino JQ, McNanley AR, Buchsbaum GM. Urodynamic prediction of occult stress urinary incontinence before vaginal surgery for advanced pelvic organ prolapse: evaluation of postoperative outcomes. *Female Pelvic Med Reconstr Surg.* 2010 Jul;16(4):215-7.
3. van der Ploeg JM, Oude Rengerink K, van der Steen A, van Leeuwen JH, van der Vaart CH, Roovers JP; Dutch Urogynaecology Consortium.. Vaginal prolapse repair with or without a midurethral sling in women with genital prolapse and occult stress urinary incontinence: a randomized trial. *Int Urogynecol J.* 2016 Jul; 27(7):1029-38.

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.

THE 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.

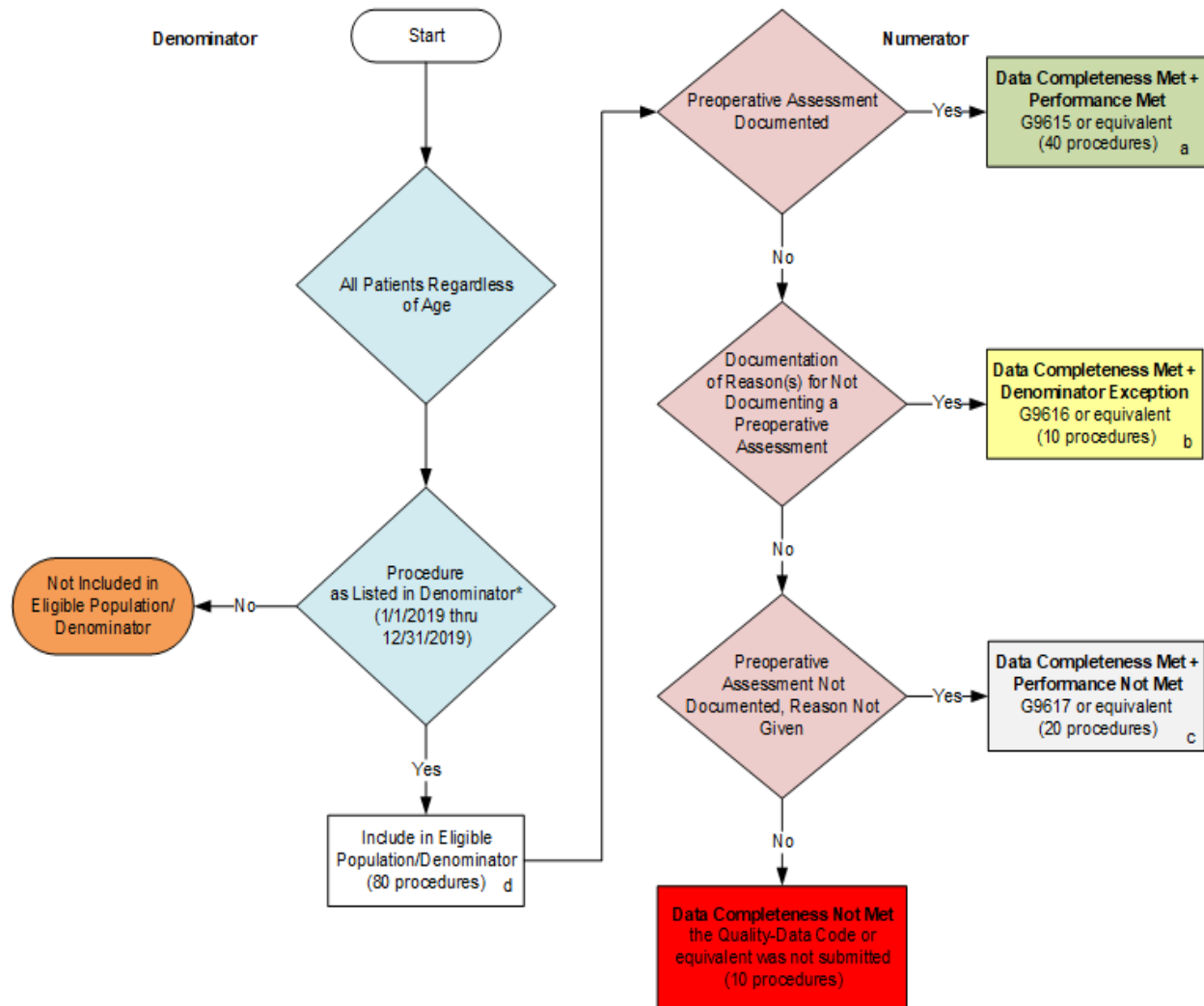
Measures are subject to review and may be revised or rescinded at any time by AUGS. They may not be altered without the prior written approval from AUGS. Measures developed by AUGS, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health 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; 1100 Wayne Ave Suite 825 Silver Spring MD 20910. All Rights Reserved.

CPT® contained in the Measures specifications is copyright 2004-2018 American Medical Association. CPT® is a registered trademark of the American Medical Association.

**2019 Clinical Quality Measure Flow for Quality ID #428:
Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence**



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures) = 60 procedures}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.66\%$$

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

NOTE : Submission Frequency: Procedure

CPT only copyright 2018 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.

**2019 Clinical Quality Measure Flow Narrative for Quality ID #428:
Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence**

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. All Patients Regardless of Age
3. Check Procedure Performed:
 - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Procedure as Listed in the Denominator equals Yes, include in Eligible Population.
4. Denominator Population:
 - a. 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.
5. Start Numerator
6. Check Preoperative Assessment Documented:
 - a. If Preoperative Assessment Documented 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 40 procedures in the Sample Calculation.
 - c. If Preoperative Assessment Documented equals No, proceed to check Documentation of Reason(s) for Not Documenting a Preoperative Assessment.
7. 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 Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 procedures in the Sample Calculation.
 - c. If Documentation of Reason(s) for Not Documenting a Preoperative Assessment equals No, proceed to check Preoperative Assessment Not Documented, Reason Not Given.
8. Check Preoperative Assessment Not Documented, Reason Not Given:
 - a. If Preoperative Assessment Not Documented, 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 in

the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.

- c. If Preoperative Assessment Not Documented, Reason Not Given 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 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.66\%$$