

**Quality ID #429: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy**

– National Quality Strategy Domain: Patient Safety

– Meaningful Measure Area: Preventive Care

**2020 COLLECTION TYPE:**

MIPS CLINICAL QUALITY MEASURES (CQMS)

**MEASURE TYPE:**

Process – High Priority

**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 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 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.

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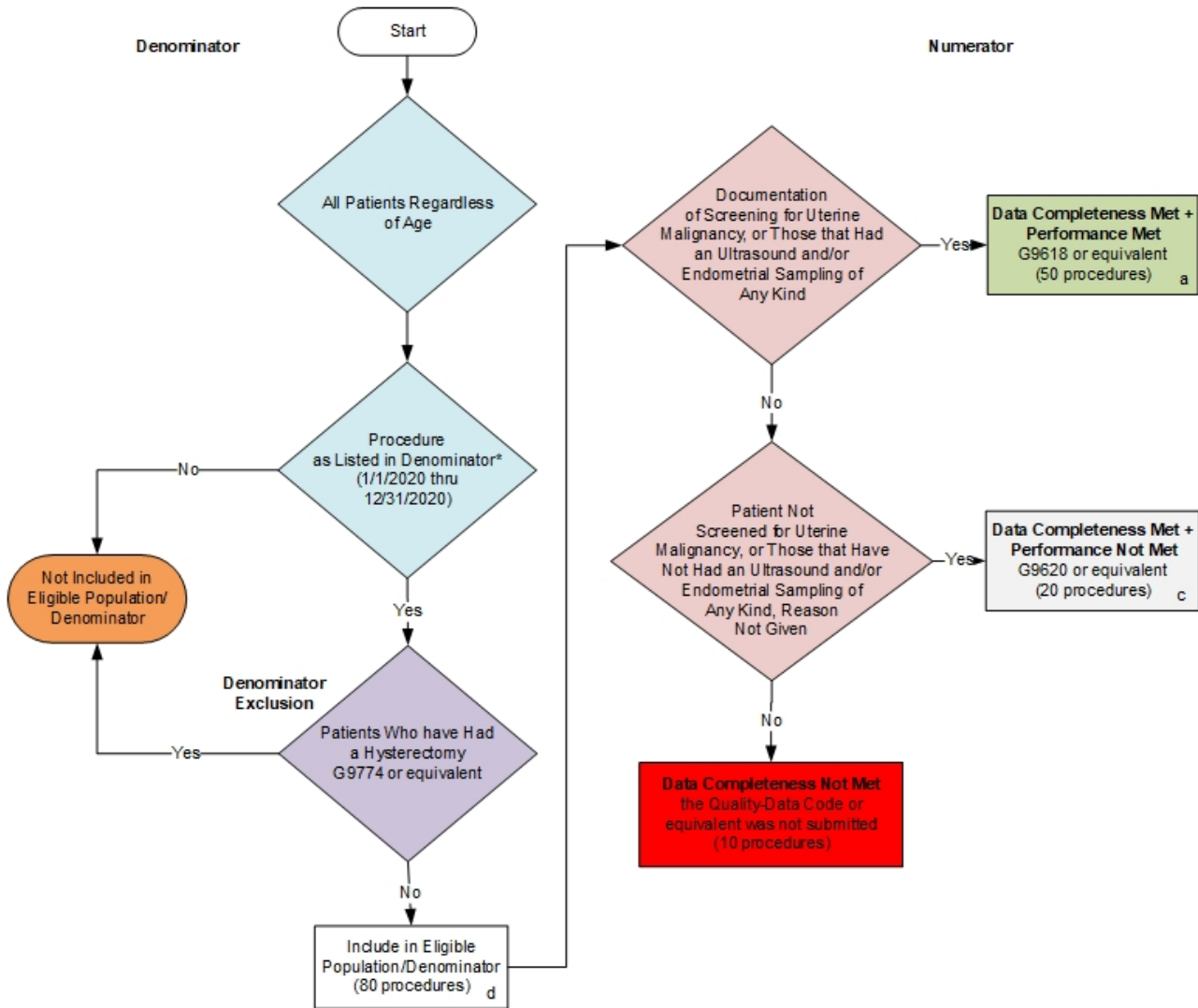
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**2020 Clinical Quality Measure Flow for Quality ID #429:  
Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy**

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.



**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

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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.

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**2020 Clinical Quality Measure Flow Narrative for Quality ID #429:  
Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy**

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.*

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, proceed to check Patients Who have Had a Hysterectomy.
4. Patients Who have Had a Hysterectomy:
  - a. If Patients Who have Had a Hysterectomy equals Yes, do not include in Eligible Population. Stop Processing.
  - b. If Patients Who have Had a Hysterectomy equals No, include in Eligible Population.
5. 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.
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 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.
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 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 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 CALCULATION S:**

**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=**

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