Quality ID #50: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
– National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes
– Meaningful Measure Area: Management of Chronic Conditions

2021 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once 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. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide services for patients with the diagnosis of urinary incontinence will submit this measure.

NOTE: *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

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 diagnosis of urinary incontinence

Denominator Criteria (Eligible Cases):
All female patients aged ≥ 65 years on date of encounter
AND
Diagnosis for urinary incontinence (ICD-10-CM): F98.0, N39.3, N39.41, N39.42, N39.43, N39.44, N39.45, N39.46, N39.490, N39.491, N39.492, N39.498, R32
AND
Patient encounter during the performance period (CPT or HCPCS): 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:
Hospice services utilized by patient any time during the measurement period: G9694

NUMERATOR:
Patients with a documented plan of care for urinary incontinence at least once within 12 months

Definition:
Plan of Care – May include behavioral interventions (e.g., bladder training, pelvic floor muscle training, prompted voiding), referral to specialist, surgical treatment, reassess at follow-up visit, lifestyle interventions, addressing co-morbid factors, modification or discontinuation of medications contributing to urinary incontinence, or pharmacologic therapy.

Numerator Options:

Performance Met:	Urinary incontinence plan of care documented **(0509F)**
OR	
Performance Not Met:	Urinary incontinence plan of care not documented, reason not otherwise specified **(0509F *with* 8P)**

RATIONALE:
A treatment option should be documented for the patient with incontinence.

CLINICAL RECOMMENDATION STATEMENTS:
All conservative management options used in younger adults can be used in selected frail, older, motivated people. This includes:

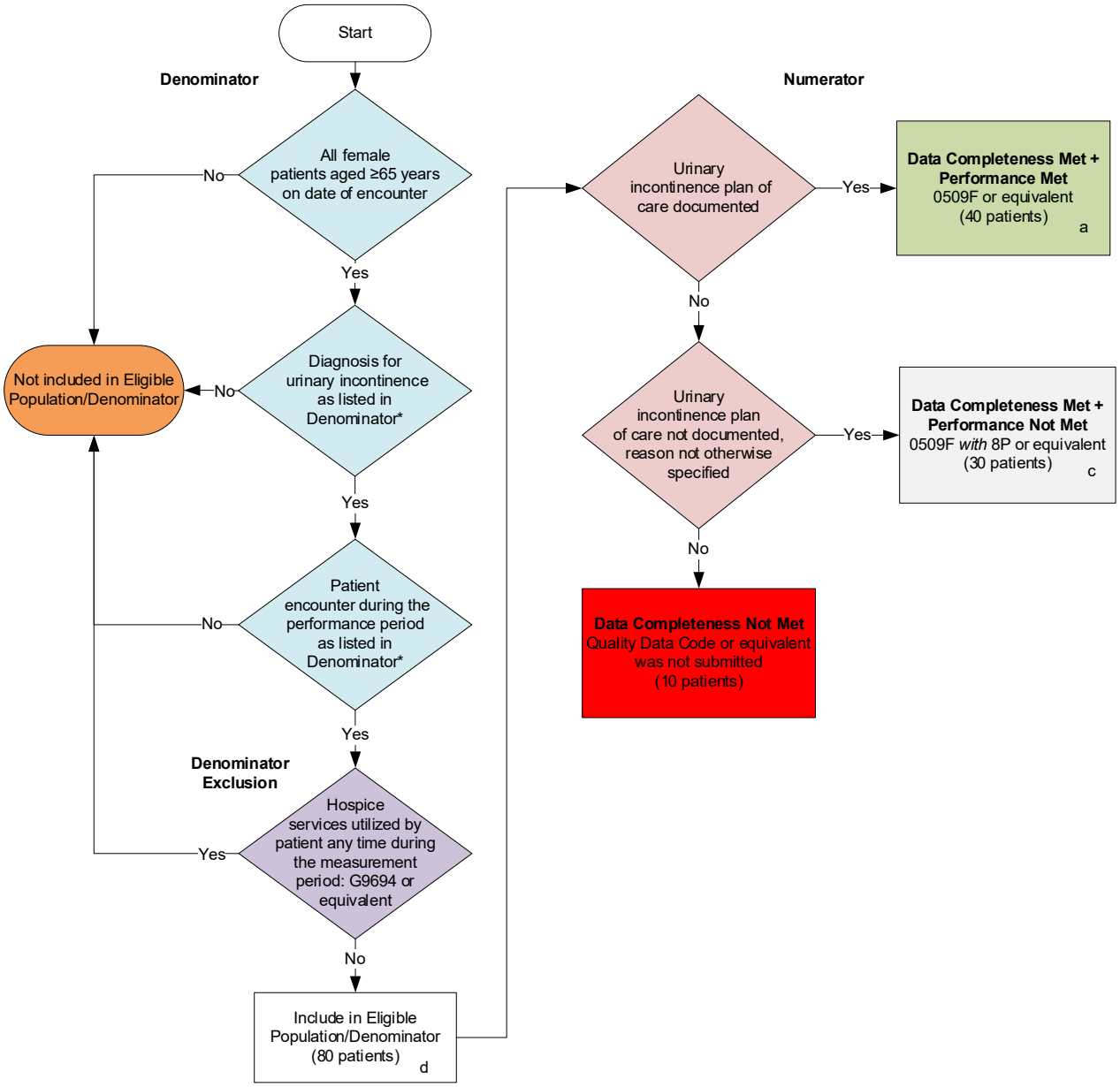
- Bladder retraining
- Pelvic muscle exercises including biofeedback and/or electro-stimulation (ICI) (Grade B)

Pharmacologic agents, especially oxybutynin and tolterodine, may have a small beneficial effect on improving symptoms of detrusor over activity in women. (ACOG) (Level A)

Oxybutynin and potentially other bladder relaxants can improve the effectiveness of behavioral therapies in frail older persons. (ICI) (Grade B)

2021 Clinical Quality Measure Flow for Quality ID #50:
Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older

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



SAMPLE CALCULATIONS

Data Completeness=
Performance Met (a=40 patients) + Performance Not Met (c=30 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=
Performance Met (a=40 patients) = 40 patients = **57.14%**
Data Completeness Numerator (70 patients) = 70 patients

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

2021 Clinical Quality Measure Flow Narrative for Quality ID #50: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older

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

1. Start with Denominator

2. Check *All female patients aged greater than or equal to 65 years on date of encounter*:

    a. If *All female patients aged greater than or equal to 65 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *All female patients aged greater than or equal to 65 years on date of encounter* equals Yes proceed to *Diagnosis for urinary incontinence as listed in Denominator**.

3. Check *Diagnosis for urinary incontinence as listed in Denominator**:

    a. If *Diagnosis for urinary incontinence as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Diagnosis for urinary incontinence as listed in Denominator** equals Yes, proceed to *Patient encounter during the performance period as listed in Denominator**.

4. Check *Patient encounter during the performance period as listed in Denominator**:

    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to *Hospice services utilized by patient any time during the measurement period*.

5. Check *Hospice services utilized by patient any time during the measurement period*:

    a. If *Hospice services utilized by patient any time during the measurement period* equals No, include in *Eligible Population/Denominator*.

    b. If *Hospice services utilized by patient any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

6. 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.

7. Start Numerator

8. Check *Urinary incontinence plan of care documented*:

    a. If *Urinary incontinence plan of care documented* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *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 Sample Calculation.

b. If *Urinary incontinence plan of care documented* equals No, proceed to *Urinary incontinence plan of care not documented, reason not otherwise specified*.

9. Check *Urinary incontinence plan of care not documented, reason not otherwise specified*:

   a. If *Urinary incontinence plan of care not documented, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.

      - *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.

   b. If *Urinary incontinence plan of care not documented, reason not otherwise specified* equals No, proceed to *Data Completeness Not Met*.

10. Check *Data Completeness Not Met*:

    a. If *Data Completeness Not Met*, the Quality Data Code was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 patients) plus Performance Not Met (c equals 30 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

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

NOTE: Submission Frequency: Patient-process

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.