

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

– National Quality Strategy Domain: Patient Safety

– Meaningful Measure Area: Preventive Care

2021 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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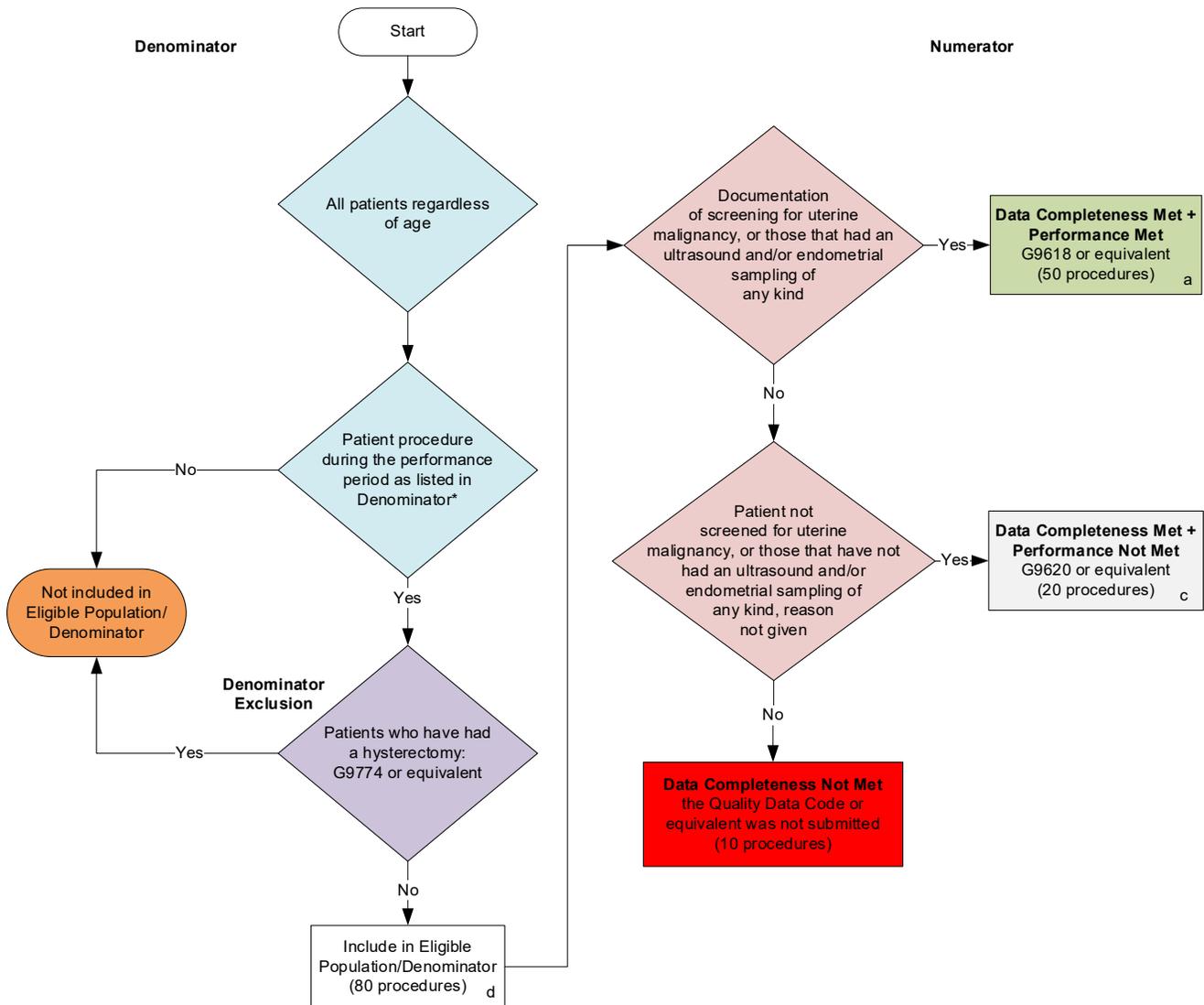
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**2021 Clinical Quality Measure Flow for Quality ID #429:
Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy**

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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**2021 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 *Patient procedure during the performance period as listed in Denominator**:
 - a. If *Patient procedure during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient procedure during the performance period as listed in Denominator** equals Yes, proceed to check *Patients who have had a hysterectomy*.
4. Check *Patients who have had a hysterectomy*:
 - a. If *Patients who have had a hysterectomy* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who have had a hysterectomy* equals No, include in *Eligible Population/Denominator*.
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*.
 - *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.
 - b. 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*.

- *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.
- b. *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 Calculations

Data Completeness equals Performance Met (a equals 50 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.5 percent.

Performance Rate equals Performance Met (a equals 50 procedures) divided by Data Completeness Numerator (70 procedures). All equals 50 procedures divided by 70 procedures. All equals 71.43 percent.

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

NOTE: Submission Frequency: Procedure

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.