Measure #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

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

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 reported a minimum of **once per reporting period** for patients seen during the reporting 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 reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Claims:
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reason not otherwise specified. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

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 reporting 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

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 Quality-Data Coding Options for Reporting Satisfactorily:
Presence or Absence of Urinary Incontinence Assessed
Performance Met: **CPT II 1090F:** Presence or absence of urinary incontinence assessed

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OR

Presence or Absence of Urinary Incontinence not Assessed for Medical Reasons
Append a modifier (**1P**) to CPT Category II code **1090F** to report documented circumstances that appropriately exclude patients from the denominator.
Medical Performance Exclusion: **1090F *with* 1P:** Documentation of medical reason(s) for not assessing for the presence or absence of urinary incontinence

OR

Presence or Absence of Urinary Incontinence not Assessed, Reason not Otherwise Specified
Append a reporting modifier (**8P**) to CPT Category II code **1090F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
Performance Not Met: **1090F *with* 8P:** Presence or absence of urinary incontinence not assessed, reason not otherwise specified

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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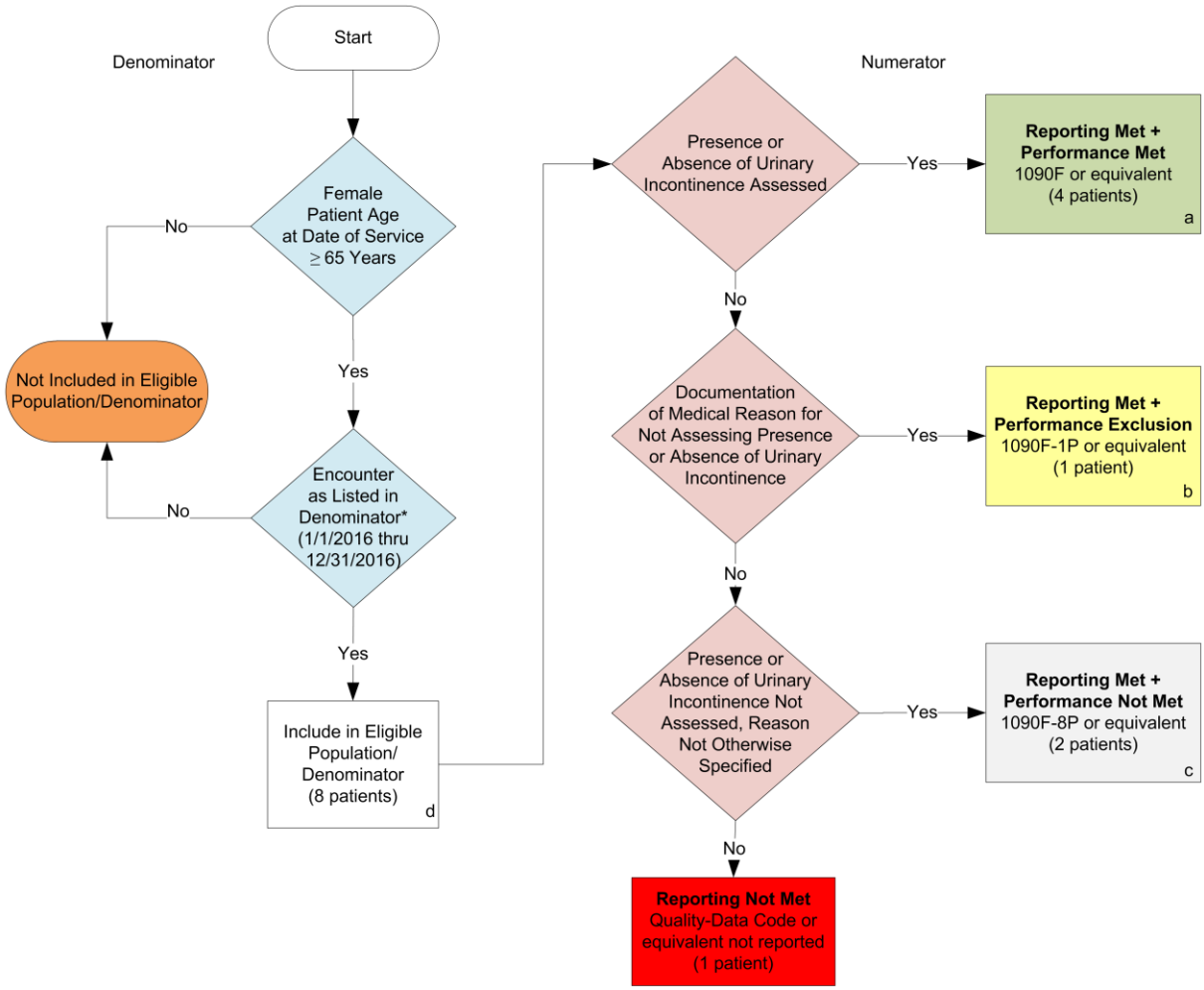
2016 Claims/Registry Individual Measure Flow
PQRS #48: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older



SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a=4 patients) + Performance Exclusion (b=1 patient) + Performance Not Met (c=2 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=4 patients) = 4 patients = **66.67%**
Reporting Numerator (7 patients) – Performance Exclusion (b=1 patient) = 6 patients

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

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2016 Claims/Registry Individual Measure Flow
PQRS #48: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 years or older

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

1. Start with Denominator
2. Check Female Patient Age:
    a. If the Female Age is greater than or equal to 65 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
    b. If the Female Age is greater than or equal to 65 years of age on Date of Service and 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 Patient Population. Stop Processing.
    b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.
4. 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 8 patients in the sample calculation.
5. Start Numerator
6. Check Presence or Absence of Urinary Incontinence Assessed:
    a. If Presence or Absence of Urinary Incontinence Assessed equals Yes, include in Reporting Met and Performance Met.
    b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.
    c. If Presence or Absence of Urinary Incontinence Assessed equals No, proceed to Documentation of Medical Reason for Not Assessing Presence or Absence of Urinary Incontinence.
7. Check Documentation of Medical Reason for Not Assessing Presence or Absence of Urinary Incontinence:
    a. If Documentation of Medical Reason for Not Assessing Presence or Absence of Urinary Incontinence equals Yes, include in Reporting Met and Performance Exclusion.
    b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 patient in the Sample Calculation.

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c. If Documentation of Medical Reason for Not Assessing Presence or Absence of Urinary Incontinence equals No, proceed to 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 Not Otherwise Specified equals Yes, include in Reporting Met and Performance Not Met.

   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.

   c. If Presence or Absence of Urinary Incontinence Not Assessed, Reason Not Otherwise Specified equals No, proceed to Reporting Not Met.

9. Check Reporting Not Met:

   a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.

SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a=4 patients) + Performance Exclusion (b=1 patient) + Performance Not Met (c=2 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=4 patients) = 4 patients = **66.67%**
Reporting Numerator (7 patients) – Performance Exclusion (b=1 patient) = 6 patients

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