

**Quality ID #254: Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain**

– National Quality Strategy Domain: Effective Clinical Care

– Meaningful Measure Area: Preventive Care

**2022 COLLECTION TYPE:**

**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**

Process

**DESCRIPTION:**

Percentage of pregnant female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound to determine pregnancy location.

**INSTRUCTIONS:**

This measure is to be submitted **each time** a pregnant patient presents to the ED with a chief complaint of abdominal pain and/or vaginal bleeding during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide care in the ED will submit this measure. The claim form place of service field must indicate that the encounter has taken place in the ED.

**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 pregnant female patients aged 14 to 50 who present to the ED with a chief complaint of abdominal pain or vaginal bleeding

**Denominator Criteria (Eligible Cases):**

Pregnant females aged 14 to 50 on date of encounter

**AND**

**Diagnosis of Other Current Condition in the Mother Classifiable Elsewhere but Complicating Pregnancy, Childbirth, or the Puerperium (ICD-10-CM):** O26.891, O26.899, O26.90, O26.91

**AND**

**Diagnosis of Abdominal Pain (ICD-10-CM):** R10.0, R10.10, R10.13, R10.2, R10.30, R10.31, R10.32, R10.33, R10.813, R10.814, R10.815, R10.816, R10.817, R10.819, R10.823, R10.824, R10.825, R10.826, R10.827, R10.829, R10.84, R10.9

**OR**

**Diagnosis of Vaginal Bleeding in Pregnancy (ICD-10-CM):** O20.0, O20.8, O20.9, O44.30, O44.31, O44.50, O44.51, O45.001, O45.009, O45.011, O45.019, O45.021, O45.029, O45.091, O45.099, O45.8X1, O45.8X9, O45.90, O45.91, O46.001, O46.009, O46.011, O46.019, O46.021, O46.029, O46.091, O46.8X1, O46.8X9, O46.90, O46.91, O46.099

**AND**

**Patient has any emergency department encounter during the performance period with Place of Service Indicator 23: G0035**

**(The claim form Place of Service field must indicate emergency department)**

**OR**

**Patient encounter during the performance period (CPT):** 99281, 99282, 99283, 99284, 99285, 99291

**WITHOUT**

**Telehealth Modifier:** GQ, GT, 95, POS 02

**NUMERATOR:**

Patients who receive a trans-abdominal or trans-vaginal ultrasound with documentation of pregnancy location in medical record

**Numerator Instructions:**

This measure is to be submitted **each time** a patient meets the requirements as indicated in the denominator. If the clinician documents that the clinical event surrounding the patient, with or without performance of trans-abdominal or trans-vaginal ultrasound, does not meet the intent of the measure, submit quality data code **G8807**.

**Numerator Options:**

**Performance Met:**

Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented (**G8806**)

**OR**

**Denominator Exception:**

Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ED multiple times within 72 hours, patient has a documented intrauterine pregnancy [IUP]) (**G8807**)

**OR**

**Performance Not Met:**

Trans-abdominal or trans-vaginal ultrasound not performed, reason not given (**G8808**)

**RATIONALE:**

Ectopic pregnancy is a relatively common condition which can result in morbidity or mortality if misdiagnosed resulting in a delay to appropriate treatment. Abdominal pain is a frequent presenting complaint of women with ruptured ectopic pregnancy. Pelvic ultrasound can establish a pregnancy as intrauterine and identify high risk features for ectopic pregnancy (pelvic free fluid, complex adnexal mass). Early ultrasound can shorten the time to diagnosis of ectopic pregnancy and can help risk stratify pregnant patients with the complaint of abdominal pain or vaginal bleeding for discharge with routine follow-up, discharge with early follow-up or admission.

**CLINICAL RECOMMENDATION STATEMENTS:**

Use of emergency ultrasound in pelvic disorders centers on the detection of intrauterine pregnancy (IUP), detection of ectopic pregnancy, detection of fetal heart rate in all stages of pregnancy, dating of the pregnancy, and detection of significant free fluid. Bedside pelvic ultrasound during the first trimester of pregnancy can be used to exclude ectopic pregnancy by demonstrating an intrauterine pregnancy. Studies of EP-performed ultrasound in this setting have demonstrated sensitivity of 76-90% and specificity of 88-92% for the detection of ectopic pregnancy. In one study, EPs were able to detect an intrauterine pregnancy in 70% of patients with suspected ectopic pregnancy (first trimester pregnancy with abdominal pain or vaginal bleeding). When intrauterine fetal anatomy was visualized at the bedside, ectopic pregnancy was ruled out with a negative predictive value of essentially 100%. When bedside ultrasound evaluation was incorporated into a clinical algorithm for the evaluation of patients with suspected ectopic pregnancy, the incidence of discharged patients returning with ruptured ectopic pregnancy was significantly reduced.

Perform or obtain a pelvic ultrasound for symptomatic pregnant patients with any  $\beta$ -hCG level. (Level B Recommendation) (ACEP, 2016)

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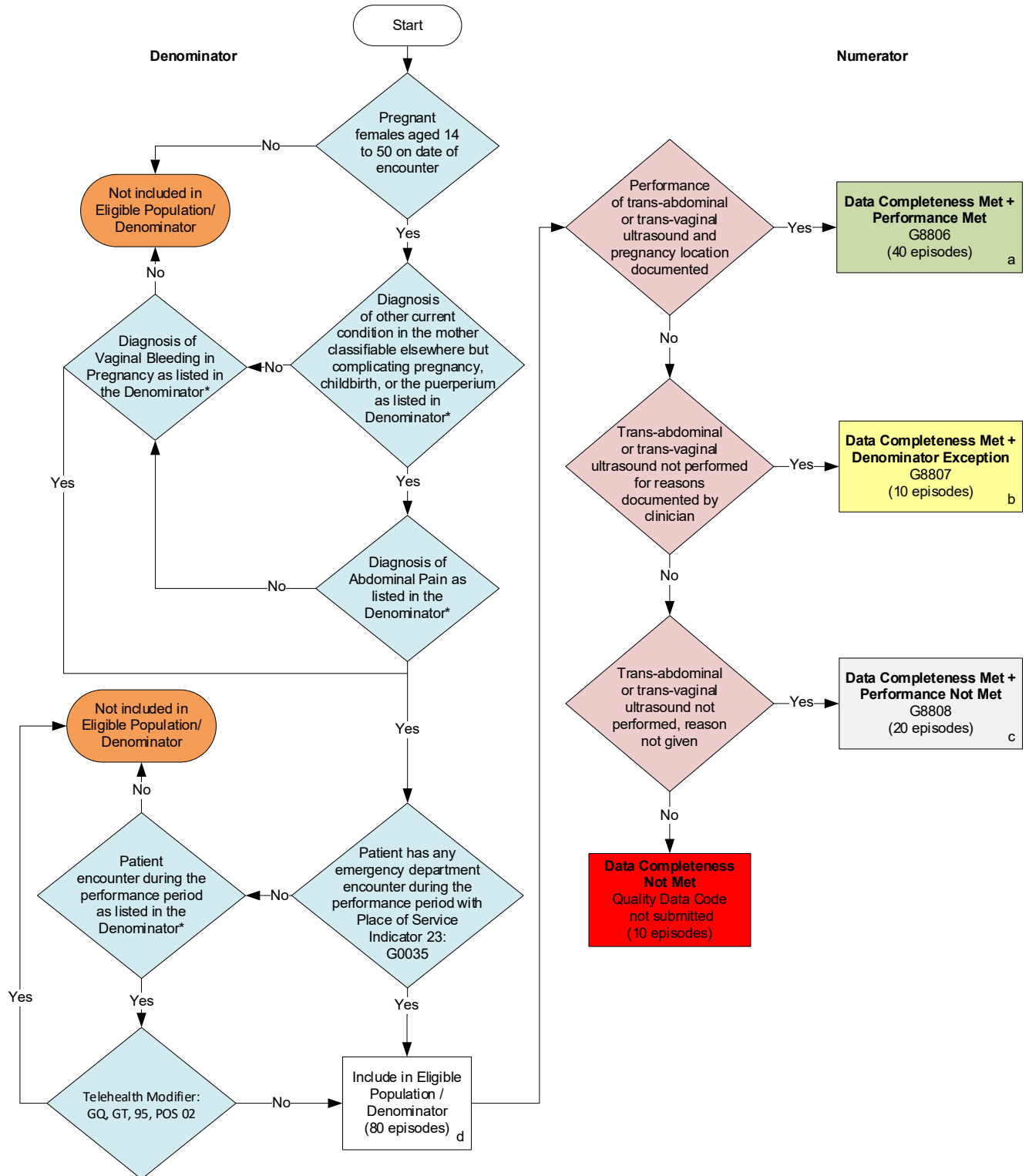
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**2022 Clinical Quality Measure Flow for Quality ID #254:  
Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain**

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



### **SAMPLE CALCULATIONS**

**Data Completeness=**

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

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 episodes)}}{\text{Data Completeness Numerator (70 episodes) - Denominator Exception (b=10 episodes)}} = \frac{40 \text{ episodes}}{60 \text{ episodes}} = 66.67\%$$

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

NOTE: Submission Frequency: Episode

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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. v6

**2022 Clinical Quality Measure Flow Narrative for Quality ID #254:  
Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain**

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

1. Start with Denominator
2. Check *Pregnant females aged 14 to 50 on date of encounter*.
  - a. If *Pregnant females aged 14 to 50 on date of encounter* equals No, do not include in Eligible Population/Denominator. Stop processing.
  - b. If *Pregnant females aged 14 to 50 on date of encounter* equals Yes, proceed to check *Diagnosis of other current condition in the mother classifiable elsewhere but complicating pregnancy, childbirth, or the puerperium as listed in Denominator\**.
3. Check *Diagnosis of other current condition in the mother classifiable elsewhere but complicating pregnancy, childbirth, or the puerperium as listed in Denominator\**.
  - a. If *Diagnosis of other current condition in the mother classifiable elsewhere but complicating pregnancy, childbirth, or the puerperium as listed in Denominator\** equals No, proceed to check *Diagnosis of Vaginal Bleeding in Pregnancy as listed in the Denominator\**.
  - b. If *Diagnosis of other current condition in the mother classifiable elsewhere but complicating pregnancy, childbirth, or the puerperium as listed in Denominator\** equals Yes, proceed to check *Diagnosis of Abdominal Pain as listed in the Denominator\**.
4. Check *Diagnosis of Abdominal Pain as listed in the Denominator\**.
  - a. If *Diagnosis of Abdominal Pain as listed in the Denominator\** equals No, proceed to check *Diagnosis of Vaginal Bleeding as listed in the Denominator\**.
  - b. If *Diagnosis of Abdominal Pain as listed in the Denominator\** equals Yes, proceed to check *Patient has any emergency department encounter during the performance period with Place of Service Indicator 23*.
5. Check *Diagnosis of Vaginal Bleeding as listed in the Denominator\**.
  - a. If *Diagnosis of Vaginal Bleeding as listed in the Denominator\** equals No, do not include in Eligible Population/Denominator. Stop processing.
  - b. If *Diagnosis of Vaginal Bleeding as listed in the Denominator\** equals Yes, proceed to check *Patient has any emergency department encounter during the performance period with Place of Service Indicator 23*.
6. Check *Patient has any emergency department encounter during the performance period with Place of Service Indicator 23*.
  - a. If *Patient has any emergency department encounter during the performance period with Place of Service Indicator 23* equals No, proceed to check *Patient encounter during the performance period as listed in the Denominator\**.
  - b. If *Patient has any emergency department encounter during the performance period with Place of Service Indicator 23* equals Yes, include in Eligible Population/Denominator.
7. Check *Patient encounter during the performance period as listed in the Denominator\**.
  - a. If *Patient encounter during the performance period as listed in the Denominator\** equals No; do not include in Eligible Population/Denominator. Stop processing.

- b. If *Patient encounter during the performance period as listed in the Denominator\** equals Yes; proceed to check *Telehealth Modifier*.
8. Check *Telehealth Modifier*
  - a. If *Telehealth Modifier* equals Yes, do not include in Eligible Population/Denominator. Stop processing.
  - b. If *Telehealth Modifier* equals No, Include in Eligible Population/Denominator
9. Denominator Population:
  - a. Denominator Population is all Eligible Episodes in Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 episodes in the Sample Calculation.
10. Start Numerator
11. Check *Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented*:
  - a. If *Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 episodes in the Sample Calculation.
  - b. If *Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented* equals No, proceed to check *Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician*.
12. Check *Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician*:
  - a. If *Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician* equals Yes, include in *Data Completeness Met and Denominator Exception*.
    - *Data Completeness Met and Denominator Exception* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 episodes in the Sample Calculation.
  - b. If *Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician* equals No, proceed to check *Trans-abdominal or trans-vaginal ultrasound not performed, reason not given*.
13. Check *Trans-abdominal or trans-vaginal ultrasound not performed, reason not given*:
  - a. If *Trans-abdominal or trans-vaginal ultrasound not performed, reason not given* equals Yes, include in the *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 episodes in the Sample Calculation.
  - b. If *Trans-abdominal or trans-vaginal ultrasound not performed, reason not given* equals No, proceed to check *Data Completeness Not Met*.
14. Check *Data Completeness Not Met*:
  - a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 episodes have

been subtracted from the Data Completeness Numerator in the Sample Calculation.

### **Sample Calculations**

Data Completeness equals Performance Met (a equals 40 episodes) plus Denominator Exception (b equals 10 episodes) plus Performance Not Met (c equals 20 episodes) divided by Eligible Population / Denominator (d equals 80 episodes). All equals 70 episodes divided by 80 episodes. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 episodes) divided by Data Completeness Numerator (70 episodes) minus Denominator Exception (b equals 10 episodes). All equals 40 episodes divided by 60 episodes. All equals 66.67 percent.

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

NOTE: Submission Frequency: Episode

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.