

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

2017 OPTIONS FOR INDIVIDUAL MEASURES:

CLAIMS ONLY

MEASURE TYPE:

Process

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 performance period** for patients seen during the performance 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 eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:

The listed denominator criteria is used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

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 performance 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:

Patient receiving Hospice Services, Patient Not Eligible

Denominator Exclusion: G9693:

Patient use of hospice services any time during the measurement period

OR

Presence or Absence of Urinary Incontinence Assessed

Performance Met: CPT II 1090F:

Presence or absence of urinary incontinence assessed

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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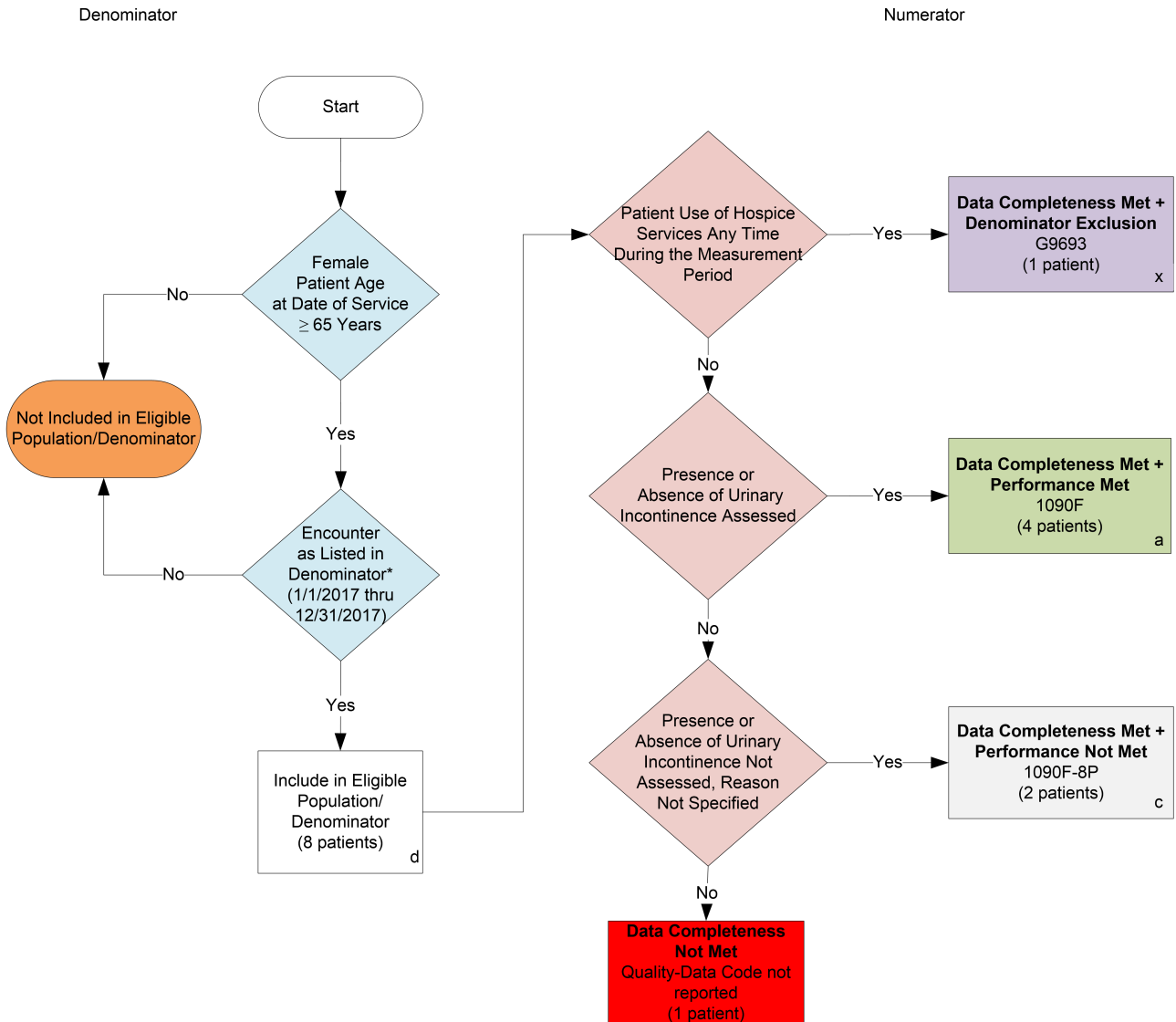
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2017 Claims Individual Measure Flow
#48: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion (x=1 patients)} + \text{Performance Met (a=4 patients)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (7 patients) - Denominator Exclusion (x=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Process-process

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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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2017 Claims Individual Measure Flow

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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 Patient Use of Hospice Services Any Time During the Measurement Period:
 - a. If Patient Use of Hospice Services Any Time During the Measurement Period equals Yes, include in Data Completeness Met and Denominator Exclusion
 - b. Data Completeness Met and Denominator Exclusion letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x equals 1 patient in the Sample Calculation.
 - c. If Patient Use of Hospice Services Any Time During the Measurement Period equals No, proceed to Presence or Absence of Urinary Incontinence Assessed.
7. Check Presence or Absence of Urinary Incontinence Assessed:
 - a. If Presence or Absence of Urinary Incontinence Assessed equals Yes, include in Data Completeness Met and Performance Met.
 - b. 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 4 patients in Sample Calculation.
 - c. If Presence or Absence of Urinary Incontinence Assessed equals No, proceed to Presence or Absence of Urinary Incontinence Not Assessed, Reason Not Specified.

8. Check Presence or Absence of Urinary Incontinence Not Assessed, Reason Not specified:
 - a. If Presence or Absence of Urinary Incontinence Not Assessed, Reason Not Specified equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. 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 2 patients in the Sample Calculation.
 - c. If Presence or Absence of Urinary Incontinence Not Assessed, Reason Not Specified equals No, proceed to Data Completeness Not Met.
9. Check Data Completeness Not Met:

If Data Completeness Not Met equals No, Quality Data Code not reported. 1 patient has been subtracted from the Data Completeness numerator in sample calculation.