

**Measure #428: Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence– National Quality Strategy Domain: Effective Clinical Care**

**2017 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Process

**DESCRIPTION:**  
Percentage of patients undergoing appropriate preoperative evaluation of stress urinary incontinence prior to pelvic organ prolapse surgery per ACOG/AUGS/AUA guidelines

**INSTRUCTIONS:**  
This measure is to be reported **each time** an anterior and/or apical pelvic organ prolapse repair surgery is performed during the **performance period**. 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 options included in this specification are used to submit the quality actions allowed by 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 patients undergoing anterior or apical pelvic organ prolapse (POP) surgery

**Denominator Criteria (Eligible Cases):**

All patients, regardless of age

**AND**

**Patient procedure during the performance period (CPT):** 57106, 57110, 57120, 57240, 57260, 57265, 57268, 57270, 57280, 57282, 57283, 57284, 57285, 57423, 57425, 57556, 58263, 58270, 58280, 58292, 58294, 58400

**NUMERATOR:**  
Number of patients undergoing preoperative assessment

**Definition:**

**Preoperative Assessment** – Includes the following:

- 1) History asking about incontinence and its character.
- 2) Urinalysis documented.
- 3) Physical exam testing for stress incontinence whether or not a patient is symptomatic.

**Numerator Options:**

**Performance Met:** Preoperative assessment documented (**G9615**)

**OR**

**Denominator Exception:** Documentation of reason(s) for not documenting a preoperative assessment (e.g., patient with a gynecologic or other pelvic malignancy noted at the time of surgery) (**G9616**)

OR

*Performance Not Met:*

Preoperative assessment not documented,  
reason not given (G9617)

**RATIONALE:**

Many women undergoing surgical correction of anterior/apical pelvic organ prolapse also have stress urinary incontinence (SUI). The presence of SUI is not always volunteered by the patient. In cases of severe prolapse, underlying SUI may be masked by kinking of the urethra due to the prolapse (referred to as "occult SUI"). When SUI is not treated at the time of prolapse repair, the patient will often suffer from SUI following the prolapse repair, potentially requiring an additional surgery - with the associated additional costs and additional risks of anesthesia - or the patient having to live with the incontinence. Implementation of this measure will improve quality by increasing the preoperative diagnosis of SUI in women undergoing surgical correction of anterior/apical pelvic organ prolapse, allowing for appropriate treatment of the SUI at the time of the prolapse surgery, thus decreasing the incidence of postoperative SUI.

**CLINICAL RECOMMENDATION STATEMENTS:**

Many women undergoing surgical correction of anterior/apical pelvic organ prolapse also have stress urinary incontinence (SUI). The presence of SUI is not always volunteered by the patient. In cases of severe prolapse underlying SUI may be masked by kinking of the urethra due to the prolapse (referred to as "occult SUI"). When SUI is not treated at the time of prolapse repair, the patient will often suffer from SUI following the prolapse repair, potentially requiring an additional surgery - with the associated additional costs and additional risks of anesthesia - or the patient having to live with the incontinence. Implementation of this measure will improve quality by increasing the preoperative diagnosis of SUI in women undergoing surgical correction of anterior/apical pelvic organ prolapse, allowing for appropriate treatment of the SUI at the time of the prolapse surgery, thus decreasing the incidence of postoperative SUI.

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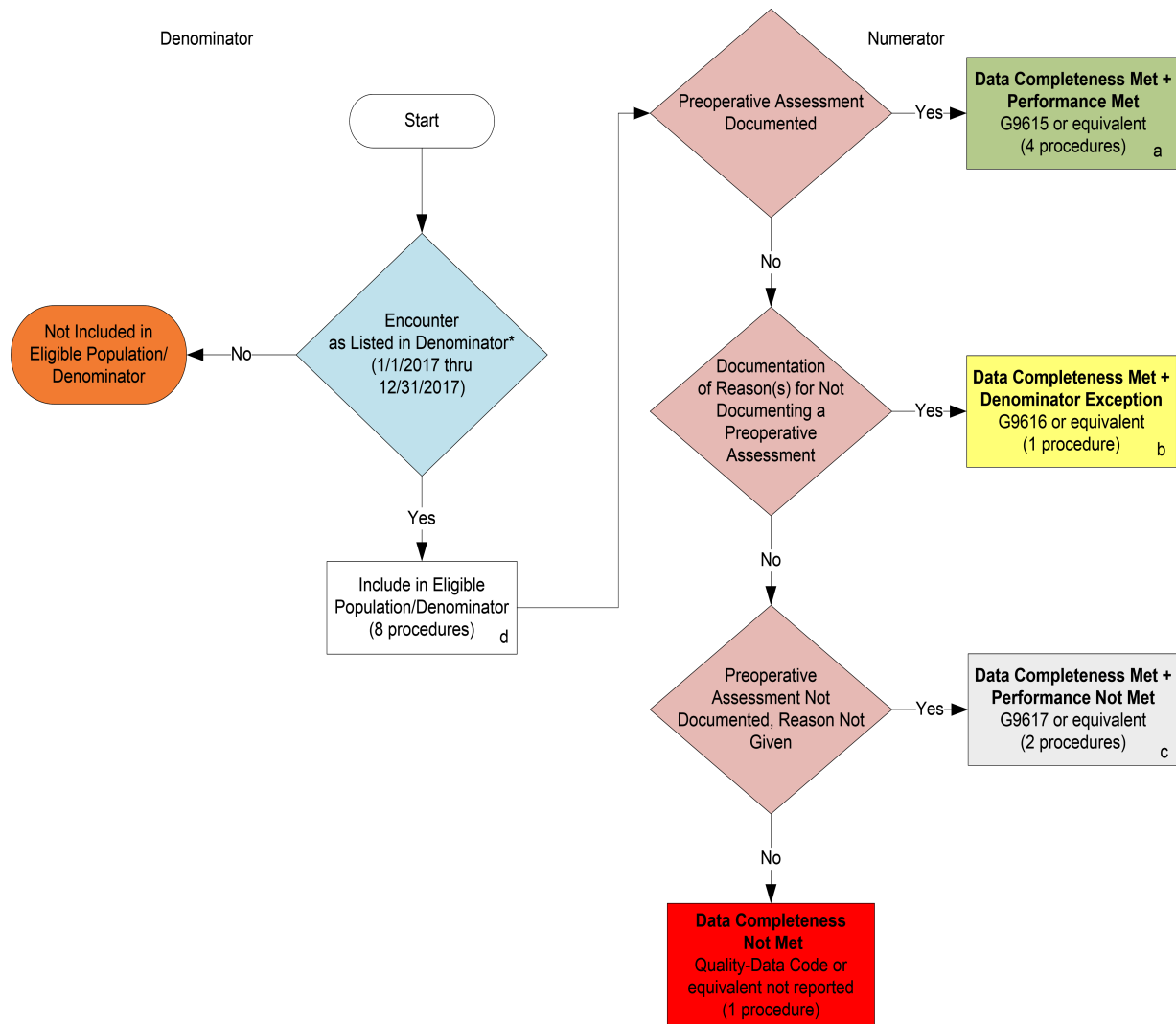
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**2017 Registry Individual Measure Flow**  
**#428: Pelvic Organ Prolapse: Preoperative Assessment of Occult**  
**Stress Urinary Incontinence**



**SAMPLE CALCULATIONS:**

**Data Completeness=**

Performance Met (a=4 procedures) + Denominator Exception (b=1 procedure) + Performance Not Met (c=2 procedures) = 7 procedures = 87.50%  
 Eligible Population / Denominator (d=8 procedures) = 8 procedure

**Performance Rate=**

Performance Met (a=4 procedures) = 4 procedures = 66.66%  
 Data Completeness Numerator (7 procedures) – Denominator Exception (b=1 procedure) = 6 procedures

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

NOTE: Reporting Frequency: Procedure

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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 Registry Individual Measure Flow

### #428: Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence

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 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 Eligible Population.
3. 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 procedures in the sample calculation.
4. Start Numerator
5. Check Preoperative Assessment Documented:
  - a. If Preoperative Assessment Documented equals Yes, include in Data Completeness Met and Performance Met.
  - b. 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 4 procedures in Sample Calculation.
  - c. If Preoperative Assessment Documented equals No, proceed to Documentation of Reason(s) for Not Documenting a Preoperative Assessment.
6. Check Documentation of Reason(s) for Not Documenting a Preoperative Assessment:
  - a. If Documentation of Reason(s) for Not Documenting a Preoperative Assessment equals Yes, include in Data Completeness Met and Denominator Exception.
  - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 procedure in the Sample Calculation.
  - c. If Documentation of Reason(s) for Not Documenting a Preoperative Assessment equals No, proceed to Preoperative Assessment Not Documented, Reason Not Given.
7. Check Preoperative Assessment Not Documented, Reason Not Given:
  - a. If Preoperative Assessment Not Documented, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 procedures in the Sample Calculation.

- c. If Preoperative Assessment Not Documented, Reason Not Given equals No, proceed to Data Completeness Not Met.
- 8. Check Data Completeness Not Met.
  - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the data completeness numerator in the sample calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=4 procedures)} + \text{Denominator Exception (b=1 procedure)} + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedure}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=4 procedures)}}{\text{Data Completeness Numerator (7 procedures) - Denominator Exception (b=1 procedure)}} = \frac{4 \text{ procedures}}{6 \text{ procedures}} = 66.66\%$$