

**Measure #429: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy – National Quality Strategy Domain: Patient Safety**

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

**MEASURE TYPE:**  
Process

**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 reported **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 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 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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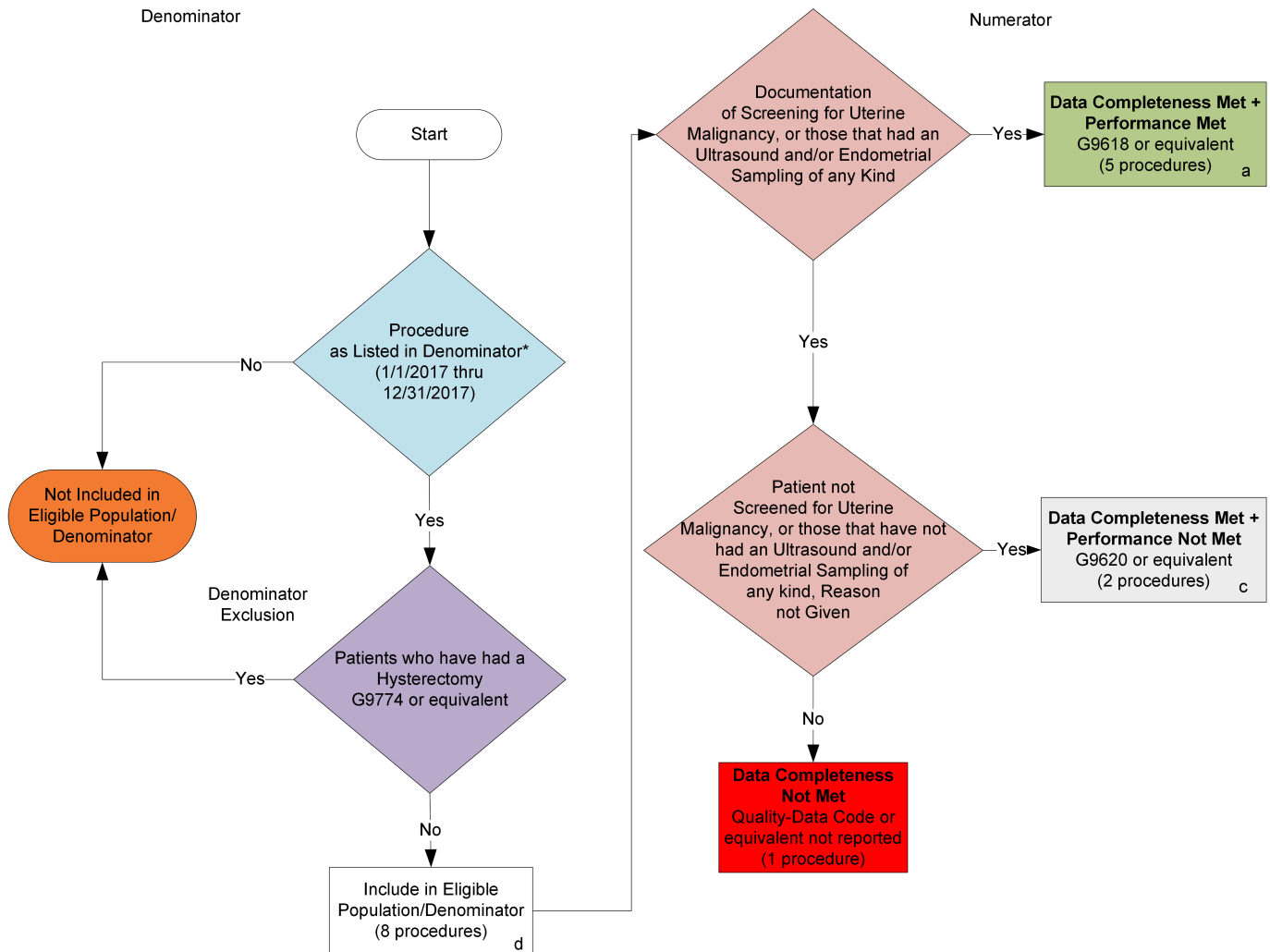
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## 2017 Registry Individual Measure Flow #429: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy



### SAMPLE CALCULATIONS:

#### Data Completeness=

$$\frac{\text{Performance Met (a=5 procedures)} + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

#### Performance Rate=

$$\frac{\text{Performance Met (a=5 procedures)}}{\text{Data Completeness Numerator (6 procedures)}} = \frac{5 \text{ procedures}}{6 \text{ procedures}} = 66.66\%$$

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

NOTE: Reporting Frequency: Procedure

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**2017 Registry Individual Measure Flow**  
**#429: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy**

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, proceed to Patient Has Had a Hysterectomy.
3. Patient Has Had a Hysterectomy:
  - a. If Patient Has Had a Hysterectomy equals Yes, do not include in Eligible Patient Population. Stop Processing.
  - b. If Patient Has Had a Hysterectomy equals No, include in 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 procedures in the sample calculation.
5. Start Numerator
6. 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.
  - 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 5 procedures in Sample Calculation.
  - c. If Documentation of Screening for Uterine Malignancy, or those that had an Ultrasound and/or Endometrial Sampling of any Kind equals No, proceed to Patient not Screened for Uterine Malignancy, or those that have not had an Ultrasound and/or Endometrial Sampling of any kind, Reason not Given.
7. 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.
  - 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 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 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=**

$$\frac{\text{Performance Met (a=5 procedures)} + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=5 procedures)}}{\text{Data Completeness Numerator (6 procedures)}} = \frac{5 \text{ procedures}}{6 \text{ procedures}} = 66.66\%$$