**Quality ID #429: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy**
**– National Quality Strategy Domain: Patient Safety**
**– Meaningful Measure Area: Preventable Healthcare Harm**

**2019 COLLECTION TYPE:**
**MEDICARE PART B CLAIMS**

**MEASURE TYPE:**
Process – High Priority

**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 submitted **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 submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission Type:**
Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are 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 on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

**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

**NUMERATOR:**
Number of patients screened for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind

**Numerator Quality-Data Coding Options:**

**Patient is not eligible for this measure because patient has had hysterectomy**
***Denominator Exclusion:*** **G9774:** Patients who have had a hysterectomy

**OR**

**Documentation of Screening for Uterine Malignancy**
***Performance Met:*** **G9618:** Documentation of screening for uterine malignancy, or those that had an ultrasound and/or endometrial sampling of any kind

**OR**

**Screening for Uterine Malignancy not Documented, Reason not Given**
***Performance Not Met:*** **G9620:** Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given

**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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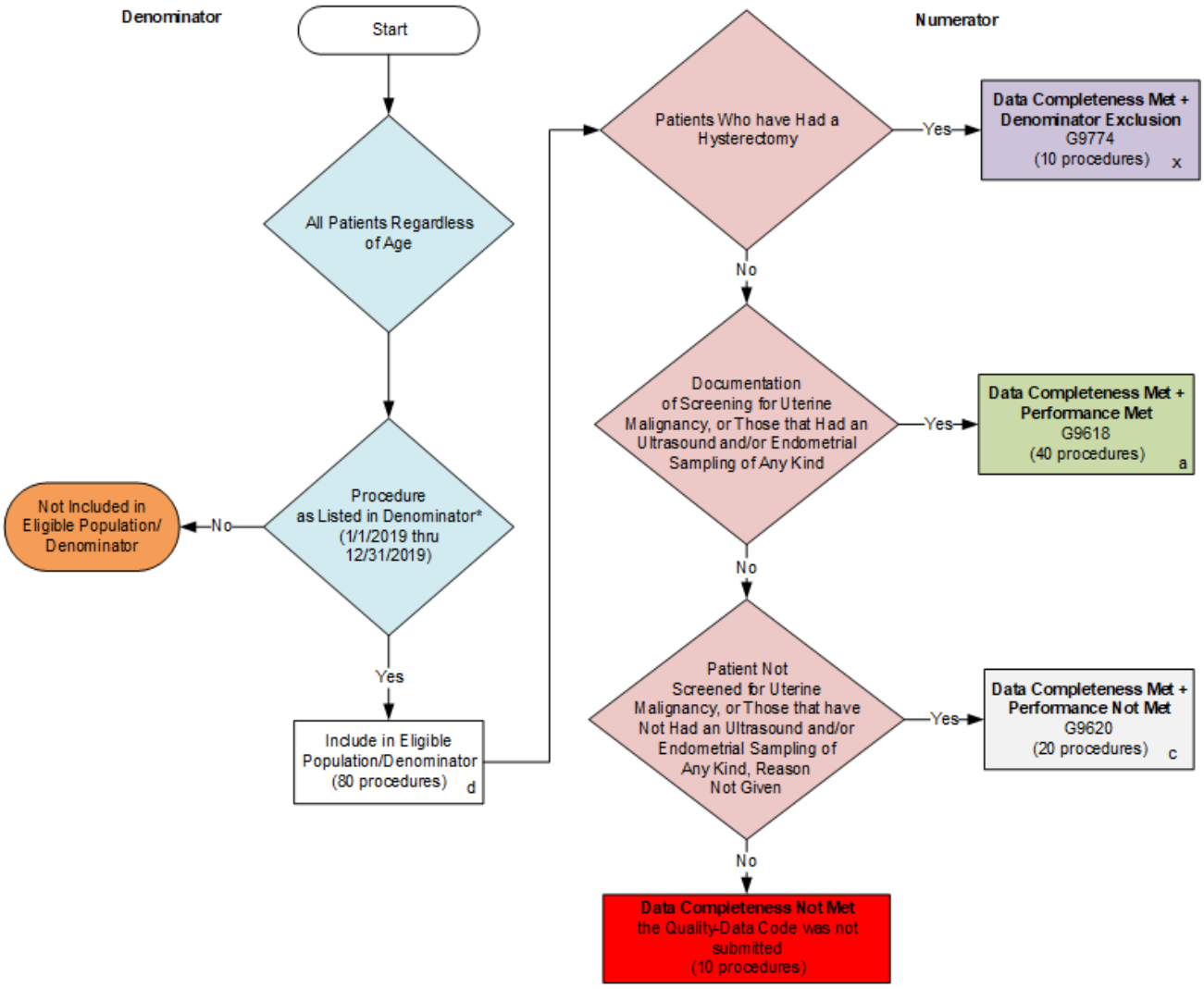
# 2019 Medicare Part B Claims Flow for Quality ID #429:
# Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy




**SAMPLE CALCULATIONS:**

**Data Completeness=**

Denominator Exclusion (x=10 procedures) + Performance Met (a=40 procedures)+Performance Not Met (c=20 procedures) = 70 procedures = **87.50%**

Eligible Population / Denominator (d=80 procedures) = 80 procedures

**Performance Rate=**

Performance Met (a=40 procedures) = 40 procedures = **66.67%**

Data Completeness Numerator (70 procedures) – Denominator Exclusion (x=10 procedures) = 60 procedures

*See the posted Measure Specification for specific coding and instructions to submit this measure.
NOTE : Submission Frequency: Procedure



v3

## 2019 Medicare Part B Claims Flow Narrative for Quality ID #429: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy

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

1. Start with Denominator
2. All Patients Regardless of Age
3. Check Procedure Performed:
    a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Procedure as Listed in the Denominator equals Yes, include in Eligible Population.
4. Denominator Population:
    a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
5. Start Numerator
6. Check Patients Who have Had a Hysterectomy:
    a. If Patients Who have Had a Hysterectomy equals Yes, include in Data Completeness Met and Denominator Exclusion.
    b. Data Completeness Met and Denominator Exclusion letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x equals 10 procedures in the Sample Calculation.
    c. If Patients Who have Had a Hysterectomy equals No, proceed to check Documentation of Screening for Uterine Malignancy, or Those that Had an Ultrasound and/or Endometrial Sampling of Any Kind.
7. 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 40 procedures in the 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 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.
8. 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 in the Sample Calculation listed at the end of this document. Letter c equals 20 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 check Data Completeness Not Met.

9. Check Data Completeness Not Met:

a. If Data Completeness Not Met, the Quality-Data Code was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Denominator Exclusion (x=10 procedures) + Performance Met (a=40 procedures)+Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{\text{70 procedures}}{\text{80 procedures}} = \textbf{87.50\%}$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) – Denominator Exclusion (x=10 procedures)}} = \frac{\text{40 procedures}}{\text{60 procedures}} = \textbf{66.67\%}$$