
2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients undergoing appropriate preoperative evaluation for the indication of stress urinary incontinence per ACOG/AUGS/AUA guidelines

INSTRUCTIONS:
This measure is to be reported each time a prolapse organ repair surgery is performed during the reporting period. There is no diagnosis associated with this measure. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry:
CPT codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of 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 encounter during the reporting period (CPT): 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

Other Performance Exclusion: 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 hysterectomy for pelvic organ prolapse also have stress urinary incontinence (SUI). The presence of SUI is not always volunteered by the patient. What is more, 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, necessitating 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 hysterectomy for 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 hysterectomy for pelvic organ prolapse also have stress urinary incontinence (SUI). The presence of SUI is not always volunteered by the patient. What is more, 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, necessitating 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 hysterectomy for pelvic organ prolapse, allowing for appropriate treatment of the SUI at the time of the prolapse surgery, thus decreasing the incidence of postoperative SUI.

**COPYRIGHT:**

These performance measures were developed and are owned by the American Urogynecologic Society (“AUGS”). These performance measures are not clinical guidelines and do not establish a standard of medical care. AUGS makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and AUGS has no liability to anyone who relies on such measures. AUGS holds a copyright in this measure and can rescind or alter this measure at any time. Users of the measure shall not have the right to alter, enhance, or otherwise modify the measure and shall not disassemble, recompile, or reverse engineer the source code or object code relating to the measure. Anyone desiring to use or reproduce the measure without modification for a noncommercial purpose may do so without obtaining any approval from AUGS. All commercial uses must be approved by AUGS and are subject to a license at the discretion of AUGS. Use by health care providers in connection with their own practices is not commercial use. A "commercial use" refers to any sale, license, or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed, or distributed for commercial gain, even if there is no actual charge for inclusion of the measure.

Performance measures developed by AUGS for CMS may look different from the measures solely created and owned by AUGS.

Copyright © by the American Urogynecologic Society; 2025 M Street, NW, Suite 800, Washington, DC 20036. All Rights Reserved.

CPT® contained in the Measures specifications is copyright 2004-2015 American Medical Association. All Rights Reserved.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.

Limited proprietary coding from Current Procedural Terminology (CPT®) is contained in the measure specifications. Users of this code set should obtain all necessary licenses. AUGS disclaims all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

Physician Performance Measures (Measures) and related data specifications developed by AUGS are intended to facilitate quality improvement activities by physicians. These Measures are intended to assist physicians in enhancing quality of care. They are designed for use by any physician who manages the care of a patient for a
specific condition or for diagnosis or prevention. AUGS encourages use of this Measure by other health care professionals, where appropriate.

Measures are subject to review and may be revised or rescinded at any time by AUGS. They may not be altered without the prior written approval from AUGS. Measures developed by AUGS, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use of the Measures is not permitted absent a license agreement between the user and AUGS. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. AUGS is not responsible for any harm to any party resulting from the use of these Measures.

Copyright © by the American Urogynecologic Society; 2025 M Street, NW, Suite 800, Washington, DC 20036. All Rights Reserved.

CPT® contained in the Measures specifications is copyright 2004-2015 American Medical Association. CPT® is a registered trademark of the American Medical Association.
2016 Registry Individual Measure Flow
PQRS #428: Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence

Denominator

Start

Preoperative Assessment Documented

Yes

Reporting Met + Performance Met G0615 or equivalent (4 procedures) a

No

Documentation of Reason(s) for Not Documenting a Preoperative Assessment

Yes

Reporting Met + Performance Exclusion G0616 or equivalent (1 procedure) b

No

Preoperative Assessment Not Documented, Reason Not Given

Yes

Reporting Met + Performance Not Met G0617 or equivalent (2 procedures) c

No

Include in Eligible Population/Denominator (8 procedures) d

Not Included in Eligible Population/Denominator

(1/1/2016 thru 12/31/2016)

SAMPLE CALCULATIONS:

Reporting Rate=
Performance Met (a=4 procedures) + Performance Exclusion (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%
Reporting Numerator (7 procedures) - Performance Exclusion (b=1 procedure) = 6 procedures

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

NOTE: Reporting Frequency: Procedure
2016 Registry Individual Measure Flow
PQRS #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 Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate 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 Reporting Met and Performance Exclusion.
   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate 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 Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate 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 Reporting Not Met.

8. Check Reporting Not Met:

a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the reporting numerator in the sample calculation.

**SAMPLE CALCULATIONS:**

- **Reporting Rate**
  
  \[
  \frac{\text{Performance Met (a=4 procedures) + Performance Exclusion (b=1 procedure) + Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7}{8} = 87.50\% 
  \]

- **Performance Rate**
  
  \[
  \frac{\text{Performance Met (a=4 procedures) - Performance Exclusion (b=1 procedure)}}{\text{Reporting Numerator (7 procedures)}} = \frac{4}{6} = 66.66\% 
  \]