
2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of patients who are screened for uterine malignancy prior to surgery for pelvic organ prolapse

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 Claims:
CPT codes and patient demographics are used to identify patients who are included in the measure’s denominator. HCPCS codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT code and the appropriate quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

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 surgery for pelvic organ prolapse

Denominator Criteria (Eligible Cases):
All patients, regardless of age
AND
Patient encounter during the reporting period (CPT): 45560, 57120, 57240, 57250, 57260, 57265, 57268, 57270, 57280, 57282, 57283, 57284, 57285, 57423, 57425, 57556, 58263, 58270, 58280, 58292, 58294, 58400

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 for Reporting Satisfactorily:
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

Documentation of Reason(s) for not Screening for Uterine Malignancy
Other Performance Exclusion: G9619: Documentation of reason(s) for not screening for uterine malignancy (e.g., prior hysterectomy)
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 help ensure that patients who do have a uterine malignancy are diagnosed prior to hysterectomy and can be referred to a gynecologic oncologist for appropriate staging and 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%). In a recent review of 63 robotic-assisted supracervical hysterectomies with sacrocervicopexies for pelvic organ prolapse, 2 patients (3.2%) were found on final pathology to have endometrial carcinoma. 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 hysterectomy and can be referred to a gynecologic oncologist for appropriate staging and 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%). In a recent review of 63 robotic-assisted supracervical hysterectomies with sacrocervicopexies for pelvic organ prolapse, 2 patients (3.2%) were found on final pathology to have endometrial carcinoma. 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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2016 Claims/Registry Individual Measure Flow  
PQRS #429: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy

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

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

**NOTE:** Reporting Frequency: Procedure
2016 Claims/Registry Individual Measure Flow
PQRS #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, 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 Documentation of Screening for Uterine Malignancy:
   a. If Documentation of Screening for Uterine Malignancy 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 Documentation of Screening for Uterine Malignancy equals No, proceed to Documentation of Reason(s) for Not Screening for Uterine Malignancy.

6. Check Documentation of Reason(s) for Not Screening for Uterine Malignancy:
   a. If Documentation of Reason(s) for Not Screening for Uterine Malignancy 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 Screening for Uterine Malignancy equals No, proceed to Screening for Uterine Malignancy Not Documented, Reason Not Given.

7. Check Screening for Uterine Malignancy Not Documented, Reason Not Given:
   a. If Screening for Uterine Malignancy 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 Screening for Uterine Malignancy 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 = \( \frac{\text{Performance Met (a=4 procedures)} \times \text{Performance Exclusion (b=1 procedure)} + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedure}} = 87.50\% \)

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