

Quality ID #048: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (QCM)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence. This measure is appropriate for use in the ambulatory setting only and is considered a general screening measure. 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 as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient during the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Telehealth:

TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more

information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All female patients aged 65 years and older with a visit during the measurement period.

Denominator Criteria (Eligible Cases):

All female patients aged ≥ 65 years on date of encounter

AND

Patient encounter during the performance period (CPT or HCPCS): 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, G0402

AND NOT

DENOMINATOR EXCLUSION:

Patient use of hospice services any time during the measurement period: G9693

NUMERATOR:

Patients who were assessed for the presence or absence of urinary incontinence within 12 months.

Definition:

Urinary Incontinence – Any involuntary leakage of urine.

Numerator Options:

Performance Met:

Presence or absence of urinary incontinence assessed
(1090F)

OR

Performance Not Met:

Presence or absence of urinary incontinence not assessed,
reason not otherwise specified (1090F with 8P)

RATIONALE:

Female patients may not volunteer information regarding incontinence, so they should be asked by their physician.

CLINICAL RECOMMENDATION STATEMENTS:

Strategies to increase recognition and reporting of urinary incontinence (UI) are required and especially the perception that it is an inevitable consequence of aging for which little or nothing can be done. (ICI)

Patients with urinary incontinence should undergo a basic evaluation that includes a history, physical examination, measurement of post-void residual volume, and urinalysis. (ACOG) (Level C)

Health care providers should be able to initiate evaluation and treatment of UI basing their judgment on the results of history, physical examination, post-voiding residual and urinalysis. (ICI) (Grade B for women)

REFERENCES:

Aharony, L., De Cock, J., Nuotio, M. S., Pedone, C., Rifel, J., Vande Walle, N., ... & Verdejo-Bravo, C. (2017). Consensus document on the detection and diagnosis of urinary incontinence in older people. *European Geriatric Medicine*, 8(3), 202-209.

Brown, H. W., Guan, W., Schmuhl, N. B., Smith, P. D., Whitehead, W. E., & Rogers, R. G. (2018). If we don't ask, they won't tell: screening for urinary and fecal incontinence by primary care providers. *The Journal of the American Board of Family Medicine*, 31(5), 774-782.

Gibson, W. (2021). Management of incontinence in the frail elderly. *Obstetrics, Gynaecology & Reproductive Medicine*, 31(3), 63-71.

Lukacz, E. S., Santiago-Lastra, Y., Albo, M. E., & Brubaker, L. (2017). Urinary incontinence in women: a review. *Jama*, 318(16), 1592-1604.

McAuley, J. A., Mahoney, A. T., & Austin, M. M. (2023). Clinical practice guidelines: rehabilitation interventions for urgency urinary incontinence, urinary urgency, and/or urinary frequency in adult women. *The Journal of Women's & Pelvic Health Physical Therapy*, 47(4), 217-236.

O'Connor, E., Nic an Riogh, A., Karavitakis, M., Monagas, S., & Nambiar, A. (2021). Diagnosis and non-surgical management of urinary incontinence—a literature review with recommendations for practice. *International journal of general medicine*, 4555-4565.

Shaw, C., & Wagg, A. (2017). Urinary incontinence in older adults. *Medicine*, 45(1), 23-27.

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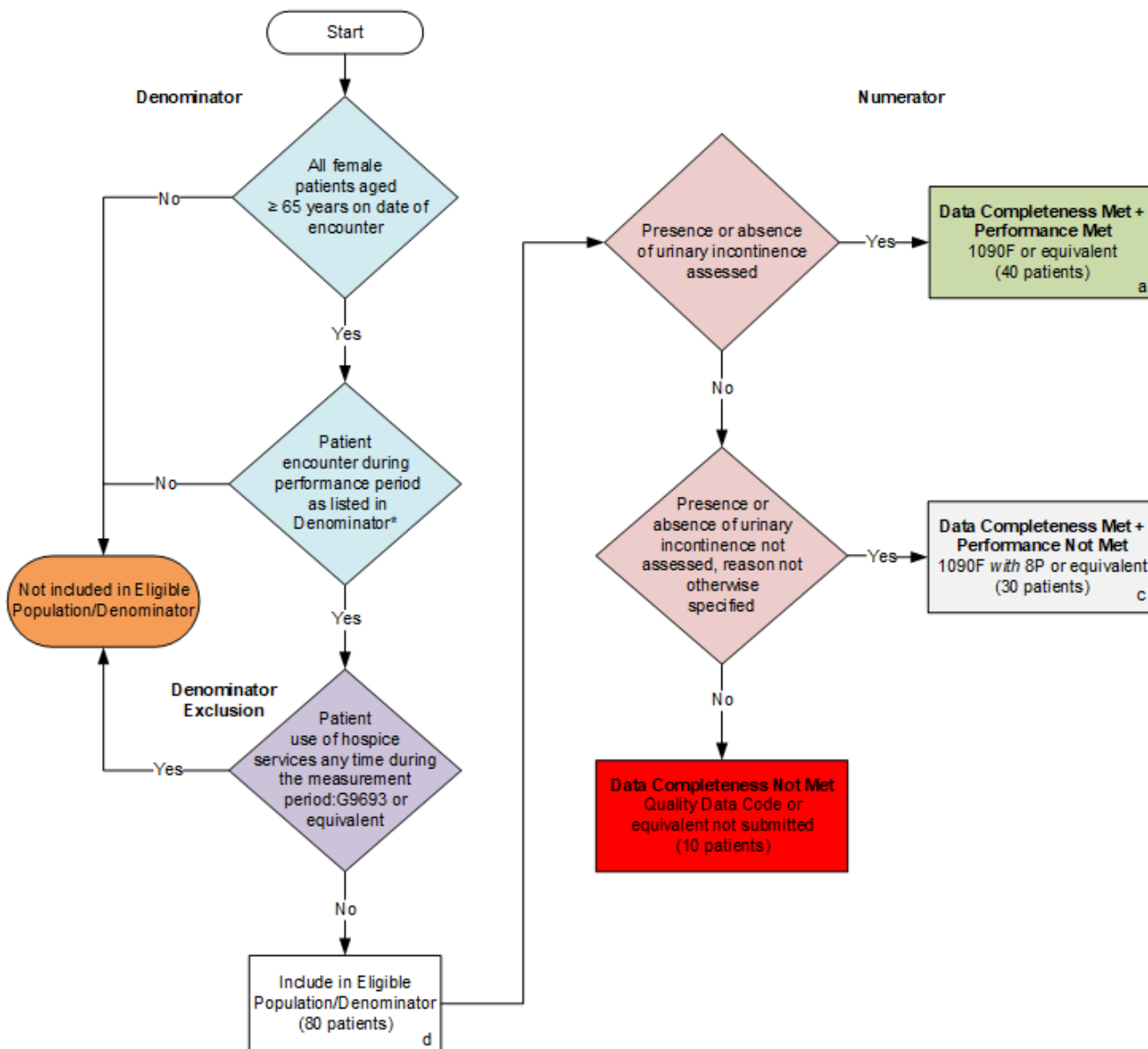
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**2026 Clinical Quality Measure Flow for Quality ID #048:
Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women
Aged 65 Years and Older**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients) + Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE : Submission Frequency: Patient-Process

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2026 Clinical Quality Measure Flow Narrative for Quality ID #048:
Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women
Aged 65 Years and Older

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *All female patients aged greater than or equal to 65 years on date of encounter*:
 - a. If *All female patients aged greater than or equal to 65 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *All female patients aged greater than or equal to 65 years on date of encounter* equals Yes, proceed to *Patient encounter during the performance period as listed in Denominator**.
3. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to *Patient use of hospice services any time during the measurement period*.
4. Check *Patient use of hospice services any time during the measurement period*:
 - a. If *Patient use of hospice services any time during the measurement period* equals No, include in *Eligible Population/Denominator*.
 - b. If *Patient use of hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
5. 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 80 patients in the Sample Calculation.
6. Start Numerator
7. Check *Presence or absence of urinary incontinence assessed*:
 - a. If *Presence or absence of urinary incontinence assessed* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.
 - b. If *Presence or absence of urinary incontinence assessed* equals No, proceed to *Presence or absence of urinary incontinence not assessed, reason not otherwise specified*.
8. Check *Presence or absence of urinary incontinence not assessed, reason not otherwise specified*:

- a. If *Presence or absence of urinary incontinence not assessed, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
 - b. If *Presence or absence of urinary incontinence not assessed, reason not otherwise specified* equals No, proceed to *Data Completeness Not Met*.
9. Check *Data Completeness Not Met*:
- a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 patients) plus Performance Not Met (c equals 30 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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.