

## Quality ID #050: Urinary Incontinence: Plan of Care for 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 – High Priority

### DESCRIPTION:

Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once 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 patients with a diagnosis of urinary incontinence. This measure is appropriate for use in the ambulatory setting only. 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 for the performance period. The most advantageous quality data code (QDC) 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 diagnosis of urinary incontinence.

**Denominator Criteria (Eligible Cases):**

All female patients aged ≥ 65 years on date of encounter

**AND**

**Diagnosis for urinary incontinence (ICD-10-CM):** F98.0, N39.3, N39.41, N39.42, N39.43, N39.44, N39.45, N39.46, N39.490, N39.491, N39.492, N39.498, R32

**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:**

Hospice services utilized by patient any time during the measurement period: G9694

**NUMERATOR:**

Patients with a documented plan of care for urinary incontinence at least once within 12 months.

**Definition:**

**Plan of Care** – May include behavioral interventions (e.g., bladder training, pelvic floor muscle training, prompted voiding), referral to specialist, surgical treatment, reassess at follow-up visit, lifestyle interventions, addressing co-morbid factors, modification or discontinuation of medications contributing to urinary incontinence, or pharmacologic therapy.

**Numerator Options:**

<b><u>Performance Met:</u></b>	Urinary incontinence plan of care documented ( <b>0509F</b> )
<b><u>OR</u></b>	
<b><u>Performance Not Met:</u></b>	Urinary incontinence plan of care not documented, reason not otherwise specified ( <b>0509F with 8P</b> )

**RATIONALE:**

A treatment option should be documented for the patient with incontinence.

**CLINICAL RECOMMENDATION STATEMENTS:**

All conservative management options used in younger adults can be used in selected frail, older, motivated people. This includes:

Bladder retraining

Pelvic muscle exercises including biofeedback and/or electro-stimulation (ICI) (Grade B)

Pharmacologic agents, especially oxybutynin and tolterodine, may have a small beneficial effect on improving symptoms of detrusor over activity in women. (ACOG) (Level A)

Oxybutynin and potentially other bladder relaxants can improve the effectiveness of behavioral therapies in frail older persons. (ICI) (Grade B)

**REFERENCES:**

Cacciari, L. P., Dumoulin, C., & Hay-Smith, E. J. (2019). Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women: a cochrane systematic review abridged republication. *Brazilian journal of physical therapy*, 23(2), 93-107.

Cho, S. T., & Kim, K. H. (2021). Pelvic floor muscle exercise and training for coping with urinary incontinence. *Journal of*

*exercise rehabilitation*, 17(6), 379.

Nightingale, G. (2020). Management of urinary incontinence. *Post reproductive health*, 26(2), 63-70.

Shen, S. H., Jia, X., Peng, L., Zeng, X., Shen, H., & Luo, D. Y. (2022). Intravesical oxybutynin therapy for patients with neurogenic detrusor overactivity: A systematic review and meta-analysis. *International Urology and Nephrology*, 54(4), 737-747.

Smith, A. L., & Wein, A. J. (2023). Drug Treatment of Lower Urinary Tract Dysfunction in Women. In *Textbook of Female Urology and Urogynecology* (pp. 457-489). CRC Press.

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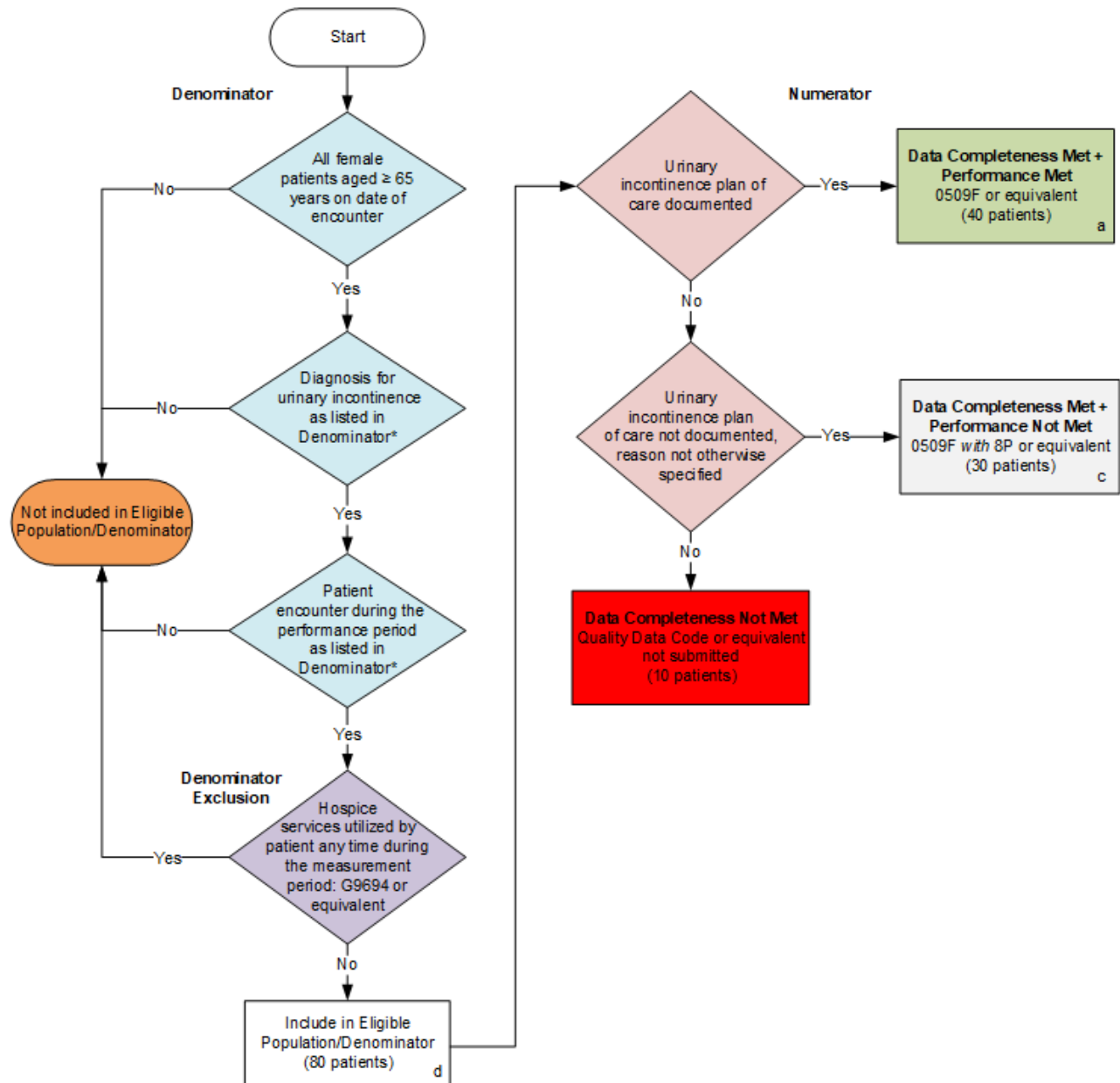
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**2026 Clinical Quality Measure Flow for Quality ID #050:**  
**Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older**

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



**SAMPLE CALCULATIONS**

**Data Completeness=**  

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

**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 #050:**  
**Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older**

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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 check *Diagnosis for urinary incontinence as listed in Denominator\**.
3. Check *Diagnosis for urinary incontinence as listed in Denominator\**:
  - a. If *Diagnosis for urinary incontinence as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for urinary incontinence as listed in Denominator\** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator\**.
4. 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 check *Hospice services utilized by patient any time during the measurement period*.
5. Check *Hospice services utilized by patient any time during the measurement period*:
  - a. If *Hospice services utilized by patient any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Hospice services utilized by patient any time during the measurement period* equals No, include in *Eligible Population/Denominator*.
6. 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.
7. Start Numerator
8. Check *Urinary incontinence plan of care documented*:
  - a. If *Urinary incontinence plan of care documented* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *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 patients in Sample Calculation.
  - b. If *Urinary incontinence plan of care documented* equals No, proceed to check *Urinary incontinence*

*plan of care not documented, reason not otherwise specified.*

9. Check *Urinary incontinence plan of care not documented, reason not otherwise specified*:

- a. If *Urinary incontinence plan of care not documented, 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 in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
- b. If *Urinary incontinence plan of care not documented, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.

10. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code 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

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