

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

**2020 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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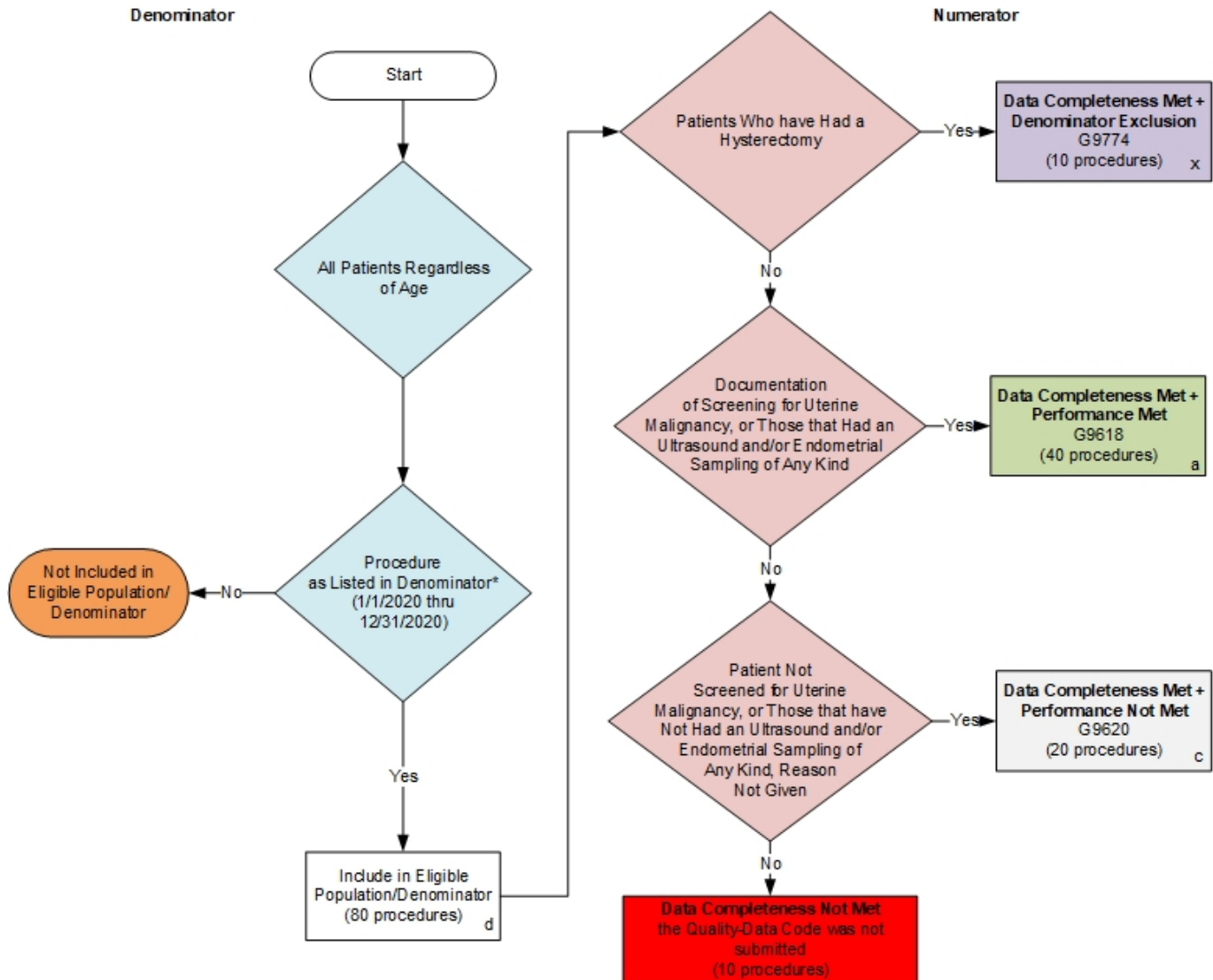
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## 2020 Medicare Part B Claims Flow for Quality ID #429: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy

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



### SAMPLE CALCULATIONS:

**Data Completeness=**

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

**Performance Rate=**

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

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

NOTE: Submission Frequency: Procedure

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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.

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**2020 Medicare Part B Claims Flow Narrative for Quality ID #429:  
Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy**

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

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=**

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

**Performance Rate=**

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