### **Urinary Incontinence**

# Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

This measure is to be reported for all female patients aged 65 years and older — a minimum of **once** per reporting period.

#### Measure description

Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence<sup>1</sup> within 12 months

## What will you need to report for each female patient aged 65 years and older for this measure?

If you select this measure for reporting, you will report:

■ Whether or not you assessed for the presence or absence of urinary incontinence

### What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to assess for presence or absence of urinary incontinence, due to:

 Medical reasons (eg, not indicated, contraindicated, other medical reason)

In this case, you will need to indicate that the medical reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

<sup>1</sup>Urinary incontinence is defined as any involuntary leakage of urine.

# Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

PQRI Data Collection Sheet				
			/ /	☐ Male ☐ Female
Patient's Name Practice Medical Record I	Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy)	Gender
National Provider Identifier (NPI)			Date of Service	
Clinical Information			Billing Information	
Step 1 Is patient eligible for this measure?				
	Yes	No	Code Required on Claim Form	
Patient is aged 65 years and older.			Verify date of birth on claim form.	
Patient is female.			Refer to gender on claim form.	
There is a CPT E/M Service Code for this visit.			Refer to coding specifications document for list	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			of applicable codes.	
Step 2 Does patient meet or have an acceptor not meeting the measure?	table reas	son		
Presence or Absence of Urinary Incontinence	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)	
Assessed			1090F	
Not assessed for the following reason:				
<ul> <li>Medical (eg, not indicated, contraindicated, other medical reason)</li> </ul>			1090F-1P	
Document reason here and in medical chart.			If <b>No</b> is checked for <b>all</b> of the above, report 1090F–8P (Presence or absence of urniary incontinence was not assessed, reason not otherwise specified.)	

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### **Coding Specifications**

Code required to document a visit occurred:

A CPT E/M service code is required to identify patients to be included in this measure.

#### CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office new patient),
- 99212, 99213, 99214, 99215 (office established patient),
- 99387 (preventive medicine services new patient),
- 99397 (preventive medicine services established patient),
- 99401, 99402, 99403, 99404 (preventive medicine services individual counseling)

Quality codes for this measure (one of the following for every eligible patient):

#### **CPT II Code descriptors**

(Data Collection sheet should be used to determine appropriate combination of codes.)

- *CPT II 1090F*: Presence or absence of urinary incontinence assessed
- *CPT II 1090F-1P:* Documentation of medical reason(s) for not assessing for the presence or absence of urinary incontinence
- *CPT II 1090F–8P*: Presence or absence of urinary incontinence not assessed, reason not otherwise specified

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