

Urinary Incontinence

Characterization of Urinary Incontinence in Women Aged 65 Years and Older

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?			Code Required on Claim Form
	Yes	No	
Patient is aged 65 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient is female.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to gender on claim form.
Patient has a line item diagnosis of urinary incontinence.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Urinary Incontinence	Yes	No	
Characterized ¹	<input type="checkbox"/>	<input type="checkbox"/>	1091F
			If No is checked for the above, report 1091F-8P (Urinary incontinence was not characterized, reason not otherwise specified.)

¹Characterization may include one or more of the following: frequency, volume, timing, type of symptoms, how bothersome.