



PQRI Flow Sheet: Urinary Incontinence

ASSESSMENT
CHARACTERIZATION

PLAN OF CARE

Patient Name

Practice Medical
Record Number

Birth Date
(mm/dd/yyyy)

Male / Female
Gender

National Provider
Identifier (NPI)

Date of Service

CPT Code for
Procedure

Definition

Urinary incontinence is defined as any involuntary leakage of urine.

Auditing

All orders must be documented and can include:

- Written Orders
- Verbal Orders
- Standing Orders

Eligibility

PQRI does not include Medicare managed care plans. The program is only applicable to traditional Medicare.

Patient Eligibility

1. Is the patient entitled to traditional Medicare?	YES	NO	If NO is circled for any question, STOP. Do not report quality data.
2. Is the patient female?	YES	NO	
3. Is the patient 65 years of age or older?	YES	NO	
4. Is the patient's visit code included in the following list: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99387, 99397, 99401, 99402, 99403, 99404?	YES	NO	

Assessment of Urinary Incontinence

If Yes, Report

1. Presence or absence of urinary incontinence assessed (within last 12 months)	YES	NO	1090F
2. Presence or absence of urinary incontinence NOT assessed for <u>medical reason</u>	YES	NO	1090F - 1P
<i>Document medical reason:</i>			
3. Presence or absence of urinary incontinence NOT assessed, no reason specified	YES	NO	1090F - 8P

Patient Eligibility

1. Is the patient entitled to traditional Medicare?	YES	NO	If NO is circled for any question, STOP. Do not report quality data.
2. Is the patient female?	YES	NO	
3. Is the patient 65 years of age or older?	YES	NO	
4. Is the patient's diagnostic code included in the following list: 307.6, 625.6, 788.30, 788.31, 788.32, 788.33, 788.34, 788.35, 788.36, 788.37, 788.38, 788.39?	YES	NO	
5. Is the patient's visit code included in the following list: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99387, 99397, 99401, 99402, 99403, 99404?	YES	NO	

Characterization of Urinary Incontinence

If Yes, Report

1. Urinary incontinence characterized (e.g. frequency, volume, timing, type of symptoms, how bothersome) within last 12 months	YES	NO	1091F
2. Urinary incontinence NOT characterized, no reason specified	YES	NO	1091F - 8P

Plan of Care for Urinary Incontinence

If Yes, Report

1. Urinary incontinence plan of care documented (within last 12 months)	YES	NO	0509F
2. Urinary incontinence plan of care NOT documented, no reason specified	YES	NO	0509F - 8P

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.