

**Quality ID #448 (NQF 0567): Appropriate Workup Prior to Endometrial Ablation– National Quality Strategy Domain: Communication and Care Coordination**

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**

Process

**DESCRIPTION:**

Percentage of women, aged 18 years and older, who undergo endometrial sampling or hysteroscopy with biopsy and results documented before undergoing an endometrial ablation

**INSTRUCTIONS:**

This measure is to be submitted **each time** a procedure for endometrial ablation is performed during the measurement period. This measure is to be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission:**

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**

All women aged 18 years and older who undergo an endometrial ablation procedure during the measurement year

**Definition:**

**Index Date (exclusive of the index date):** This date is in reference to the date of procedure for endometrial sampling or hysteroscopy with biopsy

**Denominator Criteria (Eligible Cases):**

All female patients

**AND**

**Codes for endometrial ablation (ICD-10-PCS):** 0U5B0ZZ, 0U5B3ZZ, 0U5B4ZZ, 0U5B7ZZ, 0U5B8ZZ, 0UDB7ZZ, 0UDB8ZZ

**AND/OR**

**Patient procedure during the performance period (CPT):** 58353, 58356, 58563

**AND NOT**

**DENOMINATOR EXCLUSION:**

**Women who had an endometrial ablation procedure during the year prior to the index date (exclusive of the index date):** G9822

**NUMERATOR:**

Women who received endometrial sampling or hysteroscopy with biopsy and results documented during the year prior to the index date (exclusive of the index date) of the endometrial ablation

**Numerator Options:**

***Performance Met:***

Endometrial sampling or hysteroscopy with biopsy and results documented (**G9823**)

**OR**

**Performance Not Met:**

Endometrial sampling or hysteroscopy with biopsy and results not documented (G9824)

**RATIONALE:**

The structure and histology of the endometrial cavity should be thoroughly evaluated, both to assess for malignancy or endometrial hyperplasia and to ensure that the length and configuration is suitable for endometrial ablation. These parameters will vary depending on the technique or system used. Endometrial sampling, typically with an outpatient technique, can be used to evaluate all women for hyperplasia or malignancy, and results should be reviewed before ablation is scheduled. Women with endometrial hyperplasia or uterine cancer should not undergo endometrial ablation. (ACOG Practice Bulletin 81, 2007, Reaffirmed 2013)

Abnormal Uterine Bleeding (AUB) is a significant issue for women during their reproductive years, occurring in approximately 10-to 35% of women [1-3]. This condition can result in anemia, limit daily activities and raises concerns about uterine cancer. Five percent of women between the ages of 30 and 49 will seek medical attention for evaluation of menorrhagia [4-6]. Endometrial Ablation (EA) is a well-established, effective treatment for AUB, and is a less invasive alternative to hysterectomy, with lower complication rates. The procedure effectively reduces menstrual flow and results in high patient satisfaction [7]. Preoperative evaluations include endometrial sampling and assessment of the uterine cavity [7].

**References**

1. ACOG Practice Bulletin, Clinical Management Guidelines for Obstetrician-Gynecologists, Number 81, May 2007, Reaffirmed 2013.
2. Côté I, Jacobs P, Cumming DC. Use of health services associated with increased menstrual loss in the United States. *Am J Obstet Gynecol* 2003; 188:343.
3. Santer M, Warner P, Wyke S. A Scottish postal survey suggested that the prevailing clinical preoccupation with heavy periods does not reflect the epidemiology of reported symptoms and problems. *J Clin Epidemiol* 2005; 58:1206.
4. Shapley M, Jordan K, Croft PR. An epidemiological survey of symptoms of menstrual loss in the community. *Br J Gen Pract* 2004; 54:359.
5. Warner P, Critchley HO, Lumsden MA, et al. Referral for menstrual problems: cross sectional survey of symptoms, reasons for referral, and management. *BMJ* 2001; 323:24.
6. Vessey MP, Villard-Mackintosh L, McPherson K, et al. The epidemiology of hysterectomy: findings in a large cohort study. *Br J Obstet Gynaecol* 1992; 99:402.
7. Dilley A, Drews C, Miller C, et al. von Willebrand disease and other inherited bleeding disorders in women with diagnosed menorrhagia. *Obstet Gynecol* 2001; 97:630.
8. Laberge, P, Leyland, N., Murji, A. et al. Endometrial Ablation in the Management of Abnormal Uterine Bleeding. *J. Obstet. Gynaecol. Can.* 2015; 37(4):362-376.

**CLINICAL RECOMMENDATION STATEMENTS:**

The Society of Obstetricians and Gynecologists of Canada published the Clinical Practice Guideline entitled "Endometrial Ablation in the Management of Abnormal Uterine Bleeding in 2015" [1]. This guideline has various recommendations for indication and contraindication and preoperative assessments prior to Endometrial Ablation. Table 2, of the guideline details indications and contraindication to EA. Indications include: AUB of benign origin, and candidates that are poor surgical candidates for hysterectomy [1]. Absolute contraindications for EA include pregnancy, desire to preserve fertility, endometrial hyperplasia or cancer, cervical cancer, and active pelvic infection [1].

The guideline goes on to recommend:

- "3. Recommended evaluations for abnormal uterine bleeding, including but not limited to endometrial sampling and an assessment of the uterine cavity are necessary components of the preoperative assessment. (II-2B) [1].

The guideline then offers clinical tips which list required investigations prior to EA which include: a pregnancy test; Papanicolaou test within 2 years, cervical cultures if clinically appropriate, endometrial sampling; and, assessment of uterine cavity for Mullerian anomalies or intracavity pathology [1].

As cited above the American College of Gynecology states: "The structure and histology of the endometrial cavity should be thoroughly evaluated, both to assess for malignancy or endometrial hyperplasia and to ensure that the length and configuration is suitable for endometrial ablation. These parameters will vary depending on the technique or system used. Endometrial sampling, typically with an outpatient technique, can be used to evaluate all women for hyperplasia or malignancy, and results should be reviewed before ablation is scheduled. Women with endometrial hyperplasia or uterine cancer should not undergo endometrial ablation." (ACOG Practice Bulletin 81, 2007, Reaffirmed 2013)

## References

1. Laberge, P, Leyland, N., Murji, A. et al. Endometrial Ablation in the Management of Abnormal Uterine Bleeding. J. Obstet. Gynaecol. Can. 2015; 37(4):362-376.
2. ACOG Practice Bulletin, Clinical Management Guidelines for Obstetrician-Gynecologists, Number 81, May 2007, Reaffirmed 2013. .

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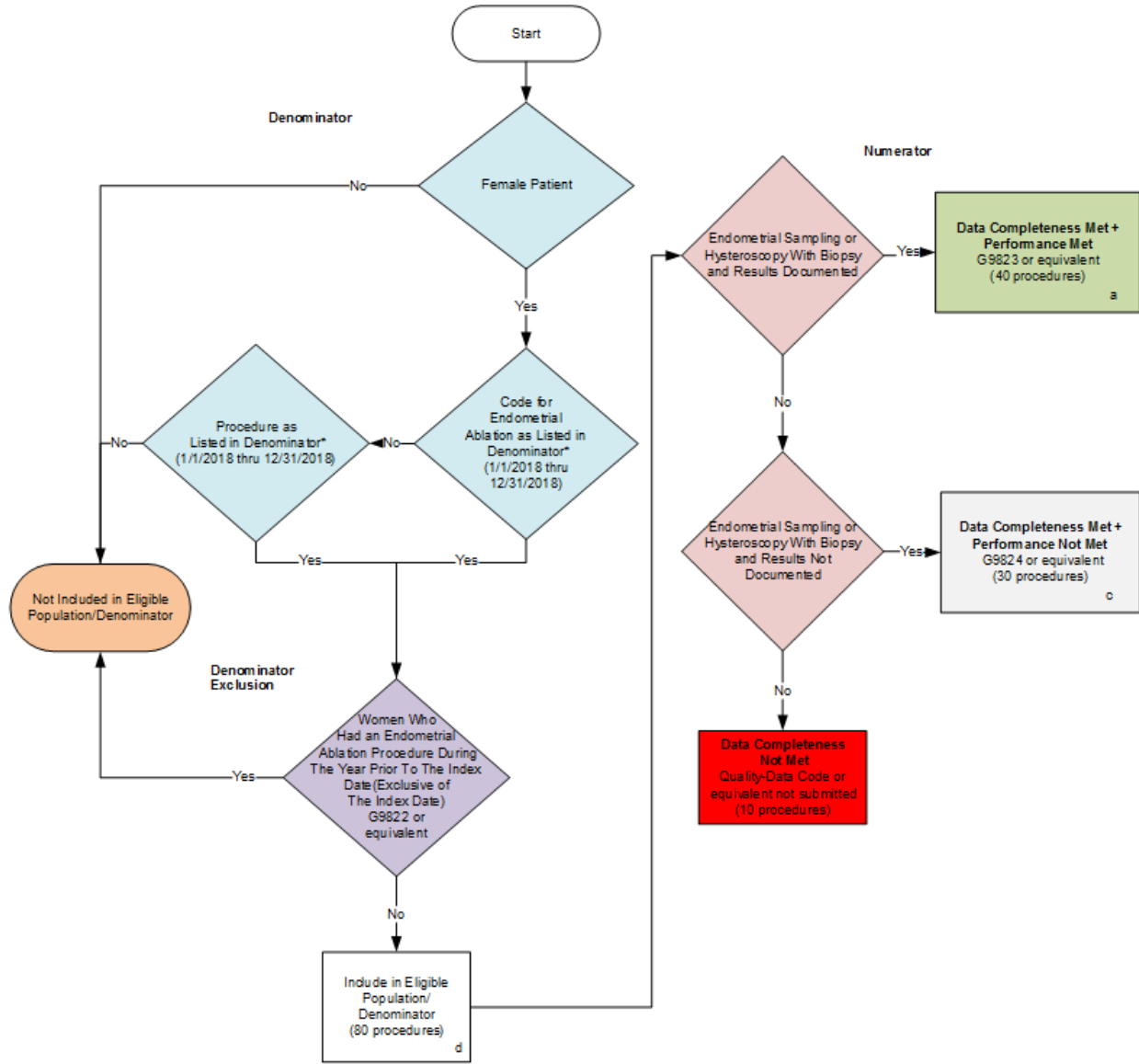
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**2018 Registry Flow for Quality ID #448 NQF #0567:  
Appropriate Work Up Prior to Endometrial Ablation Procedure**



**SAMPLE CALCULATIONS:**

**Data Completeness=**  

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

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$

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

NOTE : Submission Frequency: Procedure

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**2018 Registry Flow For Quality ID  
#448 NOF #0567: Appropriate Workup Prior to Endometrial Ablation**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Gender:
  - a. If Female Patient equals No, do not include in Eligible Population. Stop Processing.
  - b. If Female Patient equals Yes, proceed to check Code for Endometrial Ablation.
3. Check Code for Endometrial Ablation:
  - a. If Code for Endometrial Ablation as Listed in the Denominator equals No, proceed to check Procedure Performed.
  - b. If Code for Endometrial Ablation as Listed in the Denominator equals Yes, proceed to check Women who had Endometrial Ablation prior to the Index Date.
4. Check Procedure Performed:
  - a. If Procedure Performed as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Procedure Performed as Listed in the Denominator equals Yes, proceed to check Women who had Endometrial Ablation prior to the Index Date.
5. Check Women who had Endometrial Ablation prior to the Index Date:
  - a. If Women who had Endometrial Ablation prior to the Index Date equals Yes, do not include in Eligible Population. Stop Processing.
  - b. If Women who had Endometrial Ablation prior to the Index Date equals No, include in Eligible Population.
6. Denominator Population:
  - a. Denominator population is all Eligible Procedure 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.
7. Start Numerator
8. Check Endometrial Sampling or Hysteroscopy With Biopsy Results Documented:
  - a. If Endometrial Sampling or Hysteroscopy With Biopsy Results Documented 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 Endometrial Sampling or Hysteroscopy With Biopsy Results Documented equals No, proceed to Endometrial Sampling or Hysteroscopy With Biopsy Results Not Documented.
9. Check Endometrial Sampling or Hysteroscopy With Biopsy Results Not Documented:
- a. If Endometrial Sampling or Hysteroscopy With Biopsy Results Not Documented equals Yes, include in Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met letter is represented in the Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 30 procedures in the Sample Calculation.
  - c. If Endometrial Sampling or Hysteroscopy With Biopsy Results Not Documented equals No, proceed to Data Completeness Not Met.
10. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**  

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

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$