

Quality ID #448: Appropriate Workup Prior to Endometrial Ablation
– National Quality Strategy Domain: Communication and Care Coordination
– Meaningful Measure Area: Appropriate Use of Healthcare

2022 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process - High Priority

DESCRIPTION:
Percentage of patients, aged 18 years and older, who undergo endometrial sampling or hysteroscopy with biopsy and results are documented before undergoing an endometrial ablation.

INSTRUCTIONS:
This measure is to be submitted **each time** a procedure for endometrial ablation is performed during the performance period. This measure is to 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, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients aged 18 years and older who undergo an endometrial ablation procedure during the performance period

Definition:
Index Date – Date of first endometrial ablation during the performance period

Denominator Criteria (Eligible Cases):
All patients aged 18 years and older on date of encounter
AND
Endometrial ablation during the performance period (ICD-10-PCS): 0U5B0ZZ, 0U5B3ZZ, 0U5B4ZZ, 0U5B7ZZ, 0U5B8ZZ, 0UDB7ZZ, 0UDB8ZZ

AND/OR
Patient procedure during the performance period (CPT): 58353, 58356, 58563

WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02

AND NOT
DENOMINATOR EXCLUSION:
Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date): G9822

NUMERATOR:
Patients who received endometrial sampling or hysteroscopy with biopsy and results were documented during the 12 months 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 during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation (**G9823**)

OR

Performance Not Met:

Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation (**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 [1].

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. American College of Obstetricians and Gynecologists (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. Dille 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.

CLINICAL RECOMMENDATION STATEMENTS:

The Society of Obstetricians and Gynecologists of Canada published the Clinical Practice Guideline “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 (EA). 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 ACOG 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” [2].

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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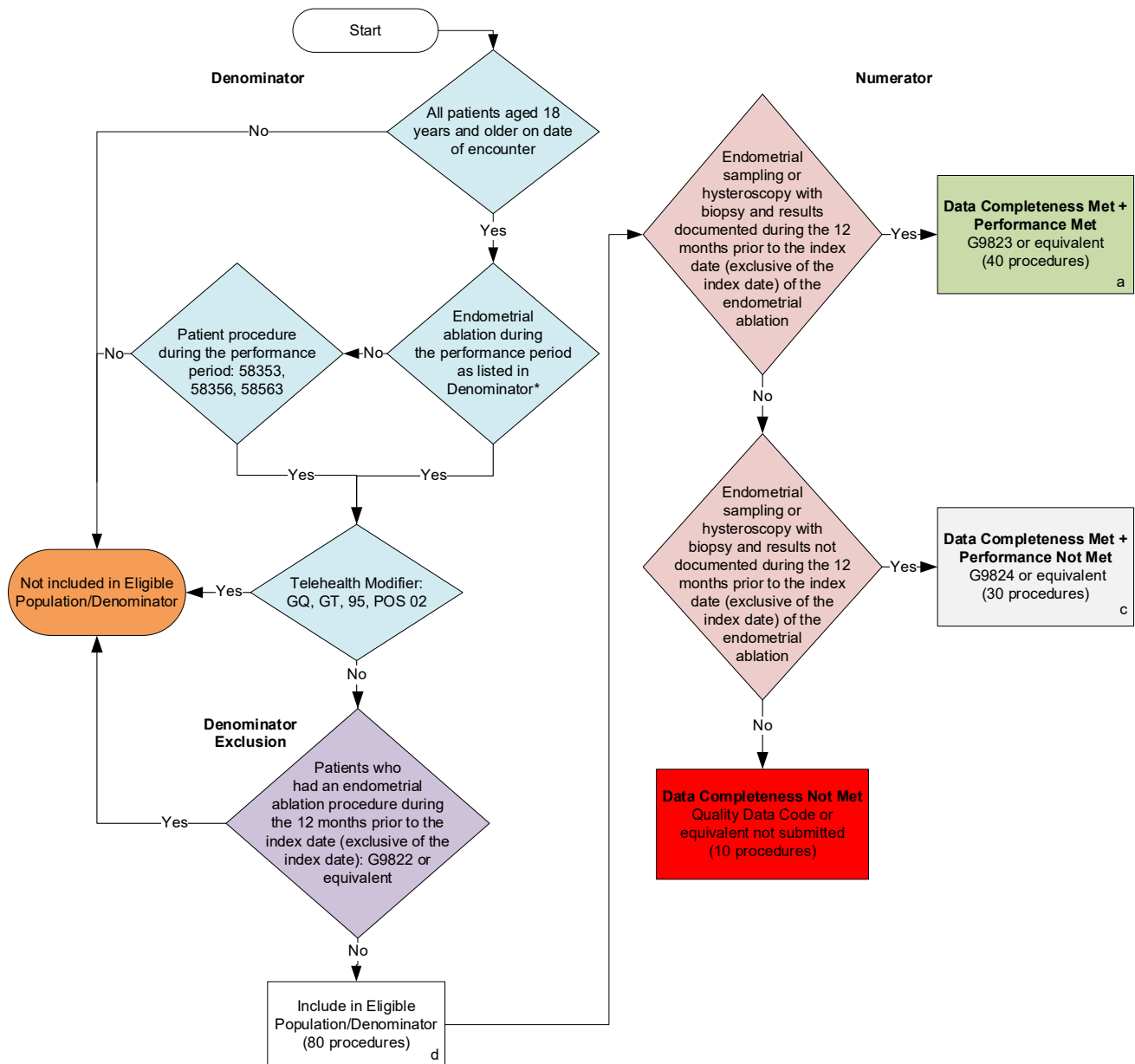
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2022 Clinical Quality Measure Flow for Quality ID #448: Appropriate Workup Prior to Endometrial Ablation

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



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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2022 Clinical Quality Measure Flow Narrative for Quality ID #448: Appropriate Workup Prior to Endometrial Ablation

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

1. Start with Denominator.
2. Check *All patients, aged 18 years and older*.
 - a. If *All patients, aged 18 years and older* equals No, do not include in *Eligible Population/Denominator*. Stop processing
 - b. If *All patients, aged 18 years and older* equals Yes, proceed to check *Endometrial ablation during the performance period as listed in Denominator**.
3. Check *Endometrial ablation during the performance period as listed in Denominator**:
 - a. If *Endometrial ablation during the performance period as listed in Denominator** equals No, proceed to check *Patient procedure during the performance period*.
 - b. If *Endometrial ablation during the performance period as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier*.
4. Check *Patient procedure during the performance period*:
 - a. If *Patient procedure during the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient procedure during the performance period* equals Yes, proceed to check *Telehealth Modifier*.
5. Check *Telehealth Modifier*:
 - a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Telehealth Modifier* equals Yes, proceed to check *Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)*.
6. Check *Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)*:
 - a. If *Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)* equals No, include in *Eligible Population/Denominator*.
7. 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.
8. Start Numerator

9. Check *Endometrial sampling or hysteroscopy with biopsy and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation*:
 - a. If *Endometrial sampling or hysteroscopy with biopsy and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *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.
 - b. If *Endometrial sampling or hysteroscopy with biopsy and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation* equals No, proceed to check *Endometrial sampling or hysteroscopy with biopsy and results not documented*.
10. Check *Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation*:
 - a. If *Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *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 30 procedures in the Sample Calculation.
 - b. If *Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation* equals No, proceed to check *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*:
 - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 procedures) plus Performance Not Met (c equals 30 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures). All equals 40 procedures divided by 70 procedures. All equals 57.14 percent.

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

NOTE: Submission Frequency: Procedure

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