

Quality ID #448: Appropriate Workup Prior to Endometrial Ablation

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

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:

Reporting Frequency:

This measure is to be submitted once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for patients undergoing an endometrial ablation. 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 Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this procedure measure is submitted each time a procedure is performed during the performance period.

Telehealth:

NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. Patient procedures for this measure conducted via telehealth should be removed from the denominator eligible patient population. Therefore, if the patient meets all denominator criteria but the encounter is conducted via telehealth, it would be appropriate to remove them from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. 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

AND/OR

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

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:

Prior to endometrial ablation, abnormal uterine bleeding should be evaluated, including but not limited to endometrial sampling and assessment of the uterine cavity (II-2B) [1].

Abnormal Uterine Bleeding (AUB) is a significant issue for women during their reproductive years, occurring in approximately 10-to 35% of women [2-3]. 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].

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].

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. 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.

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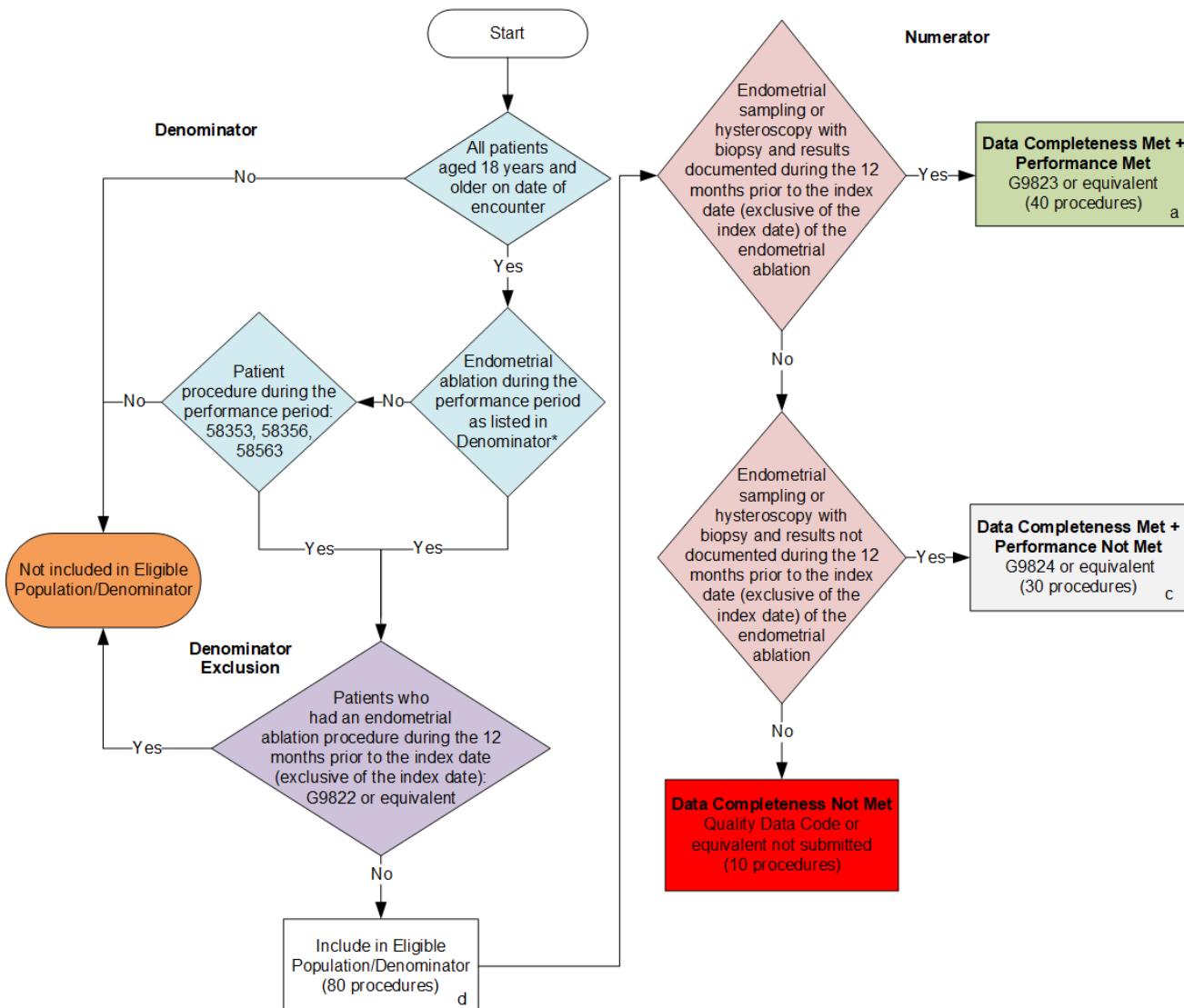
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2026 Clinical Quality Measure Flow for Quality ID #448: Appropriate Workup Prior to Endometrial Ablation

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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2026 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 on date of encounter*.
 - a. If *All patients aged 18 years and older on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing
 - b. If *All patients aged 18 years and older on date of encounter* 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 *Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)*.
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 *Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)*.
5. 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*.
6. Denominator Population:
 - 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.
7. Start Numerator
8. 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 during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation*.

9. 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*.

10. 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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