Quality ID #465: Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries

2024 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
The percentage of patients with documentation of angiographic endpoints of embolization AND the documentation of embolization strategies in the presence of unilateral or bilateral absent uterine arteries.

INSTRUCTIONS:
This measure is to be submitted **each time** a procedure for uterine artery embolization is performed during the performance period. This measure may 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 undergoing uterine artery embolization for leiomyomas and/or adenomyosis

Denominator Criteria (Eligible Cases):
All patients, regardless of age
AND
Diagnosis for leiomyomas or adenomyosis (ICD-10-CM): D25.0, D25.1, D25.2, D25.9, N80.00, N80.01, N80.02, N80.03
AND
Patient procedure during the performance period (CPT): 37243
WITHOUT
Telehealth Modifier (including but not limited to): GQ, GT, 95, POS 02, POS 10

NUMERATOR:
Number of patients undergoing uterine artery embolization for symptomatic leiomyomas and/or adenomyosis in whom embolization endpoints are documented separately for each embolized vessel AND ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy

Definitions:
Embolization Endpoints –

- Complete stasis (static contrast column for at least 5 heartbeats)
- Near-stasis (not static, but contrast visible for at least 5 heartbeats)
- Slowed flow (contrast visible for fewer than 5 heartbeats)

- Normal velocity flow with pruning of distal vasculature
- Other [specify]
- Not documented

Variant uterine artery anatomy – Treatment strategy:

- Not applicable – Normal uterine artery anatomy
- Ovarian artery angiography
- Ovarian artery embolization
- Abdominal aortic angiography
- No additional angiography or embolization performed

Numerator Options:

Performance Met:	Embolization endpoints are documented separately for each embolized vessel AND ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy **(G9962)**
OR	
Performance Not Met:	Embolization endpoints are not documented separately for each embolized vessel OR ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy **(G9963)**

RATIONALE:

The efficacy of uterine artery embolization is related to incomplete embolization. The two failure mechanisms that contribute are (1.) appropriate vessel selection but insufficient embolization and (2.) incomplete identification of uterine arterial supply. This measure ensures documentation of two important procedural aspects of uterine artery embolization, which are known to be associated with treatment efficacy: (1.) appropriate embolization endpoints achieved and (2.) delineation of all uterine arterial supply with embolization where possible.

Inadequate arterial embolization alone is a known cause of treatment failure.[1] The ovarian arteries often provide an alternate route of arterial supply to the uterus when the uterine artery is occluded or absent; however routine aortography is not recommended when conventional uterine artery anatomy is present.[2]

References:

1. Dariushnia SR et al. Quality Improvement Guidelines for Uterine Artery Embolization for Symptomatic leiomyomata. JVIR 2014; 25:1737-1747.
2. White AM et al. Patient radiation exposure during uterine fibroid embolization and the dose attributable to aortography. JVIR 2007; 18:573-576.

CLINICAL RECOMMENDATION STATEMENTS:

Dariushnia SR et al. Quality Improvement Guidelines for Uterine Artery Embolization for Symptomatic leiomyomata. JVIR 2014; 25:1737-1747.

- Consensus opinion quality improvement document from the Society of Interventional Radiology utilizing the Modified Delphi method, defining consensus as 80% Delphi participant agreement on a value or parameter.

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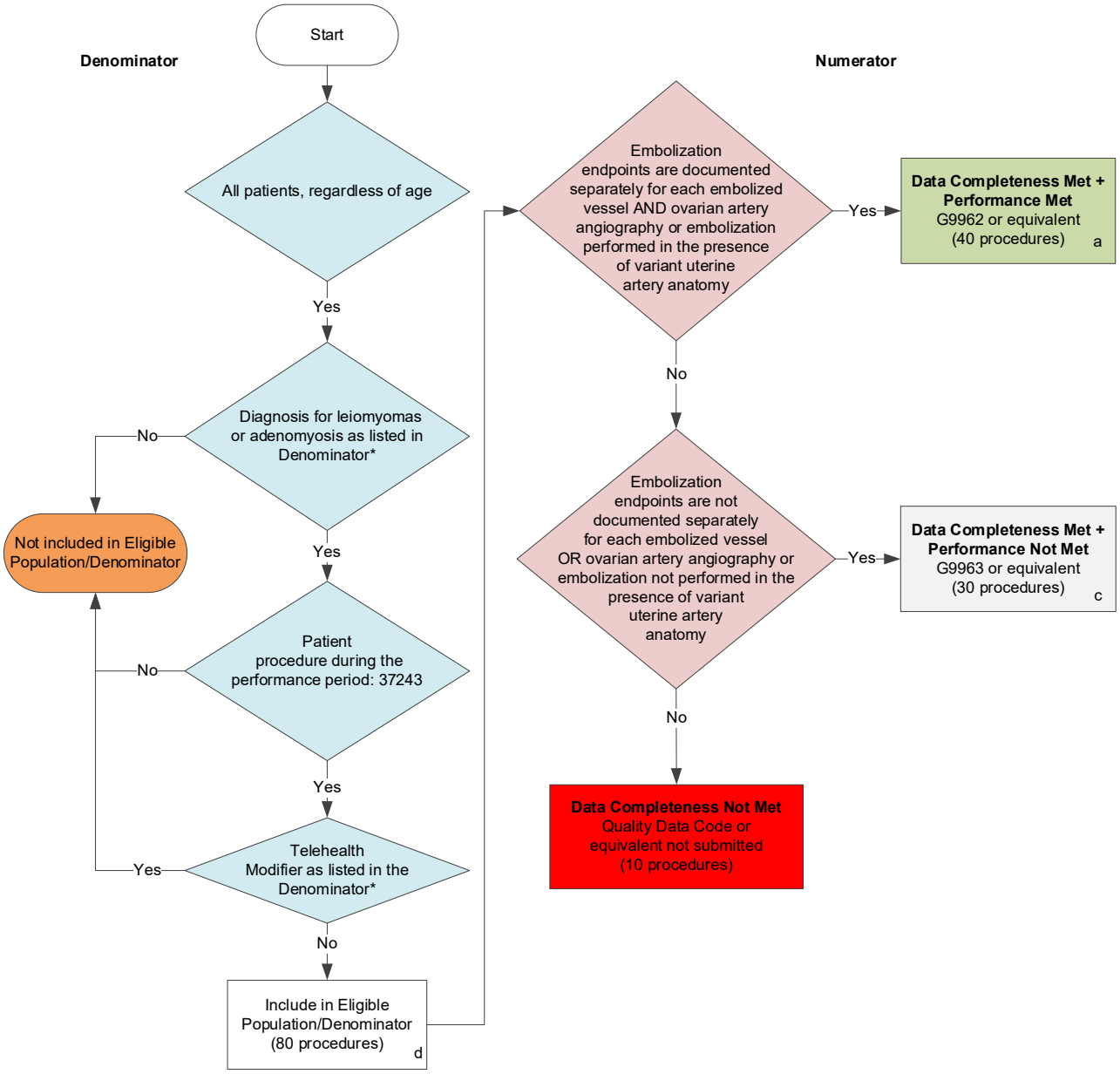
2024 Clinical Quality Measure Flow for Quality ID #465: Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries

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



SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=40 procedures) + Performance Not Met (c=30 procedures) / Eligible Population / Denominator (d=80 procedures) = 70 procedures / 80 procedures = **87.50%**

Performance Rate=

Performance Met (a=40 procedures) / Data Completeness Numerator (70 procedures) = 40 procedures / 70 procedures = **57.14%**

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

NOTE: Submission Frequency: Procedure

v8

2024 Clinical Quality Measure Flow Narrative for Quality ID #465: Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries

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

1. Start with Denominator
2. *All patients regardless of age*.
3. Check *Diagnosis for leiomyomas or adenomyosis as listed in Denominator**:
    a. If *Diagnosis for leiomyomas or adenomyosis as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for leiomyomas or adenomyosis as listed in Denominator** equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator**.
4. Check *Patient procedure during the performance period as listed in Denominator**:
    a. If *Patient procedure during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient procedure during the performance period as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier as listed in the Denominator**.
5. Check *Telehealth Modifier as listed in the Denominator**:
    a. If *Telehealth Modifier as listed in the Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Telehealth Modifier as listed in the Denominator** 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 *Embolization endpoints are documented separately for each embolized vessel AND ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy*:
    a. If *Embolization endpoints are documented separately for each embolized vessel AND ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy* 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 *Embolization endpoints are documented separately for each embolized vessel AND ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy* equals No, proceed to check *Embolization endpoints are not documented separately for each embolized vessel OR*

ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy.

9. Check *Embolization endpoints are not documented separately for each embolized vessel OR ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy*:

    a. If *Embolization endpoints are not documented separately for each embolized vessel OR ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy* 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 *Embolization endpoints are not documented separately for each embolized vessel OR ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy* 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 87.5 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

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.