

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

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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