Measure #334: Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse) – National Quality Strategy Domain: Efficiency and Cost Reduction

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Efficiency

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after date of diagnosis

INSTRUCTIONS:
This measure may be reported based on the actions of the reporting eligible clinician who performs the quality action, described in the measure, based on services provided within measure-specific denominator coding. This measure is to be reported at each denominator eligible visit for patients with chronic sinusitis during the performance period. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:
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 patients aged 18 years and older with a diagnosis of chronic sinusitis

Definition:
Chronic Sinusitis/Rhinosinusitis - is defined as twelve (12) weeks or longer of two or more of the following signs and symptoms: mucopurulent drainage (anterior, posterior, or both), nasal obstruction (congestion), facial pain-pressure-fullness, or decreased sense of smell AND inflammation is documented by one or more of the following findings: purulent (not clear) mucus or edema in the middle meatus or ethmoid region, polyps in nasal cavity or the middle meatus, and/or radiographic imaging showing inflammation of the paranasal sinuses.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for chronic sinusitis (ICD-10-CM): J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9
AND
Patient encounter during performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
WITHOUT
Telehealth Modifier: GQ, GT

NUMERATOR:
Patients who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after date of diagnosis
Numerator Instructions:
INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Numerator Options:
Performance Met: More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given (G9352)

OR

Denominator Exception: More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (e.g., patients with complications, second CT obtained prior to surgery, other medical reasons) (G9353)

OR

Performance Not Met: One CT scan or no CT scan of the paranasal sinuses ordered within 90 days after the date of diagnosis (G9354)

RATIONALE:
Computerized tomography scanning is expensive, exposes the patient to ionizing radiation and offers no additional information that would improve initial management. Multiple CT scans within 90 days may be appropriate in patients with complicated sinusitis or where an alternative diagnosis is suspected.

CLINICAL RECOMMENDATION STATEMENTS:
The following evidence statements are extracted from the referenced clinical guidelines: AAO-HNS Sinusitis Guideline (2015)

The clinician should confirm a clinical diagnosis of CRS with objective documentation of sinonasal inflammation, which may be accomplished using anterior rhinoscopy, nasal endoscopy, or computed tomography.

Strong recommendation based on cross-sectional studies with a preponderance of benefit over harm.

The purpose of this statement is to strongly emphasize that a diagnosis of CRS cannot be based on signs and symptoms alone, but also requires objective evidence of sinonasal inflammation. Objective confirmation of sinonasal inflammation may be made by direct visualization or by computed tomography (CT) scanning. Nasal endoscopy and CT scanning both have a much higher diagnostic accuracy, but CT scanning includes the small associated risk of radiation exposure, while nasal endoscopy includes an added cost.

CT scanning can help quantify the extent of inflammatory disease based upon opacification of the paranasal sinuses, and improves diagnostic accuracy because CT imaging findings correlate with the presence or absence of CRS in patients with suggestive clinical symptoms. An important role of CT imaging in CRS with or without polyposis is to exclude aggressive infections or neoplastic disease that might mimic CRS or ARS.

American College of Radiology ACR Appropriateness Criteria®: Sinonasal Disease (ACR, 2012): Recurrent acute or chronic rhinosinusitis (possible surgical candidate)
Radiologic Procedure: CT paranasal sinuses without contrast Rating: 9
Comments: Consider using as a surgical planning protocol. RRL*: 0.1-1 mSv
Radiologic Procedure: CT paranasal sinuses with contrast Rating: 4
RRL*: 0.1-1 mSv
Radiologic Procedure: CT paranasal sinuses without and with contrast

Version 1.0
11/15/2016
Rating: 3 RRL*: 1-10mSv  
Radiologic Procedure: MRI head and paranasal sinuses without and with contrast  
Rating: 3  
RRL*: 0 mSv  
Radiologic Procedure: MRI head and paranasal sinuses without contrast  
Rating: 2  
RRL*: 0 mSv  
Radiologic Procedure: X-ray paranasal sinuses Rating: 1  
Comments: May be indicated for planning frontal sinus obliteration.  
RRL*: <0.1 mSv  
Radiologic Procedure: SPECT paranasal sinuses Rating: 1  
RRL*: 1-10 mSv  
Rating Scale: 1,2,3 Usually not appropriate; 4,5,6 May be appropriate; 7,8,9 Usually appropriate *Relative Radiation Level

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2017 Registry Individual Measure Flow

#334: Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)

Denominator

Start

Patient Age at Date of Service ≥ 18 Years

No

Not Included in Eligible Population/Denominator

Yes

Diagnosis of Chronic Sinusitis as Listed in Denominator*

No

Encounter as Listed in Denominator (1/1/2017 thru 12/31/2017)*

No

Telehealth Modifier: GQ, GT

Yes

Include in Eligible Population/Denominator (8 visits)

Yes

Numerator

More than One CT Scan of the Paranasal Sinuses Ordered or Received within 90 days after Diagnosis, Reason Not Given

Data Completeness Met + Performance Met**
G9352 or equivalent (4 visits)

No

More than One CT Scan of the Paranasal Sinuses Ordered or Received within 90 days after Diagnosis, Documented Reasons

Data Completeness Met + Denominator Exception
G9353 or equivalent (1 visit)

No

One CT Scan or No CT Scan of the Paranasal Sinuses Ordered within 90 Days after Diagnosis

Data Completeness Met + Performance Not Met**
G9354 or equivalent (2 visits)

Yes

Data Completeness Not Met
Quality-Data Code or equivalent not reported (1 visit)

*See the posted Measure Specification for specific coding (coding combinations) and instructions to report this measure.

**A lower calculated performance rate indicates better clinical care or control
NOTE: Reporting Frequency: Visit

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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.
2017 Registry Individual Measure Flow
#334: Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)

SAMPLE CALCULATIONS:

Data Completeness=
\[
\text{Performance Met (a=4 visits)} + \text{Denominator Exception (b=1 visit)} + \text{Performance Not Met (c=2 visits)} = \frac{7 \text{ visits}}{8 \text{ visits}} = 87.50\%
\]

Performance Rate**=
\[
\frac{\text{Performance Met (a=4 visits)}}{\text{Data Completeness Numerator (7 visits) – Denominator Exception (b=1 visit)}} = \frac{4 \text{ visits}}{6 \text{ visits}} = 66.67\%
\]

*See the posted Measure Specification for specific coding (coding combinations) and instructions to report this measure.

**A lower calculated performance rate indicates better clinical care or control

NOTE: Reporting Frequency: Visit
2017 Registry Individual Measure Flow

#334: Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure. A lower calculated performance rate indicates better clinical care or control.

1. Start with Denominator

2. Check Patient Age:
   a. If Age is greater than or equal to 18 years of age on Date of Service equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If Age is greater than or equal to 18 years of age on Date of Service equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis of Chronic Sinusitis as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of Chronic Sinusitis as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

4. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.

5. Check Telehealth Modifier:
   a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
   b. If Telehealth Modifier equals No, include in the Eligible population.

6. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 visits in the sample calculation.

7. Start Numerator

8. Check More than One CT Scan of the Paranasal Sinuses Ordered or Received within 90 Days After Diagnosis, Reason Not Given:
   a. If More than One CT Scan of the Paranasal Sinuses Ordered or Received within 90 Days After Diagnosis, Reason Not Given 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 4 visits in Sample Calculation.
c. If More than One CT Scan of the Paranasal Sinuses Ordered or Received within 90 Days After Diagnosis, Reason Not Given equals No, proceed to More than One CT Scan of the Paranasal Sinuses Ordered or Received within 90 Days After Diagnosis, Documented Reasons.

9. Check More than One CT Scan of the Paranasal Sinuses Ordered or Received within 90 Days After Diagnosis, Documented Reasons:
   a. If More than One CT Scan of the Paranasal Sinuses Ordered or Received within 90 Days After Diagnosis, Documented Reasons equals Yes, include in Data Completeness Met and Denominator Exception.
   b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 visit in the Sample Calculation.
   c. If More than One CT Scan of the Paranasal Sinuses Ordered or Received within 90 Days After Diagnosis, Documented Reasons equals No, proceed to One CT Scan or No CT Scan of the Paranasal Sinuses Ordered within 90 Days after Diagnosis.

10. Check One CT Scan or No CT Scan of the Paranasal Sinuses Ordered within 90 Days after Diagnosis:
   a. If One CT Scan or No CT Scan of the Paranasal Sinuses Ordered within 90 Days after Diagnosis equals Yes, include in the Data Completeness Met and Performance Not Met.
   b. 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 2 visits in the Sample Calculation.
   c. If One CT Scan or No CT Scan of the Paranasal Sinuses Ordered within 90 Days after Diagnosis equals No, proceed to Data Completeness Not Met.

11. Check Data Completeness Not Met
   a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 visit has been subtracted from data completeness numerator in the sample calculation.

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**SAMPLE CALCULATIONS:**

Data Completeness=
Performance Met (a=4 visits) + Denominator Exception (b=1 visit) + Performance Not Met (c=2 visits) = 7 visits = 87.50%
Eligible Population / Denominator (d=8 visits) = 8 visits

Performance Rate**=
Performance Met (a=4 visits) = 4 visits = 66.67%
Data Completeness Numerator (7 visits) – Denominator Exception (b=1 visit) = 6 visits