

**Quality ID #362: Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes**  
– National Quality Strategy Domain: Communication and Care Coordination  
– Meaningful Measure Area: Transfer of Health Information and Interoperability

**2019 COLLECTION TYPE:**  
**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**  
Structure – High Priority

**DESCRIPTION:**  
Percentage of final reports for computed tomography (CT) studies performed for all patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12 month period after the study

**INSTRUCTIONS:**  
This measure is to be submitted **each time** a procedure for a computed tomography (CT) imaging report is performed during the performance period. There is no diagnosis associated with this measure. 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.

This measure is intended for reporting by facilities that maintain a shared archive of DICOM format image data where images/image data are made available to non-affiliated external healthcare facilities or entities on a searchable basis.

**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 final reports for patients, regardless of age, undergoing a CT procedure

***DENOMINATOR NOTE:*** \*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

**Denominator Criteria (Eligible Cases):**

All patients regardless of age

**AND**

**Patient procedure during the performance period (CPT or HCPCS):** 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263\*, 75571, 75572, 75573, 75574, 75635, 76380, 76497, 77011, 77012, 77013, 77014, 77078, 78072, 78814, 78815, 78816, 0042T

**NUMERATOR:**

Final reports for CT studies which document that DICOM format image data are available to non-affiliated external healthcare facilities or entities on a secure, media-free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study

**Definition:**

**Media-free** - Radiology images that are transmitted electronically ONLY, not images recorded on film, CD, or other imaging transmittal form.

**Numerator Options:**

***Performance Met:***

Final report documented that DICOM format image data available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study (**G9340**)

**OR**

***Performance Not Met:***

DICOM format image data available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study not documented in final report, reason not given (**G9329**)

**RATIONALE:**

The current radiology information systems in hospitals generally do not collect or report radiation exposures and the medical imaging devices that communicate with radiology information systems do not currently forward data on the radiation dose received by a patient from each such test. As a result, physicians are uncertain of their patients' cumulative exposure and lifetime attributable risk (LAR), which is problematic when assessing, prioritizing and discussing the risks and benefits associated with their patients' clinical needs. (Sodickson A, Baeyens PF, Andriole KP, et al., 2009)

It has been estimated that between \$3 and \$10 billion are wasted in the United States annually on unnecessary or duplicative imaging studies. Duplicative imaging procedures could be substantially reduced with improved access to existing imaging data. Additionally, universal access to existing imaging studies to retrieve relevant prior images could improve diagnostic specificity for radiologists and potentially further minimize recommendations for follow-up studies. (Monegain, 2009)

**CLINICAL RECOMMENDATION STATEMENTS:**

Core functional requirements for an Internet-based system for sharing medical records:

- a) methods to ensure privacy and confidentiality of data;
- b) capability to move and store large data files (e.g., images) with the same efficiency and reliability as possible with small data files (e.g., text);
- c) construction of registries, which contain "knowledge" of all fragments of medical information (and their physical location) from all sources for a given patient;
- d) an ability to match records and accurately reconcile patient identities without a common patient identifier;
- e) a means to regulate access to data and audit the access;
- f) a method for moving blocks of data from one location to another; and
- g) a method to aggregate and consume the data at the point of care.

Optimal patient care requires that care providers and patients be able to create, manage and access comprehensive electronic health records (EHRs) efficiently and securely. The sharing of radiologic images has become a fundamental part of radiology services and is essential for delivering high-quality care. (Flanders AE, 2009)

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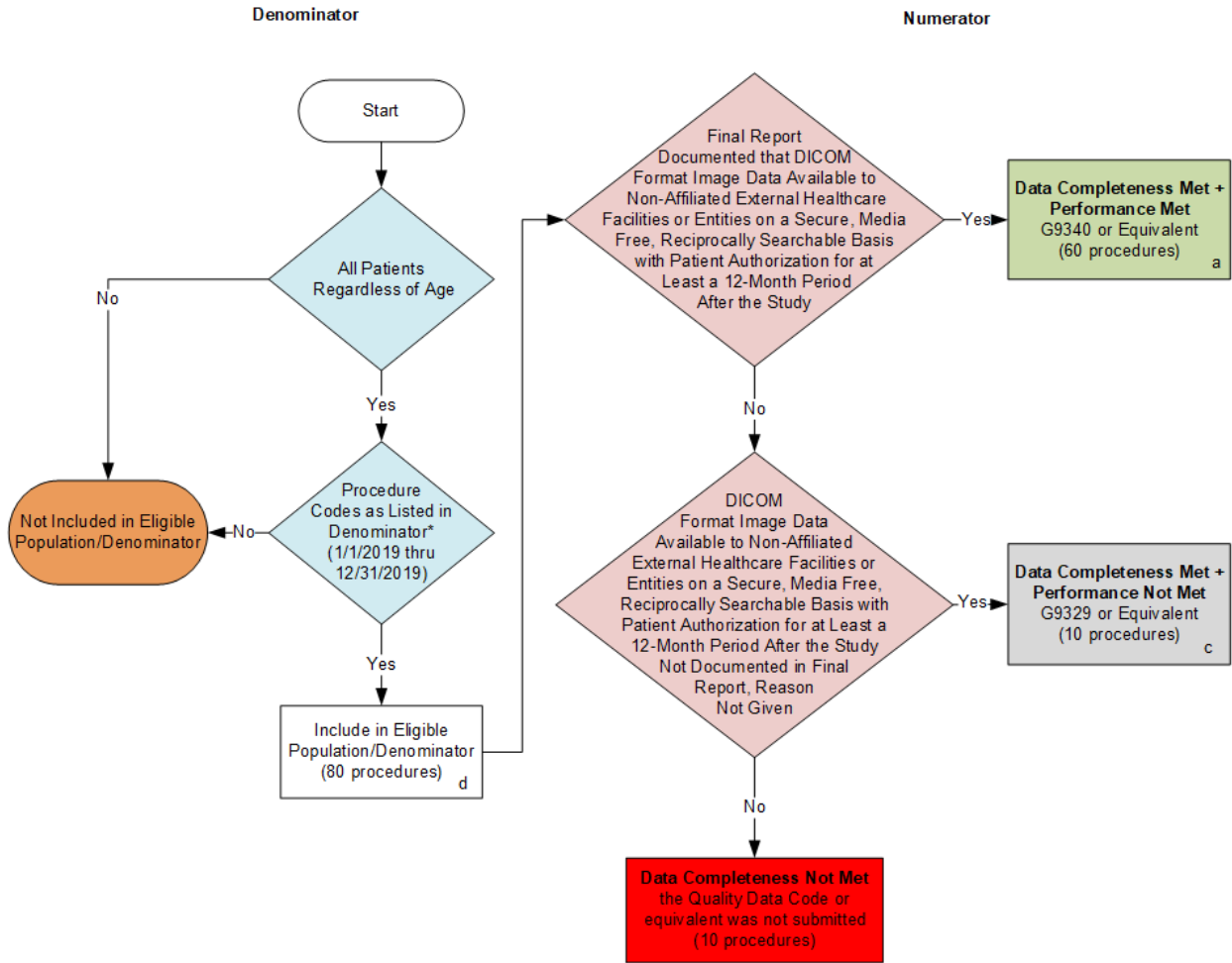
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**2019 Clinical Quality Measure Flow for Quality ID #362:  
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for Patient Follow-up and Comparison Purposes**



**SAMPLE CALCULATIONS:**

**Data Completeness =**  

$$\frac{\text{Performance Met (a=60 procedures)} + \text{Performance Not Met (c=10 procedure)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate =**  

$$\frac{\text{Performance Met (a=60 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{60 \text{ procedures}}{70 \text{ procedures}} = 85.71\%$$

\* See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

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**2019 Clinical Quality Measure Flow Narrative for Quality ID #362:  
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Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. All Patients, Regardless of Age
3. Check Procedure Performed:
  - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Procedure as Listed in the Denominator equals Yes, include in Eligible Population.
4. 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.
5. Start Numerator
6. Check Final Report Documented that DICOM Format Image Data Available to Non-Affiliated External Healthcare Facilities or Entities on a Secure, Media Free, Reciprocally Searchable Basis with Patient Authorization for at Least a 12-Month Period After the Study:
  - a. If Final Report Documented that DICOM Format Image Data Available to Non-Affiliated External Healthcare Facilities or Entities on a Secure, Media Free, Reciprocally Searchable Basis with Patient Authorization for at Least a 12-Month Period After the Study 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 60 procedures in the Sample Calculation.
  - c. If Final Report Documented that DICOM Format Image Data Available to Non-Affiliated External Healthcare Facilities or Entities on a Secure, Media Free, Reciprocally Searchable Basis with Patient Authorization for at Least a 12-Month Period After the Study equals No, proceed to check DICOM Format Image Data Available to Non-Affiliated External Healthcare Facilities or Entities on a Secure, Media Free, Reciprocally Searchable Basis with Patient Authorization for at Least a 12-Month Period After the Study Not Documented in Final Report, Reason Not Given.
7. Check DICOM Format Image Data Available to Non-Affiliated External Healthcare Facilities or Entities on a Secure, Media Free, Reciprocally Searchable Basis with Patient Authorization for at Least a 12-Month Period After the Study Not Documented in Final Report, Reason Not Given:
  - a. If DICOM Format Image Data Available to Non-Affiliated External Healthcare Facilities or Entities on a Secure, Media Free, Reciprocally Searchable Basis with Patient Authorization for at Least a 12-Month Period After the Study Not Documented in Final Report, Reason Not Given equals Yes, include in 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 10 procedures in the Sample Calculation.
  - c. If DICOM Format Image Data Available to Non-Affiliated External Healthcare Facilities or Entities on a Secure, Media Free, Reciprocally Searchable Basis with Patient Authorization for at Least a 12-Month Period After the Study Not Documented in Final Report, Reason Not Given equals No, proceed to check Data Completeness Not Met.
8. Check Data Completeness Not Met:
- a. 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 Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=60 procedures)} + \text{Performance Not Met (c=10 procedure)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=60 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{60 \text{ procedures}}{70 \text{ procedures}} = 85.71\%$$