

Quality ID #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Appropriate Use of Healthcare

2019 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of final reports for abdominal imaging studies for patients aged 18 years and older with one or more of the following noted incidentally with follow-up imaging recommended

- Liver lesion \leq 0.5 cm
- Cystic kidney lesion $<$ 1.0 cm
- Adrenal lesion \leq 1.0 cm

INSTRUCTIONS:

This measure is to be submitted **each time** a patient undergoes an imaging study with an incidental abdominal lesion finding during the performance period. There is no diagnosis associated with this measure. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide the professional component of diagnostic imaging studies will submit this measure.

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 abdominal imaging studies for patients aged 18 years and older with one or more of the following noted: Liver lesion \leq 0.5 cm, Cystic kidney lesion $<$ 1.0 cm or Adrenal lesion \leq 1.0 cm

DENOMINATOR NOTE: *The intent of this measure is to ensure patients with incidental findings that are highly likely to be benign do not receive follow up imaging routinely. Denominator eligible patients would be those for whom one or more of the following incidental findings is noted in the final report:*

- *Liver lesion \leq 0.5 cm*
- *Cystic kidney lesion $<$ 1.0 cm*
- *Adrenal lesion \leq 1.0 cm*

Denominator Criteria (Eligible Cases):

Patients aged \geq 18 years on date of encounter

AND

Patient procedure during the performance period (CPT): 74150, 74160, 74170, 74176, 74177, 74178, 74181, 74182, 74183, 76700, 76705, 76770, 76775

AND

Incidental finding: Liver lesion \leq 0.5 cm, Cystic kidney lesion $<$ 1.0 cm or Adrenal lesion \leq 1.0 cm:
G9547

NUMERATOR:

Final reports for abdominal imaging studies with follow-up imaging recommended

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:

<i>Performance Met:</i>	Final reports for abdominal imaging studies with follow-up imaging recommended (G9548)
<i>Denominator Exception:</i>	Documentation of medical reason(s) that follow-up imaging is indicated (eg, patient has a known malignancy that can metastasize, other medical reason(s) such as fever in an immunocompromised patient) (G9549)
<i>Performance Not Met:</i>	Final reports for abdominal imaging studies with follow-up imaging not recommended (G9550)

OR

OR

RATIONALE:

Incidental kidney, liver, and adrenal lesions are commonly found during abdominal imaging studies, with most of the findings being benign. Given the low rate of malignancy, unnecessary follow-up procedures are costly and present a significant burden to patients. To avoid excessive testing and costs, follow-up is not recommended for these small lesions.

CLINICAL RECOMMENDATION STATEMENTS:

The Incidental Findings Committee recommends the following for low-dose unenhanced CT examinations for liver masses:

- 1) In low-risk and average-risk patients, sharply marginated, low-attenuation (<20 HU) solitary or multiple masses may typically not need further evaluation.
- 2) Small, solitary masses ≤ 1.5 cm that are not cystic and are discovered on unenhanced or standard-dose or low-dose scans in low-risk and average-risk patients may typically not need further evaluation. (ACR, 2010)

The Incidental Findings Committee recommends the following for low-dose unenhanced CT examination for renal masses:

- 1) It may be appropriate to interpret incidental renal masses as simple cysts unless suspicious features noted [earlier within the document] are convincingly present. The argument for adopting this approach is even stronger when considering small (<3 cm) masses, particularly those <1 cm. The smaller the mass (even when solid), the more likely it is benign. Furthermore, masses <1 cm may not be able to be fully characterized, even if renal mass-protocol CT or MRI was performed.

Although this represents a consensus opinion of the committee, no data are yet available to support this approach.

- 2) If a renal mass is small (<3 cm), homogenous, any >70 HU, recent data suggest that the mass can be confidently diagnosed as a benign hyperattenuating cyst (Bosniak category II). (ACR, 2010)

The Incidental Findings Committee recommends the following for low-dose unenhanced CT examinations for adrenal masses:

- 1) Because attenuation should not be altered by a low dose technique, if the mean attenuation of an adrenal mass is ≤ 10 HU on a low-dose CT examination, one may conclude that the adrenal mass is likely to be a benign adenoma.
- 2) If a lesion is >10 HU and 1 to 4 cm in an asymptomatic patient without cancer, 1-year follow-up CT or MRI may be considered, if no prior studies for comparison are available. Prior examinations that show stability for ≥ 1 year can eliminate the need for further workup, so every effort should be made to obtain prior CT or MRI examinations in these situations.
- 3) For adrenal masses >4 cm, dedicated adrenal MRI or CT should be considered to further characterize. (ACR, 2010)

COPYRIGHT:

The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

Commercial uses of the Measures require a license agreement between the user and the American Medical Association (AMA), [on behalf of the Physician Consortium for Performance Improvement® (PCPI®)] or American College of Radiology (ACR). Neither the AMA, ACR, PCPI, nor its members shall be responsible for any use of the Measures.

The AMA's, PCPI's and National Committee for Quality Assurance's significant past efforts and contributions to the development and updating of the Measures is acknowledged. ACR is solely responsible for the review and enhancement ("Maintenance") of the Measures as of December 31, 2014.

ACR encourages use of the Measures by other health care professionals, where appropriate.

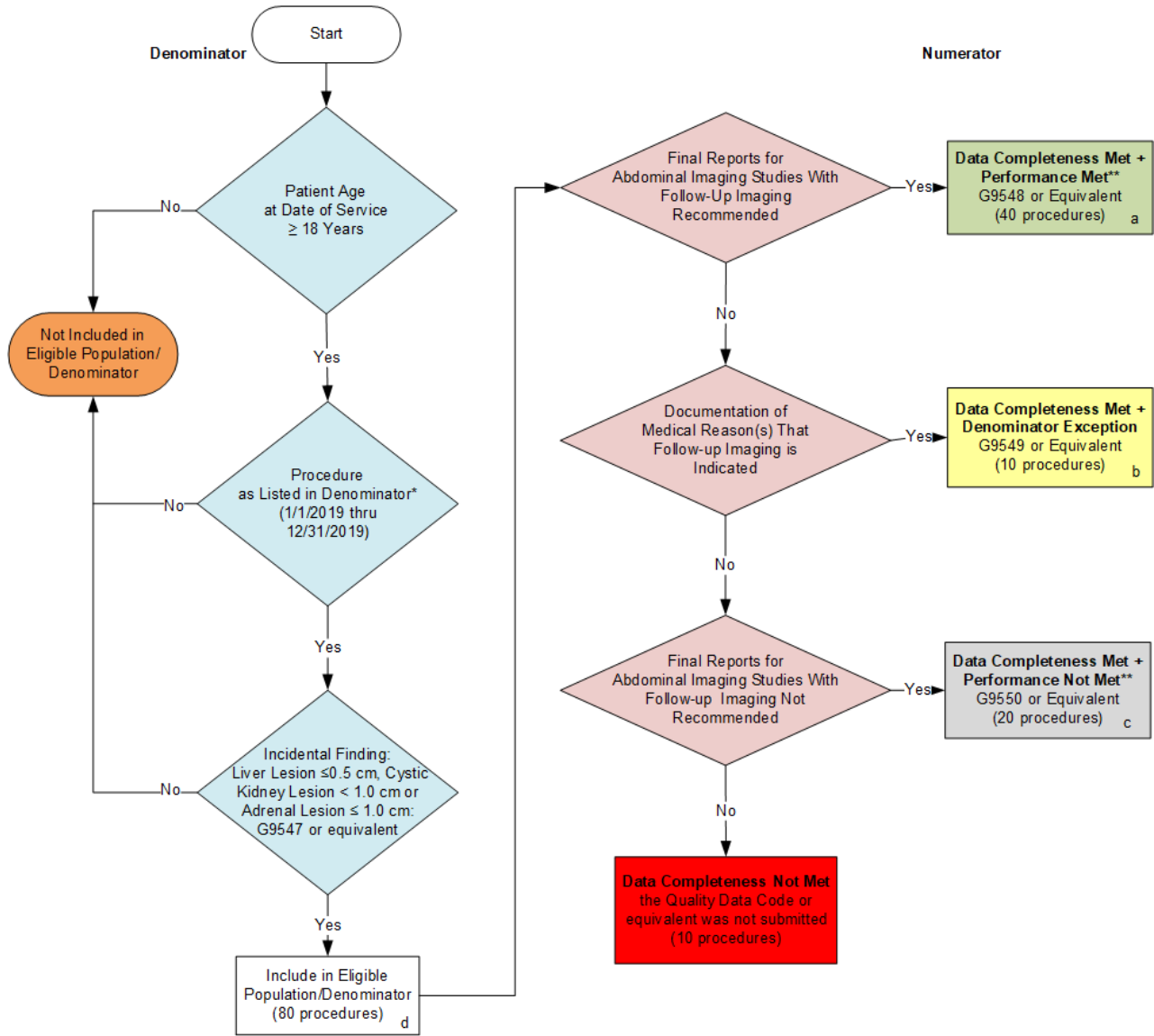
THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2015 American Medical Association and American College of Radiology. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, ACR, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2004-2017 American Medical Association. LOINC® copyright 2004-2018 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2018 College of American Pathologists. All Rights Reserved.

2019 Clinical Quality Measure Flow for Quality ID #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$

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

**A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Procedure

CPT only copyright 2018 American Medical Association. All rights reserved. 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.

2019 Clinical Quality Measure Flow Narrative for Quality ID #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions

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. Check Patient Age:
 - a. If Patient Age at Date of Service is greater than or equal to 18 Years equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age at Date of Service is greater than or equal to 18 Years equals Yes, proceed to check Procedure Performed.
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, proceed to check Incidental Finding: Liver Lesion ≤ 0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm
4. Check Incidental Finding: Liver Lesion ≤ 0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm
 - a. If Incidental Finding: Liver Lesion ≤ 0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm equals No, do not include in Eligible Population. Stop Processing.
 - b. If Incidental Finding: Liver Lesion ≤ 0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm equals Yes, include in Eligible Population.
5. 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.
6. Start Numerator
7. Check Final Reports for Abdominal Imaging Studies With Follow-Up Imaging Recommended:
 - a. If Final Reports for Abdominal Imaging Studies With Follow-Up Imaging Recommended 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 40 procedures in the Sample Calculation.
 - c. If Final Reports for Abdominal Imaging Studies With Follow-Up Imaging Recommended equals No, proceed to check Documentation of Medical Reason(s) That Follow-up Imaging is Indicated.
8. Check Documentation of Medical Reason(s) That Follow-up Imaging is Indicated:
 - a. If Documentation of Medical Reason(s) That Follow-up Imaging is Indicated 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 10 procedures in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) That Follow-up Imaging is Indicated equals No, proceed to check Final Reports for Abdominal Imaging Studies With Follow-up Imaging Not Recommended.
9. Check Final Reports for Abdominal Imaging Studies With Follow-up Imaging Not Recommended:
- a. If Final Reports for Abdominal Imaging Studies With Follow-up Imaging Not Recommended 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 20 procedures in the Sample Calculation.
 - c. If Final Reports for Abdominal Imaging Studies With Follow-up Imaging Not Recommended equals No, proceed to check Data Completeness Not Met
10. 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 The Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$