

Quality ID #406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients

2025 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of final reports for computed tomography (CT), CT angiography (CTA) or magnetic resonance imaging (MRI) or magnetic resonance angiogram (MRA) studies of the chest or neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm noted incidentally with follow-up imaging recommended.

INSTRUCTIONS:

This measure is to be submitted **each time** a patient undergoes a computed tomography or magnetic resonance imaging with an incidental thyroid nodule 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 for computed tomography or magnetic resonance imaging 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 CT, CTA, MRI or MRA studies of the chest or neck for patients aged 18 and older with an incidentally-detected thyroid nodule < 1.0 cm noted

***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 an incidental thyroid nodule of < 1.0 is noted in the final report.*

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Patient encounter during the performance period (CPT): 70486, 70487, 70488, 70490, 70491, 70492, 70498, 70540, 70542, 70543, 70547, 70548, 70549, 71250, 71260, 71270, 71271, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72141, 72142, 72156

WITHOUT

Telehealth Modifier (including but not limited to): GQ, GT, POS 02, POS 10

AND

Incidental Thyroid Nodule < 1.0 cm noted in report: G9552

NUMERATOR:

Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended for reports with an incidentally-detected thyroid nodule < 1.0 cm noted

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:

Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended (**G9554**)

OR

Denominator Exception:

Documentation of medical reason(s) for recommending follow-up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s)) (**G9555**)

OR

Performance Not Met:

Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended (**G9556**)

RATIONALE:

Thyroid nodules are common, with estimates of prevalence as high as 50%. Desser and Kamaya found that the majority of incidentally noted thyroid nodules were benign with approximately 5% being malignant. Due to the common nature of small thyroid nodules combined with the low malignancy, nonpalpable nodules detected on US or other anatomic imaging studies are termed incidentally discovered nodules or “incidentalomas.” Nonpalpable nodules have the same risk of malignancy as palpable nodules with the same size. Generally, only nodules >1 cm should be evaluated, since they have a greater potential to be clinically significant cancers. (ATA, 2009)

CLINICAL RECOMMENDATION STATEMENTS:

In patients <35 years with an incidental thyroid nodule (ITN) detected on CT, MRI, or extrathyroidal ultrasound, the Committee recommends further evaluation with dedicated thyroid ultrasound if the nodule is ≥ 1 cm and has no suspicious imaging features, and if the patient has normal life expectancy.

In patients ≥ 35 years with an ITN detected on CT, MRI, or extrathyroidal ultrasound, the Committee recommends further evaluation with dedicated thyroid ultrasound if the nodule is ≥ 1.5 cm and has no suspicious imaging features, and if the patient has normal life expectancy. (ACR, 2014)

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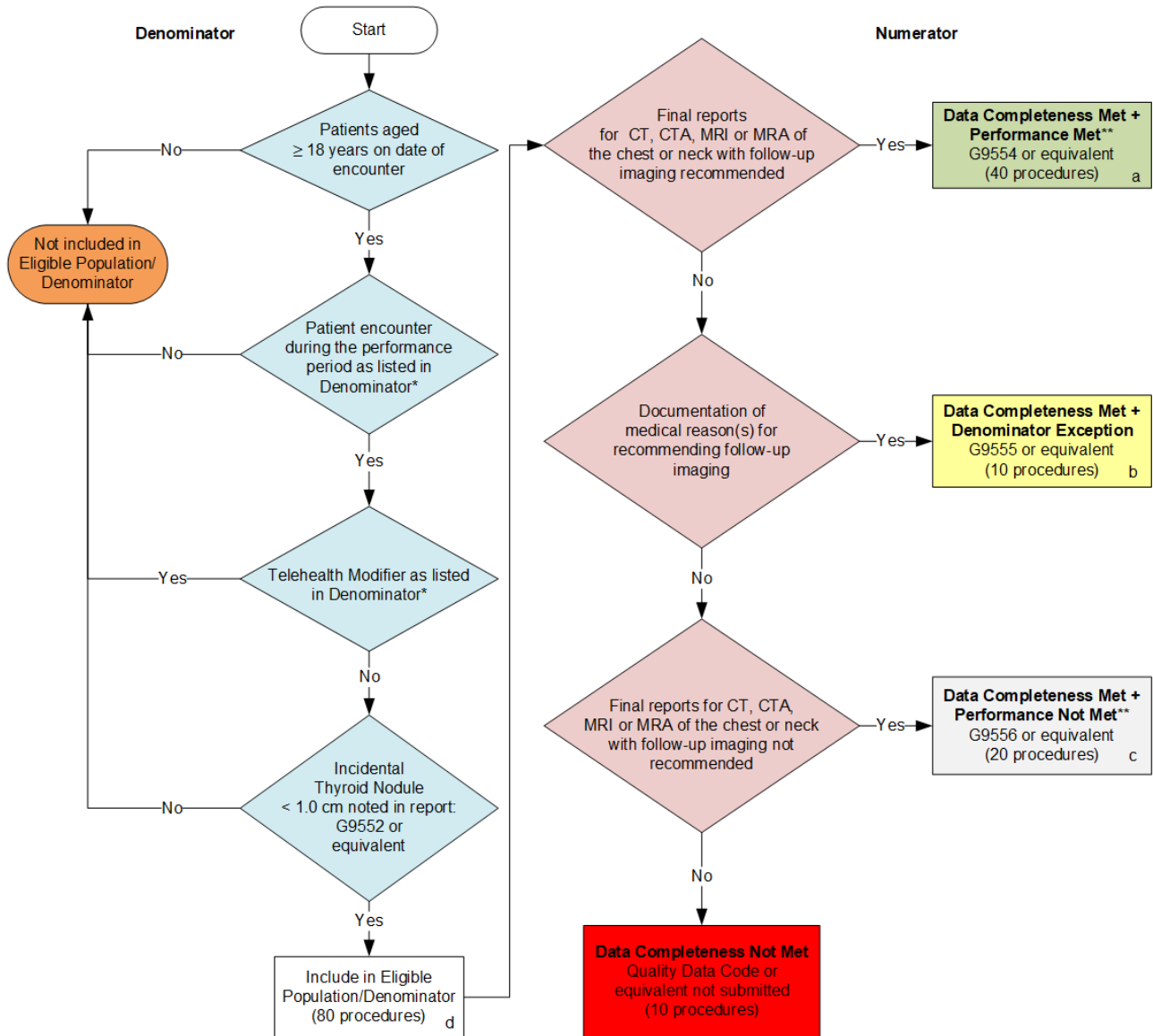
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2025 Clinical Quality Measure Flow for Quality ID #406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules In Patients

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



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

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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.

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**2025 Clinical Quality Measure Flow Narrative for Quality ID #406:
Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients**

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1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
 - a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
3. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier*.
4. Check *Telehealth Modifier*:
 - a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Telehealth Modifier* equals No, proceed to check *Incidental Thyroid Nodule less than 1.0 cm noted in report*.
5. Check *Incidental Thyroid Nodule less than 1.0 cm noted in report*:
 - a. If *Incidental Thyroid Nodule less than 1.0 cm noted in report* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Incidental Thyroid Nodule less than 1.0 cm noted in report* equals Yes, 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 *Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended*:
 - a. If *Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended* 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 *Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended* equals No, proceed to check *Documentation of medical reason(s) for recommending follow-up imaging*.

9. Check *Documentation of medical reason(s) for recommending follow-up imaging*:
 - a. If *Documentation of medical reason(s) for recommending follow-up imaging* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *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.
 - b. If *Documentation of medical reason(s) for recommending follow-up imaging* equals No, proceed to check *Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended*.
10. Check *Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended*:
 - a. If *Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended* 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 20 procedures in the Sample Calculation.
 - b. If *Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended* equals No, proceed to check *Data Completeness Not Met*.
11. 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 Denominator Exception (b equals 10 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate** equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exception (b equals 10 procedures). All equals 40 procedures divided by 60 procedures. All equals 66.67 percent.

*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

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