Quality ID #322: Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients

2025 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Efficiency – High Priority

DESCRIPTION:
Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), multigated acquisition scan (MUGA), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low-risk surgery patients 18 years or older for preoperative evaluation during the 12-month submission period.

INSTRUCTIONS:
This measure is to be submitted **once per procedure** of cardiac stress imaging (i.e., SPECT MPI, ECHO, MUGA, CCTA, CMR) for patients seen 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 cardiac stress 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 is 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 instances of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), multigated acquisition scanning (MUGA), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed on patients aged 18 years and older during the submission period

> **Denominator Criteria (Eligible Cases):**
> Patients aged ≥ 18 years on date of encounter
> **AND**
> **Cardiac Stress Imaging Performed – Procedure Codes (CPT):** 75559, 75563, 75571, 75572, 75573, 75574, 78451, 78452, 78453, 78454, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 93350, 93351
> **WITHOUT**
> **Telehealth Modifier (including but not limited to):** GQ, GT, POS 02, POS 10

NUMERATOR:
Number of stress SPECT MPI, stress echo, MUGA, CCTA, or CMR primarily performed in low-risk surgery patients for preoperative evaluation within 30 days preceding low-risk non-cardiac surgery

> **Definition:**

Low-Risk Surgery – Cardiac death or MI less than 1% including, but are not limited to, endoscopic procedures, superficial procedures, cataract surgery, and excisional breast surgery.

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. Submitting 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 NOTE:
- *A lower calculated performance rate for this measure indicates better clinical care or control. This measure is assessing overuse of cardiac stress imaging in low-risk surgery patients.*
- *Patients that did not have a surgery performed or had a surgery other than those defined as low-risk would submit G8962.*
- *Clinical quality outcome is cardiac stress imaging NOT performed on patient who is a low-risk surgery patient within 30 days preceding procedure.*

Numerator Options:

Performance Met: Cardiac Stress Imaging Test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery **(G8961)**

OR

Performance Not Met: Cardiac Stress Imaging Test performed on patient for any reason including those who did not have low-risk surgery or test that was performed more than 30 days preceding low-risk surgery **(G8962)**

RATIONALE:
Cardiac imaging is a mainstay in medical decision-making for patients with known or suspected heart disease. However, expenditures related to imaging comprise a significant portion of the health care budget. Much scrutiny has been focused on cardiovascular imaging with regard to the potential for overuse, especially in view of substantial geographic variation in ordering patterns and the limited amount of evidence-based data supporting the use of imaging as it relates to patient outcomes. Given the significant contribution of heart disease to morbidity and mortality and the prevalence of cardiovascular disease, it is important to determine the appropriate use of diagnostic tests such as stress echocardiography, multigated acquisition scans, stress SPECT MPI, CCTA, and CMR.

CLINICAL RECOMMENDATION STATEMENTS:
Diagnostic testing, such as stress SPECT MPI, stress echocardiography, CCTA, and CMR is used to detect disease and provide risk assessment used to modify treatment strategies and approaches. Information provided by such testing can initiate, modify and stop further treatments for coronary heart disease (medications and revascularization) which have an impact on patient outcomes.

In addition, false positives and false negatives can adversely impact the patient and their treatment outcomes. Lastly, radiation from stress SPECT MPI and CCTA poses a minimal but still important consideration for patient safety.

Ensuring proper patient selection can avoid using resources in patients not expected to benefit from the testings and for which the associated risks would be unnecessary.

AUC Indication

2013 ACCF/AHA/ASE/ASNC/HFSA/HRS/SCAI/SCCT/SCMR/STS multimodality appropriate use criteria for the detection and risk assessment of stable ischemic heart disease (J Am Coll Cardiol. 2014 Feb 4;63(4):380-406)

Indication 71: Pre-Operative Evaluation for Noncardiac Surgery: Moderate-to-Good Functional Capacity (greater than or equal to 4 METs) OR No Clinical Risk Factors: Any surgery – Rarely Appropriate Indication 73: Pre-Operative Evaluation for Noncardiac Surgery: Poor or Unknown Functional Capacity (less than 4 METS): Low-risk surgery: Greater than or equal to 1 clinical risk factor – Rarely Appropriate

2025 Clinical Quality Measure Flow For Quality ID #322: Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients

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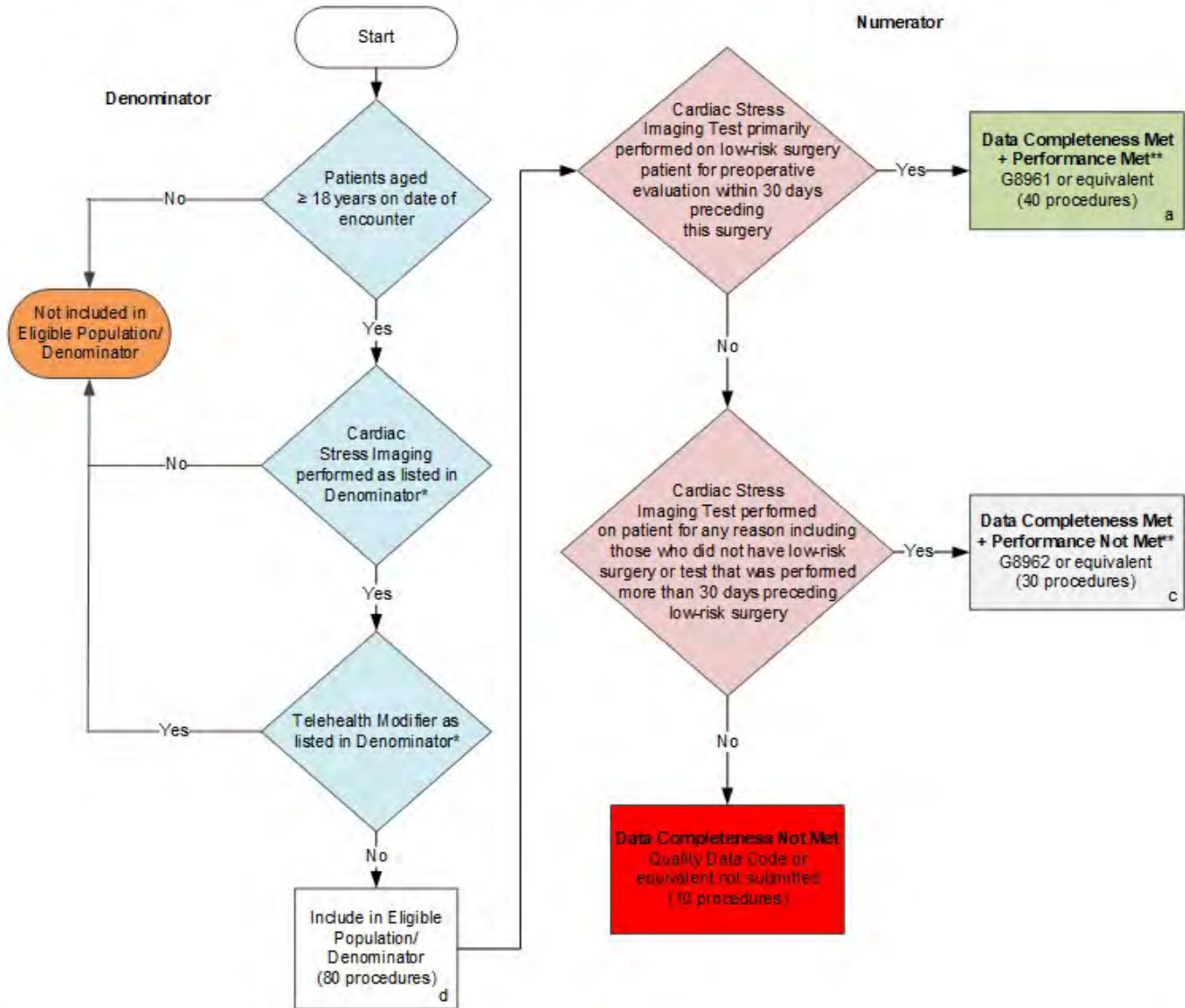
SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate**=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$

*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

2025 Clinical Quality Measure Flow Narrative for Quality ID #322:
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria:
Preoperative Evaluation in Low-Risk Surgery Patients

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

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

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 *Cardiac Stress Imaging Test performed as listed in Denominator**.

3. Check *Cardiac Stress Imaging Test performed as listed in Denominator**:

    a. If *Cardiac Stress Imaging Test performed as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Cardiac Stress Imaging Test performed as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier as listed in Denominator**.

4. Check *Telehealth Modifier as listed in Denominator**:

    a. If *Telehealth Modifier as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Telehealth Modifier as listed in Denominator** equals No, include in *Eligible Population/Denominator*.

5. 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.

6. Start Numerator

7. Check *Cardiac Stress Imaging Test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery*:

    a. If *Cardiac Stress Imaging Test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery* 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 *Cardiac Stress Imaging Test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery* equals No, proceed to check *Cardiac Stress Imaging Test performed on patient for any reason including those who did not have low-risk surgery or test that was performed more than 30 days preceding low-risk surgery*.

8. Check *Cardiac Stress Imaging Test performed on patient for any reason including those who did not have low-risk surgery or test that was performed more than 30 days preceding low-risk surgery*:

   a. If *Cardiac Stress Imaging Test performed on patient for any reason including those who did not have low- risk surgery or test that was performed more than 30 days preceding low-risk surgery* equals Yes, include in *Data Completeness Met and Performance Not Met*.

      - *Data Completeness Met and Performance Not Met* is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 procedures in the Sample Calculation.

   b. If *Cardiac Stress Imaging Test performed on patient for any reason including those who did not have low- risk surgery or test that was performed more than 30 days preceding low-risk surgery* equals No, proceed to check *Data Completeness Not Met*.

9. 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 Performance Not Met (c equals 30 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). All equals 40 procedures divided by 70 procedures. All equals 57.14 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 control or care

NOTE: Submission Frequency: Procedure

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.