Measure #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions– National Quality Strategy Domain: Effective Clinical Care

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY

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

- Liver lesion ≤ 0.5 cm
- Cystic kidney lesion < 1.0 cm
- Adrenal lesion ≤ 1.0 cm

INSTRUCTIONS:
This measure is to be reported each time a patient undergoes the procedure of computed tomography with an incidental abdominal lesion finding during the reporting period. There is no diagnosis associated with this measure. It is anticipated that clinicians who provide the professional component of diagnostic imaging studies for computed tomography will submit this measure.

Measure Reporting via Claims:
CPT codes and patient demographics are used to identify patients who are included in the measure’s denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
CPT codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of 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 final reports for abdominal imaging studies for patients aged 18 years and older with one or more of the following noted: Liver lesion ≤ 0.5 cm, Cystic kidney lesion < 1.0 cm or Adrenal lesion ≤ 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. A patient would be considered denominator eligible if the patient meets the denominator criteria and one or more of the following findings:

- Liver lesion ≤ 0.5 cm
- Cystic kidney lesion < 1.0 cm
- Adrenal lesion ≤ 1.0 cm

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the reporting period (CPT): 74150, 74160, 74170, 74176, 74177, 74178, 74181, 74182, 74183, 76700, 76705, 76770, 76775
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, and therefore an inverse measure at 100% does not qualify for reporting purposes, however any reporting rate less than 100% does qualify.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Final Reports with Follow-Up Imaging Recommended
(Two G-codes [G9548 & G9547] are required on the claim form to submit this numerator option)
Performance Met: G9548: Final reports for abdominal imaging studies with follow-up imaging recommended
AND
G9547: Incidental CT finding: Liver lesion ≤ 0.5 cm, Cystic kidney lesion < 1.0 cm or Adrenal lesion ≤ 1.0 cm

OR
Documenting Medical Reason(s) for Recommending Follow-Up
(Two G-codes [G9549 & G9547] are required on the claim form to submit this numerator option)
Medical Performance Exclusion: G9549: Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s))
AND
G9547: Incidental CT finding: Liver lesion ≤ 0.5 cm, Cystic kidney lesion < 1.0 cm or Adrenal lesion ≤ 1.0 cm

OR
Final Report without Incidental Finding
Other Performance Exclusion: G9551: Final reports for abdominal imaging studies without a Liver lesion ≤ 0.5 cm, Cystic kidney lesion < 1.0 cm or Adrenal lesion ≤ 1.0 cm noted

OR
Final Reports with Follow-Up Imaging not Recommended
(Two G-codes [G9550 & G9547] are required on the claim form to submit this numerator option)
Performance Not Met: G9550: Final reports for abdominal imaging studies with follow-up imaging not recommended
AND
G9547: Incidental CT finding: Liver lesion ≤ 0.5 cm, Cystic kidney lesion < 1.0 cm or Adrenal lesion ≤ 1.0 cm

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)

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2016 Claims Individual Measure Flow

PQRS #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions

**Sample Calculations:**

**Reporting Rate**

\[
\text{Reporting Rate} = \frac{\text{Performance Met (4 procedures)} + \text{Performance Exclusion (4 + 1 procedure)}}{\text{Enable Population / Denominator (6 procedures)}} = \frac{7 \text{ procedures}}{6 \text{ procedures}} = 87.50\% 
\]

**Performance Rate**

\[
\text{Performance Rate} = \frac{\text{Performance Met (4 procedures)}}{\text{Reporting Numerator (4 procedures) - Performance Exclusion (4 + 1 procedure)}} = \frac{4 \text{ procedures}}{6 \text{ procedures}} = 66.67\% 
\]

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

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

**NOTE:** Reporting Frequency: Procedure

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2016 Registry Individual Measure Flow
PQRS #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions

Start

Denominator

Patient Age at Date of Service ≥ 18 Years

No

Not Included in Eligible Population

Denominator

Yes

Numerator

Final Reports for Abdominal Imaging Studies With Follow-up Imaging Recommended

Yes

Reporting Met + Performance Met G9549 or equivalent (4 procedures)

a

No

Documentation of Medical Reason(s) That Follow-up Imaging is Indicated

Yes

Reporting Met + Performance Exclusion G9549 or equivalent (1 procedure)

b

No

Incidental CT Finding: Liver Lesion ≤ 0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm

Yes

Include in Eligible Population/Denominator (8 procedures)

d

No

Encounter as Listed in Denominator* (1/1/2016 thru 12/31/2016)

Yes

Final Reports for Abdominal Imaging Studies With Follow-up Imaging Not Recommended

Yes

Reporting Not Met Quality-Data Code or equivalent not reported (1 procedure)

c

No

SAMPLE CALCULATIONS:

Reporting Rate=
Performance Met (a=4 procedures) + Performance Exclusion (b=1 procedure) + Performance Not Met (c=2 procedures) = 7 procedures = 87.50%
Eligible Population / Denominator (d=8 procedures) = 8 procedures

Performance Rate=
Reporting Numerator (7 procedures) - Performance Exclusion (b=1 procedure) = 6 procedures = 66.67%

*See the posted Measure Specification for specific coding and instructions to report this measure.
**A lower calculated performance rate for this measure indicates better clinical control and care.
2016 Claims Individual Measure Flow
PQRS #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

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

3. 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, include in Eligible population

4. 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 procedures in the sample calculation.

5. Start Numerator

6. Check Final Reports for Abdominal Imaging Studies With Follow-Up Imaging Recommended AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm:
   a. If Final Reports for Abdominal Imaging Studies With Follow-Up Imaging Recommended AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 procedures in Sample Calculation.
   c. If Final Reports for Abdominal Imaging Studies With Follow-Up Imaging Recommended AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm equals No, proceed to Documentation of Medical Reason(s) That Follow-up Imaging is Indicated AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm.

7. Check Documentation of Medical Reason(s) That Follow-up Imaging is Indicated AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm:
   a. If Documentation of Medical Reason(s) That Follow-up Imaging is Not Indicated AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm equals Yes, include in Reporting Met and Performance Exclusion.
b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b1 equals 1 procedure in the Sample Calculation.

c. If Documentation of Medical Reason(s) That Follow-up Imaging is Indicated AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm equals No, proceed to Final Reports for Abdominal Imaging Without a Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm Noted.

8. Check Final Reports for Abdominal Imaging Without a Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm Noted:

a. If Final Reports for Abdominal Imaging Without a Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm Noted equals Yes, include in Reporting Met and Performance Exclusion.

b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b2 equals 0 procedures in the Sample Calculation.

c. If Final Reports for Abdominal Imaging Without a Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm Noted equals No, proceed to Final Reports for Abdominal Imaging Studies With Follow-up Imaging Not Recommended AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm.

9. Check Final Reports for Abdominal Imaging Studies With Follow-up Imaging Not Recommended AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm:

a. If Final Reports for Abdominal Imaging Studies With Follow-up Imaging Not Recommended AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm equals Yes, include in Reporting Met and Performance Not Met.

b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 procedures in the Sample Calculation.

c. If Final Reports for Abdominal Imaging Studies With Follow-up Imaging Not Recommended AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm equals No, proceed to Reporting Not Met

10. Check Reporting Not Met:

a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the reporting numerator in the sample calculation.

### SAMPLE CALCULATIONS:

**Reporting Rate**

\[
\text{Performance Met (a=4 procedures) + Performance Exclusion (b^2+b^2=-1 procedure) + Performance Not Met (c=-2 procedures)} = 7 \text{ procedures} = 87.50\%
\]

Eligible Population / Denominator (d=8 procedures) =

\[
\text{Reporting Numerator (7 procedures) - Performance Exclusion (b^2+b^2=-1 procedure) = 4 \text{ procedures} = 66.66\%}
\]
2016 Registry Individual Measure Flow
PQRS #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

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

3. 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 Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm.

4. Check Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm:
   a. If Incidental CT 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 Patient Population. Stop Processing.
   b. If Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm equals Yes, include in the Eligible population.

5. 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 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 Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 procedures in Sample Calculation.
   c. If Final Reports for Abdominal Imaging Studies With Follow-Up Imaging Recommended equals No, proceed to Documentation of Medical Reason(s) That Follow-up Imaging is Not Indicated.
8. Check Documentation of Medical Reason(s) That Follow-up Imaging is Not Indicated:
   a. If Documentation of Medical Reason(s) That Follow-up Imaging is Not Indicated AND Incidental CT Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm equals Yes, include in Reporting Met and Performance Exclusion.
   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 procedure in the Sample Calculation.
   c. If Documentation of Medical Reason(s) That Follow-up Imaging is Not Indicated equals No, proceed to 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 Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 procedures in the Sample Calculation.
   c. If Final Reports for Abdominal Imaging Studies With Follow-up Imaging Not Recommended equals No, proceed to Reporting Not Met

10. Check Reporting Not Met:
    a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the reporting numerator in the sample calculation.

    | SAMPLE CALCULATIONS: |
    |-----------------------|
    | Reporting Rate=       |
    | Performance Met (a=4 procedures) + Performance Exclusion (b^1+x=1 procedure) + Performance Not Met (c=2 procedures) = 7 procedures = 87.50% |
    | Eligible Population / Denominator (d=8 procedures) = 8 procedures |
    | Performance Rate=     |
    | Performance Met (a=4 procedures) = 4 procedures = 66.66% |
    | Reporting Numerator (7 procedures) - Performance Exclusion (b^1+x=1 procedure) = 6 procedures |