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

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

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 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 eligible clinicians who provide the professional component of diagnostic imaging studies will submit this measure.

Measure Reporting:
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 allowed by 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. Denominator eligible patients would be those for whom one or more of the following incidental findings is noted in the final report:

- *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 procedure during the **performance period** (CPT): 74150, 74160, 74170, 74176, 74177, 74178, 74181, 74182, 74183, 76700, 76705, 76770, 76775
AND
Incidental finding: Liver lesion ≤ 0.5 cm, Cystic kidney lesion < 1.0 cm or Adrenal lesion ≤ 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:

Performance Met:	Final reports for abdominal imaging studies with follow- up imaging recommended (G9548)
OR	
Denominator Exception:	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) such as fever in an immunocompromised patient) (G9549)
OR	
Performance Not Met:	Final reports for abdominal imaging studies with follow-up imaging not recommended (G9550)

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.

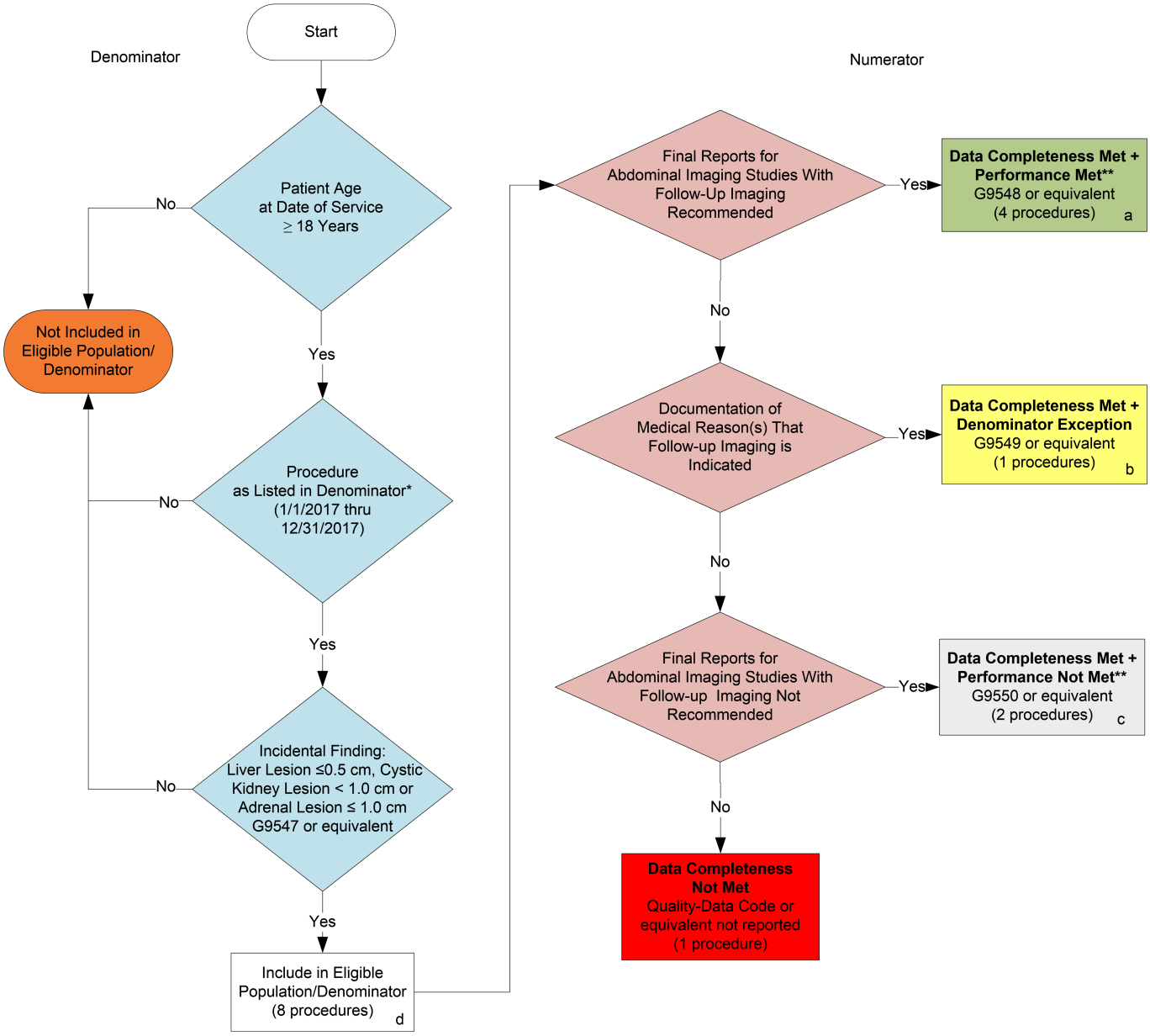
   Although this represents a consensus opinion of the committee, no data are yet available to support this approach.

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 hyperattentuating 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)

2017 Registry Individual Measure Flow
#405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions



SAMPLE CALCULATIONS:

Data Completeness=

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

Performance Rate=

Performance Met (a=4 procedures) = 4 procedures = **66.67%**
Data Completeness Numerator (7 procedures) – Denominator Exception (b=1 procedure) = 6 procedures

*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 care or control.

NOTE: Reporting Frequency: Procedure

v1

2017 Registry Individual Measure Flow
#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 Procedure Performed:
    a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient 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 Patient Population. Stop Processing.
    b. If Incidental Finding: Liver Lesion ≤0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm r 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 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 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 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 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 Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness 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 Data Completeness Not Met

10. Check Data Completeness Not Met:

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

SAMPLE CALCULATIONS:

Data Completeness=

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

Performance Rate=

Performance Met (a=4 procedures) = 4 procedures = **66.67%**
Data Completeness Numerator (7 procedures) – Denominator Exception (b=1 procedure) = 6 procedures