

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

2018 OPTIONS FOR INDIVIDUAL MEASURES:

CLAIMS ONLY

MEASURE TYPE:

Process

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

Measure Submission:

The listed denominator criteria is used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure. All measure-specific coding should be submitted on the claim(s) representing the eligible encounter.

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 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

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 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. Patient reports that do not have incidental findings of the sizes noted would report G9551. 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 ≤ 1.0 cm
For claims-based reporting, a denominator eligible patient would have two codes reported.

Numerator Quality-Data Coding Options:

Final Report without Incidental Finding

(One G-codes [G9551] are required on the claim form to submit this numerator option)

Denominator Exclusion: G9551: Final reports for abdominal imaging studies without an incidentally found lesion noted: Liver lesion ≤ 0.5 cm, Cystic kidney lesion < 1.0 cm or Adrenal lesion ≤ 1.0 cm noted or no lesion found

OR

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 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)

Denominator Exception: 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) such as fever in an immunocompromised patient)

AND

G9547: Incidental finding: Liver lesion ≤ 0.5 cm, Cystic kidney lesion < 1.0 cm or Adrenal lesion ≤ 1.0 cm

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 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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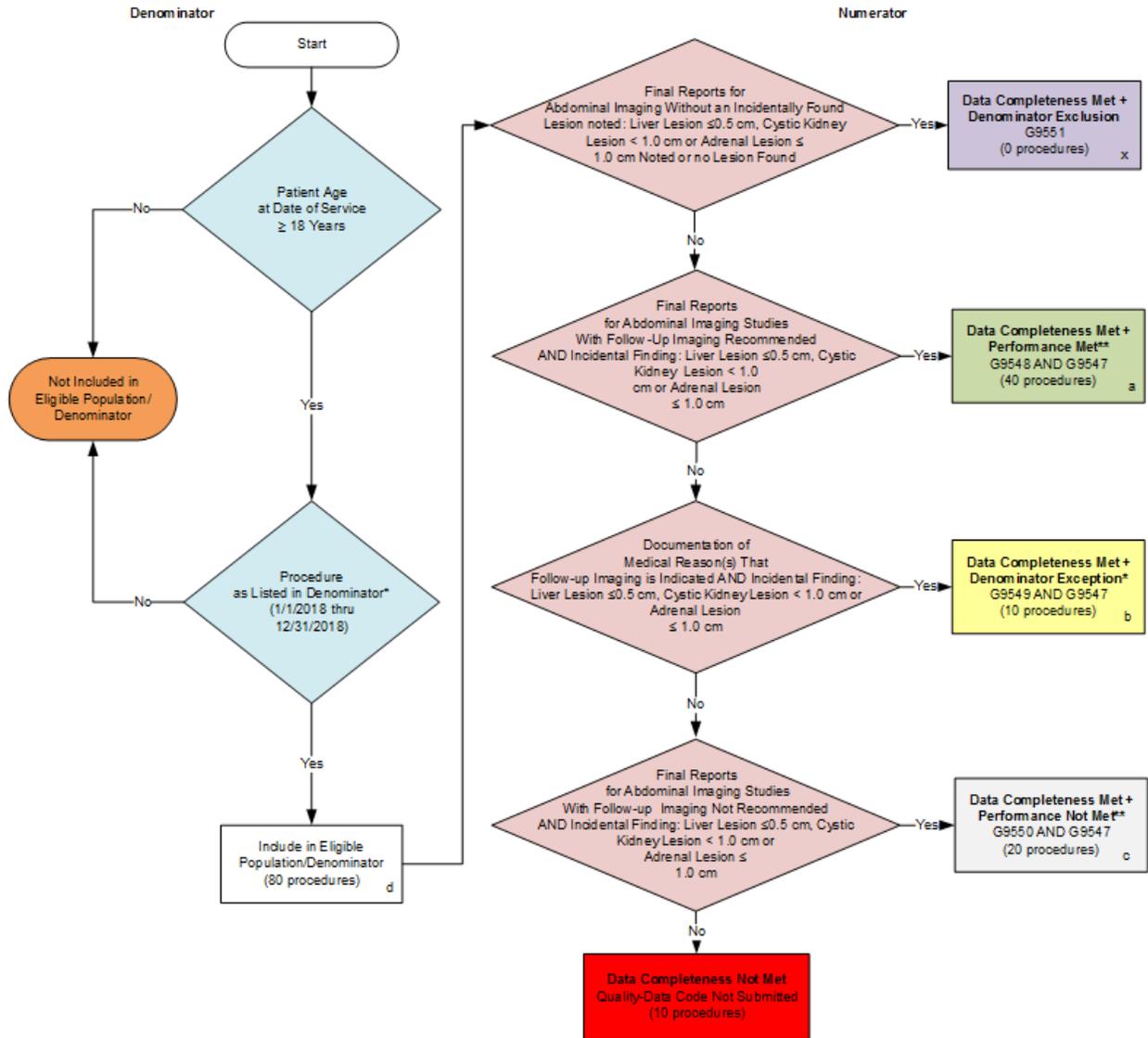
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2018 Claims Flow for Quality ID #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions



SAMPLE CALCULATIONS:

Data Completeness = $\frac{\text{Denominator Exclusion (x=0 proc)} + \text{Performance Met (a=40 proc)} + \text{Denominator Exception (b=10 proc)} + \text{Performance Not Met (c=20 proc)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$

Performance Rate = $\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exclusion (x=0 procedures) - Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$

*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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2018 Claims Flow 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. This flow is for claims data submission.

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 Procedure Performed.
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, 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 80 procedures in the Sample Calculation.
5. Start Numerator
6. Check Final Reports for Abdominal Imaging Without an incidentally found lesion noted: Liver Lesion ≤ 0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm Noted or No Lesion Found:
 - a. If Final Reports for Abdominal Imaging Without an incidentally found lesion noted: Liver Lesion ≤ 0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm Noted or No Lesion Found equals Yes, include in Data Completeness Met and Denominator Exclusion.
 - b. Data Completeness Met and Denominator Exclusion letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x equals 0 procedures in the Sample Calculation.
 - c. If Final Reports for Abdominal Imaging Without an incidentally found lesion noted: 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 Recommended AND Incidental Finding: Liver Lesion ≤ 0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm.
7. Check Final Reports for Abdominal Imaging Studies With Follow-Up Imaging Recommended AND Incidental 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 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 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 AND Incidental 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 Finding: Liver Lesion ≤ 0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm.
8. Check Documentation of Medical Reason(s) That Follow-up Imaging is Indicated AND Incidental 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 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 10 procedures in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) That Follow-up Imaging is Indicated AND Incidental 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 Studies With Follow-up Imaging Not Recommended AND Incidental 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 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 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 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 AND Incidental Finding: Liver Lesion ≤ 0.5 cm, Cystic Kidney Lesion < 1.0 cm or Adrenal Lesion ≤ 1.0 cm 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 not submitted 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion}(x=0 \text{ procedures}) + \text{Performance Met}(a=40 \text{ procedures}) + \text{Denominator Exception}(b=10 \text{ procedures}) + \text{Performance Not Met}(c=20 \text{ procedures})}{\text{Eligible Population} / \text{Denominator} (d=80 \text{ procedures})} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met} (a=40 \text{ procedures})}{\text{Data Completeness Numerator} (70 \text{ procedures}) - \text{Denominator Exclusion} (x=0 \text{ procedures}) - \text{Denominator Exception} (b=10 \text{ procedures})} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$