

Quality ID# 406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients – National Quality Strategy Domain: Effective Clinical Care

2018 OPTIONS FOR INDIVIDUAL MEASURES:

REGISTRY ONLY

MEASURE TYPE:

Process

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 eligible clinicians who provide the professional component of diagnostic imaging studies for computed tomography or magnetic resonance imaging will submit this measure.

Measure Submission

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 submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All final reports for CT, CTA, MRI or MRA studies of the chest or neck for patients aged 18 and older with a 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): 70490, 70491, 70492, 70498, 70540, 70542, 70543, 71250, 71260, 71270, 71275, 71555, 72125, 72126, 72127, 71550, 71551, 71552, 93886, 93888

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 a 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

CLINICAL RECOMMENDATION STATEMENTS:

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)

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 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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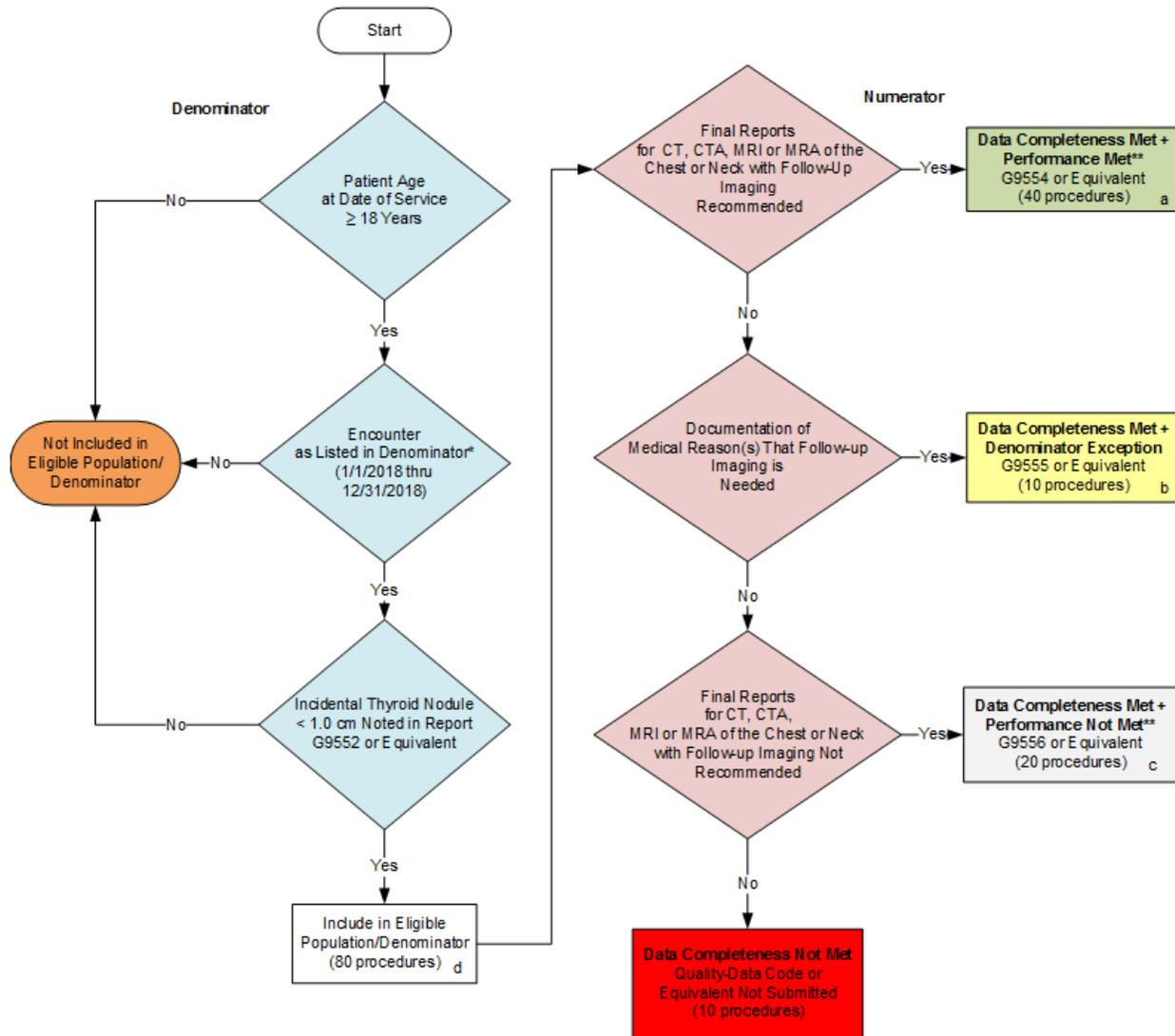
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**2018 Registry Flow for Quality ID #406:
Appropriate Follow-up Imaging for Incidental Thyroid Nodules In Patients**



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=

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

*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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2018 Registry Flow For Quality ID

#406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules In Patients

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 registry 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 Population. Stop Processing.
 - b. If Procedure as Listed in the Denominator equals Yes, proceed to Check Incidental Thyroid Nodule < 1.0 cm Noted in Report.
4. Check Incidental Thyroid Nodule < 1.0 cm Noted in Report:
 - a. If Incidental Thyroid Nodule < 1.0 cm Noted in Report equals No, do not include in Eligible Population. Stop Processing.
 - b. If Incidental Thyroid Nodule < 1.0 cm Noted in Report 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 80 procedures in the Sample Calculation.
6. Start Numerator
7. 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.
 - 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 CT, CTA, MRI or MRA of the Chest or Neck with Follow-Up Imaging Recommended equals No, proceed to Documentation of Medical Reason(s) That Follow-up Imaging is Needed.
8. Check Documentation of Medical Reason(s) That Follow-up Imaging is Needed:
 - a. If Documentation of Medical Reason(s) That Follow-up Imaging is Needed 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 Needed equals No, proceed to Final Reports for CT, CTA, MRI or MRA of the Chest or Neck with Follow-up Imaging Not Recommended.
9. 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.
 - 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 CT, CTA, MRI or MRA of the Chest or Neck 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 submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

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=

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