

**Quality ID #436: Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques – National Quality Strategy Domain: Effective Clinical Care**

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**  
**CLAIMS ONLY**

**MEASURE TYPE:**  
Process

**DESCRIPTION:**

Percentage of final reports for patients aged 18 years and older undergoing CT with documentation that one or more of the following dose reduction techniques were used:

- Automated exposure control
- Adjustment of the mA and/or kV according to patient size
- Use of iterative reconstruction technique

**INSTRUCTIONS:**

This measure is to be submitted **each time** a patient has a computed tomography scan 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 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 patients aged 18 years and older undergoing CT

***DENOMINATOR NOTE:*** \*Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services will not be counted in the denominator population for claims-based measures.

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq 18$  years on date of encounter

**AND**

Patient procedure during the performance period (CPT or HCPCS): 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263\*, 75571, 75572, 75573, 75574, 75635, 76380, 76497, 77011, 77012, 77013, 77014, 77078, 0042T, G0297

**NUMERATOR:**

Final reports with documentation that indicate an individualized dose optimization technique was used for the performed procedure. Dose optimization techniques include the following:

- Automated exposure control
- Adjustment of the mA and/or kV according to patient size
- Use of iterative reconstruction technique

**NUMERATOR NOTE:** Per exam/report: An individualized exposure protocol/optimization technique per scanner can be included in the report using a macro associated with the exam or procedure. Attestation: Alternatively, a general attestation statement in the final report can suffice to meet the measure; however there should be a written policy in place describing the process that ensures dose optimization techniques are used appropriately per instrument/room, as well as a method for validating that their use occurs for each patient, e.g. periodic audits.

Example statement:

All CT scans at "location" are performed using dose optimization techniques as appropriate to a performed exam including the following:

- Automated exposure control
- Adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam; i.e. extremities or head )
- Use of iterative reconstruction technique

**Numerator Quality-Data Coding Options:**

**Dose Reduction Techniques**

**Performance Met: G9637:**

Final reports with documentation of one or more dose reduction techniques (e.g., Automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)

**OR**

**Dose Reduction Techniques not Performed**

**Performance Not Met: G9638:**

Final reports without documentation of one or more dose reduction techniques (e.g., Automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)

**RATIONALE:**

Mettler et al1 estimate that CT scans account for 17% of total imaging procedures performed in the United States each year and 49% of the collective radiation dose from imaging procedures. Current advances in technology have resulted in several methods to reduce radiation dose for patients undergoing CT. Studies show that the use of CT dose optimization techniques can reduce radiation dose by 40%-50% without sacrificing image quality or diagnostic ability.

**CLINICAL RECOMMENDATION STATEMENTS:**

CT examinations should be performed only for a valid medical reason and with the minimum exposure that provides the image quality necessary for adequate diagnostic information. (ACR, 2011)

Radiologists, medical physicists, registered radiologist assistants, radiologic technologists, and all supervising physicians have a responsibility for safety in the workplace by keeping radiation exposure to staff, and to society as a whole, "as low as reasonably achievable" (ALARA) and to assure that radiation doses to individual patients are appropriate, taking into account the possible risk from radiation exposure and the diagnostic image quality necessary to achieve the clinical objective. (ACR, 2011)

Facilities, in consultation with the medical physicist, should have in place and should adhere to policies and procedures, in accordance with ALARA, to vary examination protocols to take into account patient body habitus, such as height and/or weight, body mass index or lateral width. The dose reduction devices that are available on imaging equipment should be active; if not, manual techniques should be used to moderate the exposure while maintaining the necessary diagnostic image quality. Periodically, radiation exposures should be measured and patient radiation doses estimated by a medical physicist in accordance with the appropriate ACR Technical Standard. (ACR, 2011)

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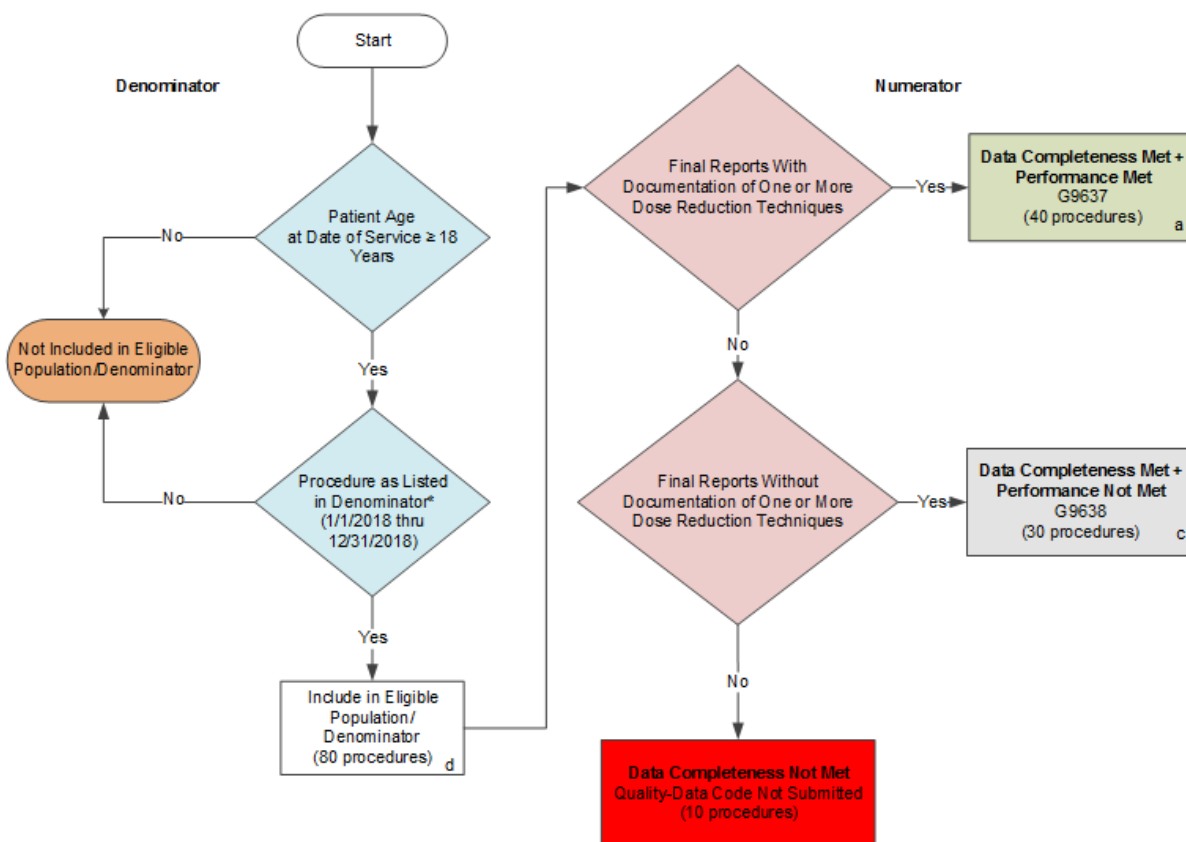
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## 2018 Claims Flow for Quality ID #436 Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques



### 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.  
 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

### #436: Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques

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 Current 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 With Documentation of One or More Dose Reduction Techniques:
  - a. If Final Reports With Documentation of One or More Dose Reduction Techniques 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 With Documentation of One or More Dose Reduction Techniques equals No, proceed to Final Reports Without Documentation of One or More Dose Reduction Techniques.
7. Check Final Reports Without Documentation of One or More Dose Reduction Techniques:
  - a. If Final Reports Without Documentation of One or More Dose Reduction Techniques 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 30 procedures in the Sample Calculation.
  - c. If Final Reports Without Documentation of One or More Dose Reduction Techniques equals No, proceed to Data Completeness Not Met

8. 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=	
Performance Met (a=40 procedures) + Performance Not Met (c=30 procedures) = 70 procedures = 87.50%	
Eligible Population / Denominator (d=80 procedures)	= 80 procedures
Performance Rate=	
Performance Met (a=40 procedures)	= 40 procedures = 57.14%
Data Completeness Numerator (70 procedures)	= 70 procedures