

Quality ID #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions**– National Quality Strategy Domain: Effective Clinical Care****– Meaningful Measure Area: Appropriate Use of Healthcare****2020 COLLECTION TYPE:****MEDICARE PART B CLAIMS****MEASURE TYPE:**

Process – High Priority

DESCRIPTION:

Percentage of final reports for imaging studies for patients aged 18 years and older with one or more of the following noted incidentally with a specific recommendation for no follow-up imaging recommended based on radiological findings:

- Cystic renal lesion that is simple appearing* (*Bosniak I or II*)
- Adrenal lesion less than or equal to 1.0 cm
- Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols

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 Merit-based Incentive Payment System (MIPS) eligible clinicians who provide the professional component of diagnostic imaging studies will submit this measure.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are 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 on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

DENOMINATOR:

All final reports for imaging studies for patients aged 18 years and older with one or more of the following incidentally noted:

- Cystic renal lesion that is simple appearing* (*Bosniak I or II*)
or
- Adrenal lesion less than or equal to 1.0 cm
or
- Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Patient procedure during the performance period (CPT): 71250, 71260, 71270, 71275, 71555, 72131, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 74150, 74160, 74170, 74176, 74177, 74178, 74181, 74182, 74183, 76700, 76705, 76770, 76775, G0297

NUMERATOR:

Final reports for imaging studies that include a description of incidental cystic renal lesion or adrenal lesion stating follow-up imaging is **not** recommended

Numerator Instructions:

A short note can be made in the final report, such as:

- "No follow-up imaging is recommended as incidental lesions are likely benign" or
- "No follow-up imaging is recommended per consensus recommendations based on imaging criteria. Further lab evaluation could be pursued based on clinical findings"

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 or characteristics 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:*

- Cystic renal lesion that is simple appearing* (Bosniak I or II)
- Adrenal lesion less than or equal to 1.0 cm
- Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols

**"Simple-appearing criteria":*

- Incidental renal mass on non-contrast enhanced abdominal CT that does not contain fat, is homogenous in appearance, -10-20 HU or ≥ 70 HU. (ACR, 2017)
- Incidental renal mass on contrast-enhanced abdominal CT that does not contain fat, is homogenous in appearance, -10-20 HU. (ACR, 2017)

Radiologists may choose not to include in the radiology report benign-appearing renal cysts (Bosniak I or II or equivalent) or cystic lesions that are too small to characterize (TSTC) but likely benign (a lesion is too small to characterize (TSTC) when the lesion size is less than twice reconstructed slice thickness (ACR, 2017).*

For Medicare Part B claims measures, a denominator eligible patient would have two codes reported.

Numerator Quality-Data Coding Options:

Final Report without Incidental Finding

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

Denominator Exclusion: G9551:

Final reports for imaging studies without an incidentally found lesion noted:

- Cystic renal lesion that is simple appearing* (Bosniak I or II)

- Adrenal lesion less than or equal to 1.0 cm
- Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols

*“Simple-appearing criteria”:

- Incidental renal mass on non-contrast enhanced abdominal CT that does not contain fat, is homogenous in appearance, -10-20 HU or ≥ 70 HU.

OR

Final Reports with Follow-Up Imaging Not Recommended

(Two G-codes [G9548 & G9547] are required on the claim form to submit this numerator option)

Performance Met: G9548:

Final reports for imaging studies stating no follow-up imaging is recommended

AND

G9547:

Incidentally found lesion noted:

- Cystic renal lesion that is simple appearing* (Bosniak I or II)
- Adrenal lesion less than or equal to 1.0 cm
- Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols

*“Simple-appearing criteria”:

- Incidental renal mass on non-contrast enhanced abdominal CT that does not contain fat, is homogenous in appearance, -10-20 HU or ≥ 70 HU.

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 lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical reason(s))

AND

G9547:

Incidentally found lesion noted:

- Cystic renal lesion that is simple appearing* (Bosniak I or II)
- Adrenal lesion less than or equal to 1.0 cm
Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols

***“Simple-appearing criteria”:*

- *Incidental renal mass on non-contrast enhanced abdominal CT that does not contain fat, is homogenous in appearance, -10-20 HU or ≥ 70 HU.*

OR

Final Reports with Follow-Up Imaging Recommended

(Two G-codes [G9550 & G9547] are required on the claim form to submit this numerator option)

Performance Not Met: G9550:

Final reports for imaging studies with follow-up imaging recommended

AND

G9547:

Incidentally found lesion noted:

- *Cystic renal lesion that is simple appearing* (Bosniak I or II)*
- *Adrenal lesion less than or equal to 1.0 cm*
- *Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols*

***“Simple-appearing criteria”:*

- *Incidental renal mass on non-contrast enhanced abdominal CT that does not contain fat, is homogenous in appearance, -10-20 HU or ≥ 70 HU.*

RATIONALE:

Incidental renal, and adrenal lesions are commonly found during 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 ACR Incidental Findings Committee recommends the following for low-dose unenhanced CT examination for renal masses:

- 1) Although most renal masses on unenhanced CT are incompletely characterized, a homogenous lesion between -10 and 20 HU is highly likely to be a benign cyst. (ACR, 2017)
- 2) Although the majority of lesions are characterized on initial imaging, one definition for the indeterminate renal mass is a lesion containing areas that measure 20-70 Hounsfield units (HU) on noncontrast imaging. Homogenous lesions measuring <20 HU or >70 HU can be considered benign, whereas lesions either entirely or partially within the 20-70 HU range should be considered indeterminate and warrant further evaluation. (ACR, 2015)
- 3) A homogenous lesion 70 HU or greater on unenhanced CT can confidently be diagnosed as a hyperdense Bosniak II cyst requiring no further characterization or treatment. Further characterization of these masses would add anxiety and cost and is unlikely to alter the diagnosis. (ACR, 2017)

- 4) The hyperdense cyst can present a diagnostic problem in that its initial attenuation coefficients are high, which can theoretically obscure tiny papillary projections along its wall. However, a homogenous renal mass measuring >70 HU at unenhanced CT has been shown to have a >99.9% chance of representing a high-attenuation renal cyst rather than RCC. (ACR, 2015)
- 5) Any homogenous renal mass on contrast-enhanced CT between -10 and 20 HU is a benign simple cyst, not requiring further evaluation. (ACR, 2017)
- 6) For a lesion characterized as a cystic renal mass, that is, one predominantly consisting of homogenous round or oval regions without measurable enhancement, we advocate using the Bosniak classification system. Bosniak I and II cystic masses are reliably considered benign and need no follow up. (ACR, 2017)
- 7) Although there are no data to suggest how to manage very small (<1 cm) renal masses, some feel that if the lesion in question appears to be a simple cyst—i.e., a low-attenuation (0-20 HU) mass containing no septations, nodularity, calcifications, or enhancement—it can be presumed to be benign and need not be further pursued. (ACR, 2015)

The ACR Incidental Findings Committee Adrenal Subcommittee for management of incidental adrenal recommends the following for unenhanced CT, or washout protocol CT, or MRI with in- and opposed-phase sequences or equivalent protocols examinations for adrenal masses:

- 1) If an adrenal mass has diagnostic features of a benign lesion such as a myelolipoma (presence of macroscopic fat) or cyst (simple cyst-appearing without enhancement), no additional workup or follow-up imaging is needed.
- 2) If the lesion is 1 to 4 cm and has a density of ≤ 10 HU on CT or signal loss compared with the spleen on out-of-phase images of a chemical-shift MRI (CS-MRI) examination, it is almost always diagnostic of a lipid-rich adenoma. If diagnostic imaging features are not present but the adrenal mass has been stable for ≥ 1 year, it is likely benign. (ACR, 2010)

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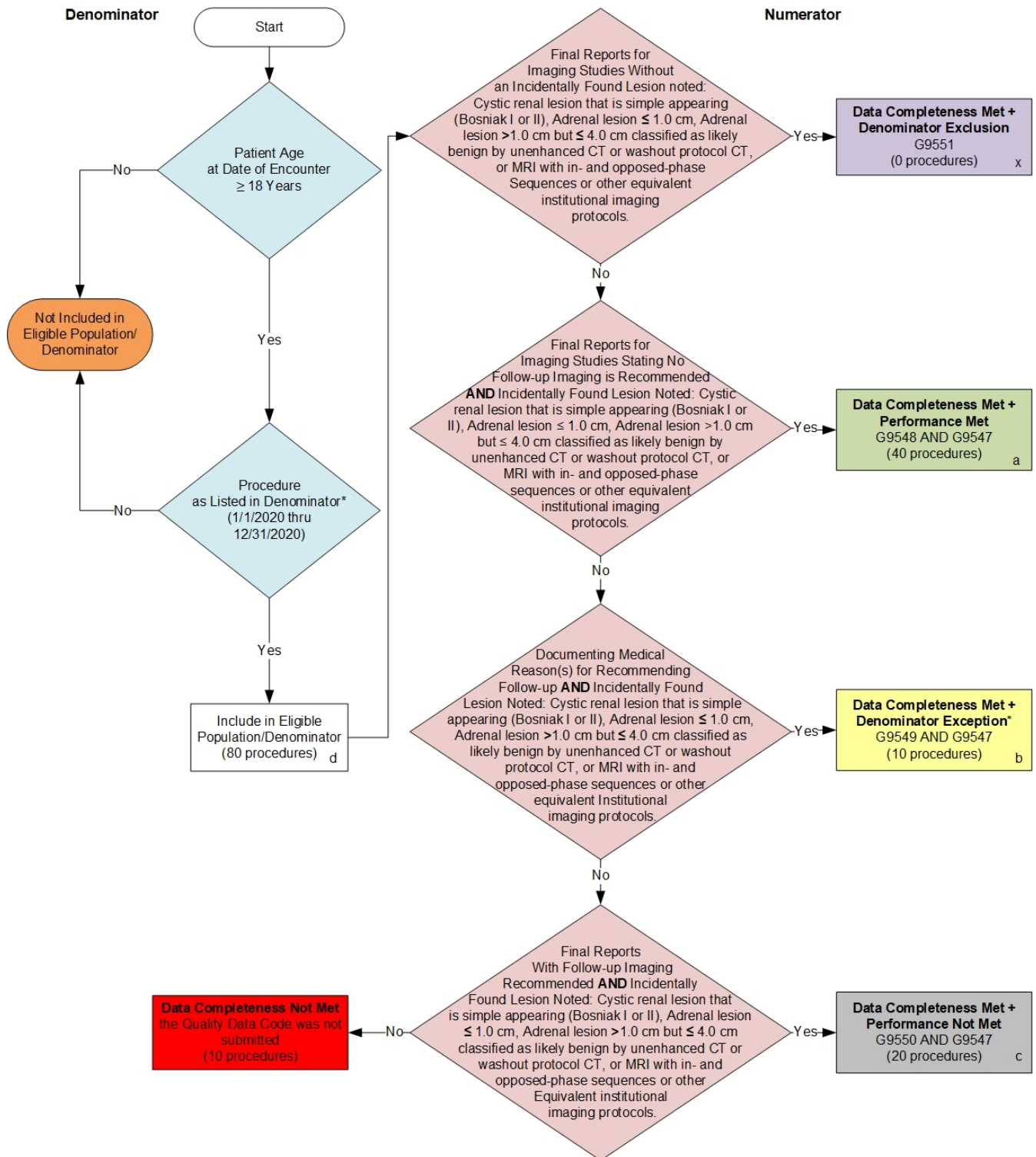
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**2020 Medicare Part B Claims Flow for Quality ID #405:
Appropriate Follow-up Imaging for Incidental Abdominal Lesions**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure



SAMPLE CALCULATIONS:

Data Completeness=

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

Performance Rate=

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

*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.

v4

**2020 Medicare Part B Claims Flow Narrative for Quality ID #405:
Appropriate Follow-up Imaging for Incidental Abdominal Lesions**

Disclaimer: *Please refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient Age at Date of Encounter is greater than or equal to 18 Years equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age at Date of Encounter is greater than or equal to 18 Years equals Yes, proceed to check Procedure Performed.
3. Check Procedure Performed:
 - a. If Procedure as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Procedure as Listed in Denominator equals Yes, include in Eligible Population
4. Denominator Population:
 - a. Denominator Population is all Eligible Procedures 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 Imaging Studies Without an Incidentally Found Lesion noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols:
 - a. If Final Reports for Imaging Studies Without an Incidentally Found Lesion noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols 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 Imaging Studies Without an Incidentally Found Lesion noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols equals No, proceed to check Final Reports for Imaging Studies Stating No Follow-up Imaging is Recommended AND Incidentally Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols.
7. Check Final Reports for Imaging Studies Stating No Follow-up Imaging is Recommended AND Incidentally

Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols:

- a. If Final Reports for Imaging Studies Stating No Follow-up Imaging is Recommended AND Incidentally Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols 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 Imaging Studies Stating No Follow-up Imaging is Recommended AND Incidentally Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols equals No, proceed to check Documenting Medical Reason(s) for Recommending Follow-up AND Incidentally Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols.
8. Check Documenting Medical Reason(s) for Recommending Follow-up AND Incidentally Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols:
- a. If Documenting Medical Reason(s) for Recommending Follow-up AND Incidentally Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols 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 Documenting Medical Reason(s) for Recommending Follow-up AND Incidentally Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols equals No, proceed to check Final Reports With Follow-up Imaging Recommended AND Incidentally Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols.
9. Check Final Reports With Follow-up Imaging Recommended AND Incidentally Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater

than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols:

- a. If Final Reports With Follow-up Imaging Recommended AND Incidentally Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols 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 With Follow-up Imaging Recommended AND Incidentally Found Lesion Noted: Cystic renal lesion that is simple appearing (Bosniak I or II), Adrenal lesion less than or equal to 1.0 cm, Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols equals No, proceed to check Data Completeness Not Met.

10. Check Data Completeness Not Met:

- a. If Data Completeness Not Met, the Quality Data Code was not submitted 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATION S:

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=

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