

**Quality ID #406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients**  
– 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 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 Merit-based Incentive Payment System (MIPS) eligible clinicians who provide the professional component of diagnostic imaging studies for computed tomography or magnetic resonance imaging 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 CT, CTA, MRI or MRA studies of the chest or neck for patients aged 18 and older with an incidentally-detected thyroid nodule < 1.0 cm noted

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 18 years on date of encounter

**AND**

**Patient encounter during the performance period (CPT):** 70486, 70487, 70488, 70490, 70491, 70492, 70498, 70540, 70542, 70543, 70547, 70548, 70549, 71250, 71260, 71270, 71555, 72125, 72126, 72127, 72141, 72142, 72156, 71550, 71551, 71552

**NUMERATOR:**  
Final reports for CT, CTA MRI or MRA of the chest or neck with follow-up imaging recommended for reports with an incidentally-detected 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 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. Patients that do not have incidental findings within the imaging study final reports would report **G9557**. Denominator eligible patients would be those for whom an incidental thyroid nodule of < 1.0 is noted in the final report.

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

**Numerator Quality-Data Coding Options:**

**Final Report without Incidental Finding**

(One G-code [G9557] is required on the claim form to submit this numerator option)

**Denominator Exclusion: G9557:**

Final reports for CT, CTA, MRI or MRA studies of the chest or neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found

**OR**

**Final Reports with Follow-Up Imaging Recommended**

(Two G-codes [G9554 & G9552] are required on the claim form to submit this numerator option)

**Performance Met: G9554:**

Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended

**AND**

**G9552:**

Incidental Thyroid Nodule < 1.0 cm noted in report

**OR**

**Documenting Medical Reason(s) for Recommending Follow-Up**

(Two G-codes [G9555 & G9552] are required on the claim form to submit this numerator option)

**Denominator Exception: G9555:**

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))

**AND**

**G9552:**

Incidental Thyroid Nodule < 1.0 cm noted in report

**OR**

**Final Reports with Follow-Up Imaging not Recommended**

(Two G-codes [G9556 & G9552] are required on the claim form to submit this numerator option)

**Performance Not Met: G9556:**

Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended

**AND**

**G9552:**

Incidental Thyroid Nodule < 1.0 cm noted in report

**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, 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)

**CLINICAL RECOMMENDATION STATEMENTS:**

In patients <35 years with an incidental thyroid nodule (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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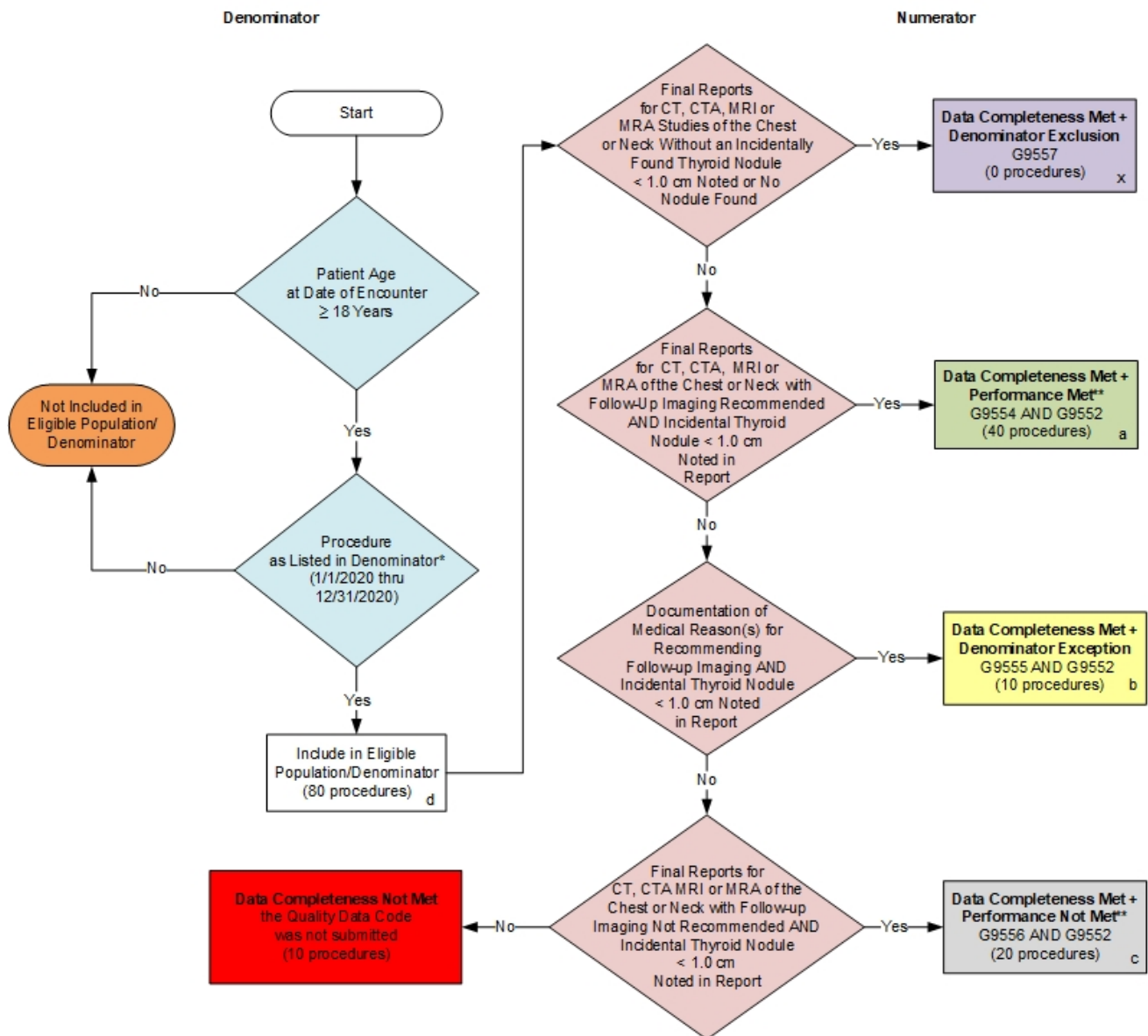
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**2020 Medicare Part B Claims Flow for Quality ID #406:  
Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients**

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



**SAMPLE CALCULATIONS:**

**Data Completeness=**

Denominator Exclusion(x=0 procedures)+Performance Met(a=40 procedures)+Denominator Exception(b=10 procedures)+Performance Not Met(c=20 procedures) = 70 procedures = 87.5%  
Eligible Population / Denominator (d=80 procedures) = 80 procedures

**Performance Rate=**

Performance Met (a=40 procedures) = 40 procedures = 66.67%  
Data Completeness Numerator (70 procedures) - Denominator Exclusion (x=0 procedures) - Denominator Exception (b=10 procedures) = 60 procedures

\*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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**2020 Medicare Part B Claims Flow Narrative for Quality ID #406:  
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**Disclaimer:** 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 the Denominator equals No, do not include in Eligible 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 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 CT, CTA, MRI or MRA Studies of the Chest or Neck Without an Incidentally Found Thyroid Nodule less than 1.0 cm Noted or No Nodule Found:
  - a. If Final Reports for CT, CTA, MRI or MRA Studies of the Chest or Neck Without an Incidentally Found Thyroid Nodule less than 1.0 cm Noted or No Nodule 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 CT, CTA, MRI or MRA Studies of the Chest or Neck Without an Incidentally Found Thyroid Nodule less than 1.0 cm Noted or No Nodule Found equals No, proceed to check Final Reports for CT, CTA, MRI or MRA of the Chest or Neck with Follow-Up Imaging Recommended AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report.
7. Check Final Reports for CT, CTA, MRI or MRA of the Chest or Neck with Follow-Up Imaging Recommended AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report:
  - a. If Final Reports for CT, CTA, MRI or MRA of the Chest or Neck with Follow-Up Imaging Recommended AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report 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

AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report equals No, proceed to check Documentation of Medical Reason(s) for Recommending Follow-up Imaging AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report.

8. Check Documentation of Medical Reason(s) for Recommending Follow-up Imaging AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report:
  - a. If Documentation of Medical Reason(s) for Recommending Follow-up Imaging AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report equals Yes, include in Data Completeness Met and Denominator Exception.
  - b. Data Completeness Met and Performance Exclusion 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) for Recommending Follow-up Imaging AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report equals No, proceed to check Final Reports for CT, CTA, MRI or MRA of the Chest or Neck with Follow-up Imaging Not Recommended AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report.
9. Check Final Reports for CT, CTA, MRI or MRA of the Chest or Neck with Follow-up Imaging Not Recommended AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report:
  - a. If Final Reports CT, CTA, MRI or MRA of the Chest or Neck with Follow-up Imaging Not Recommended AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report 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 AND Incidental Thyroid Nodule less than 1.0 cm Noted in Report 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 CALCULATIONS:**

##### **Data Completeness=**

$$\frac{\text{Denominator Exclusion (x=0 procedures)} + \text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.5\%$$

##### **Performance Rate=**

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