

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:

MIPS CLINICAL QUALITY MEASURES (CQMS)

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, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

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 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): 70486, 70487, 70488, 70490, 70491, 70492, 70498, 70540, 70542, 70543, 70547, 70548, 70549, 71250, 71260, 71270, 71555, 72125, 72126, 72127, 71550, 71551, 71552, 72141, 72142, 72156

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 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 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, 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)

COPYRIGHT:

The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

Commercial uses of the Measures require a license agreement between the user and the American Medical Association (AMA), [on behalf of the Physician Consortium for Performance Improvement® (PCPI®)] or American College of Radiology (ACR). Neither the AMA, ACR, PCPI, nor its members shall be responsible for any use of the Measures.

The AMA’s, PCPI’s and National Committee for Quality Assurance’s significant past efforts and contributions to the development and updating of the Measures is acknowledged. ACR is solely responsible for the review and enhancement (“Maintenance”) of the Measures as of December 31, 2014.

ACR encourages use of the Measures by other health care professionals, where appropriate.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.

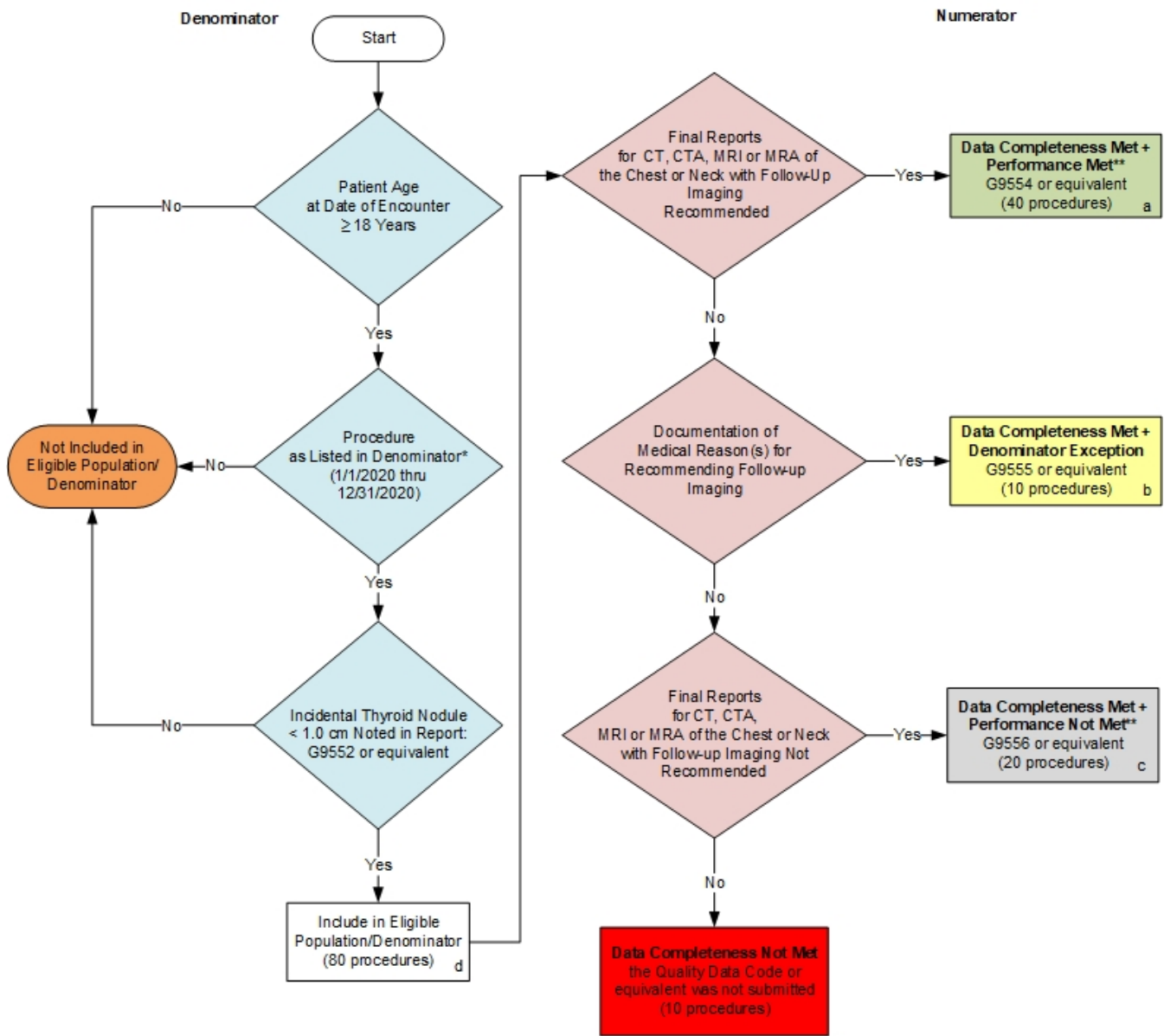
© 2015 American Medical Association and American College of Radiology. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, ACR, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2004-2019 American Medical Association. LOINC® copyright 2004-2018 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2018 College of American Pathologists. All Rights Reserved.

**2020 Clinical Quality Measure 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=

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

Performance Rate=

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

*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

CPT only copyright 2019 American Medical Association. All rights reserved.
 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 Clinical Quality Measure Flow Narrative 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.

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, proceed to check Incidental Thyroid Nodule less than 1.0 cm Noted in Report:
4. Check Incidental Thyroid Nodule less than 1.0 cm Noted in Report:
 - a. If Incidental Thyroid Nodule less than 1.0 cm Noted in Report equals No, do not include in Eligible Population. Stop Processing.
 - b. If Incidental Thyroid Nodule less than 1.0 cm Noted in Report equals Yes, include in Eligible Population.
5. 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.
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 check Documentation of Medical Reason(s) for Recommending Follow-up Imaging.
8. Check Documentation of Medical Reason(s) for Recommending Follow-up Imaging:
 - a. If Documentation of Medical Reason(s) for Recommending Follow-up Imaging 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) for Recommending Follow-up Imaging equals No, proceed to check Final Reports for CT, CTA, MRI or MRA of the Chest or Neck with Follow-up Imaging NotRecommended.
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 check Data Completeness Not Met.
10. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

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

Performance Rate=

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