



AAO39: Neck Mass Evaluation

High Priority Status: No / N/A
CBE Number: N/A

Measure Description:

Percentage of patients aged 18 years and older diagnosed with a neck mass and suspected/increased risk of malignancy who had a fine needle aspiration (FNA), or refer the patient to someone who can perform FNA with tumor human papillomavirus (HPV) test and receive a neck computed tomography (or magnetic resonance imaging) with contrast.

Instructions:

This measure is to be submitted a minimum of once per performance period for patients with a new neck mass. This measure may be submitted by clinicians based on the services provided and the measure-specific denominator coding. This measure has two strata separated by numerical indicators (i.e., denominator exception 2 is evaluated in the instance numerator 2 is not performed).

Denominator:

1. Patients aged 18 years and older diagnosed with a neck mass and *suspected/increased risk of malignancy
2. Patients aged 18 years and older diagnosed with a neck mass and *suspected/increased risk of malignancy

Denominator Note:

- Patients with a new neck mass who are at increased risk for malignancy because the patient lacks a history of infectious etiology, and the mass has been present for ≥ 2 weeks without significant fluctuation or the mass is of uncertain duration.
 - A new neck mass is defined as a neck mass diagnosis for the first time in life
- Patients with a neck mass who are at increased risk for malignancy based on ≥ 1 of these physical examination characteristics: fixation to adjacent tissues, firm consistency, size > 1.5 cm, or ulceration of overlying skin.
- Patients with a neck mass who are at low risk for malignancy based on ≥ 1 of these physical examination characteristics: mobile, fluctuant, size ≤ 1.5 cm, or swollen lymph nodes.

Denominator Exclusions:

1. None
2. None

Numerator:

1. Patients that have a FNA, or refer the patient to someone who can perform FNA with human papillomavirus (HPV) test.
2. Patients that received a neck computed tomography scan or magnetic resonance imaging with contrast.

Note: This measure assesses the completion of an FNA prior to an open biopsy, if further testing is required.

Denominator Exceptions:

1. Documentation of a system reason for not completing an FNA (i.e., cytopathologist unavailable to read FNA)
2. FNA results negative for malignancy.

Measure Classifications:

Submission Pathway: Traditional MIPS
Measure Type: Process

Empowering otolaryngologist-head and neck surgeons to deliver the best patient care

High Priority Type: Patient Safety
Meaningful Measures Area: Appropriate Use of Healthcare
Care Setting(s): Ambulatory Care: Clinician Office/Clinic
Includes Telehealth: No
Number of Performance Rates: 1
Inverse measure: No
Continuous measure: No
Proportional measure: Yes
Ratio measure: No
Risk Adjusted measure: No

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