



Measure Concept #3: Appropriate Avoidance of CT and/or MRI for Uncomplicated Common Otolaryngology Diagnoses

Measure Description:

Percentage of patients seen in the ambulatory otolaryngology setting with a qualifying common otolaryngology diagnosis for whom CT and/or MRI was not ordered during the index evaluation or defined episode of care unless documented suspected complication, or alternative diagnoses were present

Denominator:

All patients seen in the ambulatory otolaryngology setting with a qualifying common otolaryngology diagnosis during the index evaluation or defined episode of care.

Denominator Note:

Common otolaryngology diagnoses may include, but are not limited to, Bell's palsy, benign paroxysmal positional vertigo (BPPV), sudden hearing loss, uncomplicated acute rhinosinusitis, hoarseness prior to laryngeal visualization, uncomplicated tinnitus, and uncomplicated chronic rhinosinusitis

Numerator:

Patients in the denominator for whom CT and/or MRI were not ordered during the index evaluation or episode of care, unless there was documented suspicion of complications or alternative diagnoses.

Denominator Exception:

Patients with documented suspicion of complications or alternative diagnosis that require a CT and/or MRI during the index evaluation or episode of care.

Supporting Clinical Guidance:

The American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) participates in the Choosing Wisely initiative, led by the ABIM Foundation, to encourage conversations between physicians and patients about avoiding unnecessary tests and treatments and promoting evidence-based care. The AAO-HNSF recommendations were developed through review of current evidence and the Foundation's clinical practice guidelines, with the goal of reducing low-value care while identifying situations in which testing or treatment may still be clinically appropriate.

As part of this initiative, the AAO-HNSF recommends avoiding unnecessary imaging in several common otolaryngologic conditions that are primarily diagnosed clinically, including Bell's palsy, benign paroxysmal positional vertigo (BPPV), sudden hearing loss, uncomplicated acute rhinosinusitis, hoarseness prior to laryngeal visualization, uncomplicated tinnitus, and uncomplicated chronic rhinosinusitis. These recommendations support imaging stewardship by reducing unnecessary CT and MRI utilization while preserving appropriate imaging for atypical presentations, suspected complications, or alternative diagnoses.

American Academy of Otolaryngology–Head and Neck Surgery Foundation. (n.d.). Choosing wisely. <https://www.entnet.org/about-us/campaigns/choosing-wisely/>

American Academy of Otolaryngology–Head and Neck Surgery Foundation. (n.d.). *Clinical practice guideline: Bell's palsy*. <https://www.entnet.org/quality-practice/quality-products/clinical-practice-guidelines/bells-palsy/>

American Academy of Otolaryngology–Head and Neck Surgery Foundation. (n.d.). *Clinical practice guideline: Benign paroxysmal positional vertigo (BPPV)*. <https://www.entnet.org/quality-practice/quality-products/clinical-practice-guidelines/bppv/>

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