

## Quality ID #406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients

### 2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (COM)

### MEASURE TYPE:

Process – High Priority

- ***INVERSE MEASURE: LOWER SCORE - BETTER***

### 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:

#### **Reporting Frequency:**

This measure is to be submitted each time a denominator eligible encounter as defined in the denominator criteria is performed.

#### **Intent and Clinical Applicability:**

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. This measure intends to reflect the quality of services provided to patients aged 18 years and older with an incidental thyroid nodule finding.

There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

#### **Measure Strata and Performance Rates:**

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

### **Implementation Considerations**

For the purposes of MIPS implementation, this procedure measure is submitted each time a procedure is performed during the performance period.

This is an inverse measure which means 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. Submitting 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.

#### **Telehealth:**

**NOT TELEHEALTH ELIGIBLE:** This measure is not appropriate for nor applicable to the telehealth setting. This measure is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

### Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. 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:***

*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 procedure during the performance period (CPT): 70486, 70487, 70488, 70490, 70491, 70492, 70498, 70540, 70542, 70543, 70547, 70548, 70549, 71250, 71260, 71270, 71271, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 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** – see Implementation Considerations

#### **Numerator Options:**

***Performance Not Met:***

Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended (**G9556**)

**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 Met:***

Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended (**G9554**)

### 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  $\geq 1$  cm and has no suspicious imaging features, and if the patient has normal life expectancy.

In patients  $\geq 35$  years with an ITN detected on CT, MRI, or extrathyroidal ultrasound, the Committee recommends further evaluation with dedicated thyroid ultrasound if the nodule is  $\geq 1.5$  cm and has no suspicious imaging features, and if the patient has normal life expectancy. (ACR, 2014)

### **REFERENCES:**

Wang CL, Cohan RH, Ellis JH, Adusumilli S, Dunnick NR. Frequency, management, and outcome of extravasation of nonionic iodinated contrast medium in 69657 intravenous injections. *Radiology*. 2007;243(1):80-87.

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Cooper DS, Doherty GM, Haugen BR, et al; American Thyroid Association (ATA) Guidelines Taskforce on Thyroid Nodules and Differentiated Thyroid Cancer. Revised American Thyroid Association management guidelines for patients with thyroid nodules and differentiated thyroid cancer. *Thyroid*. 2009;19(11):1-48. doi:10.1089/thy.2009.0110.

Hoang JK, Langer JE, Middleton WD, et al. Managing incidental thyroid nodules detected on imaging: white paper of the ACR Incidental Thyroid Findings Committee. *J Am Coll Radiol*. 2014;XX:XX-XX. Doi: 10.1016/j.jacr.2014.09.038.

Mortensen JD, Woolner LB, Bennet WA. Gross and microscopic findings in clinically normal thyroid glands. *J Clin Endocrinol Metab*. 1955;15(10):1270-1280. doi:10.1210/jcem-15-10-1270.

Desser TS, Kamaya A. Ultrasound of thyroid nodules. *Neuroimaging Clin N Am*. 2008;18(3):463-478. doi:10.1016/j.nic.2008.03.005.

Ahmed S, Horton KM, Jeffrey RB Jr., Sheth S, Fishman EK. Incidental thyroid nodules on chest CT: review of the literature and management suggestions. *Am J Roentgenol*. 2010;195:1066-1071. doi:10.2214/AJR.10.4506.

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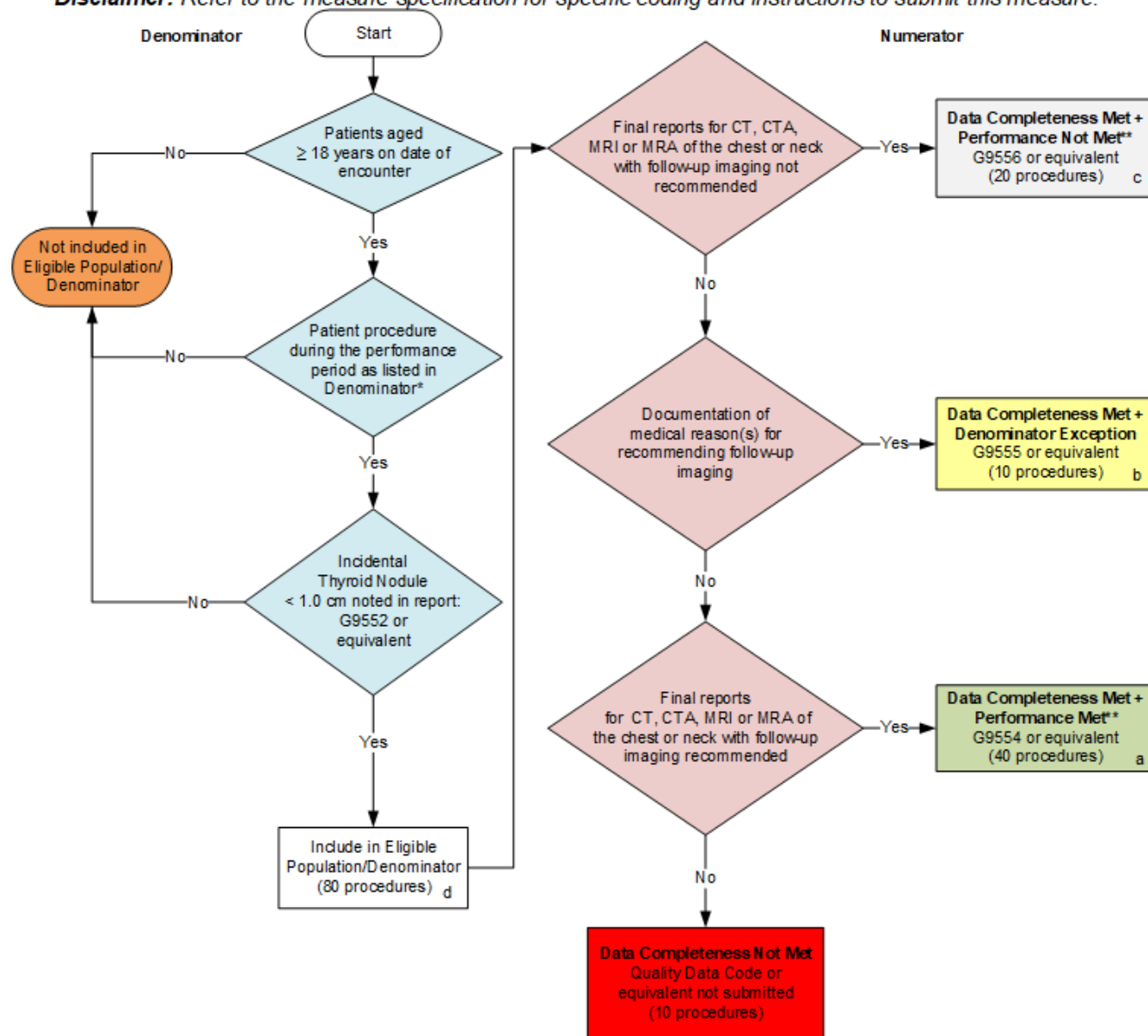
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**2026 Clinical Quality Measure Flow for Quality ID #406:  
Appropriate Follow-up Imaging for Incidental Thyroid Nodules In Patients  
INVERSE MEASURE: LOWER SCORE – BETTER**

**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

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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.

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**2026 Clinical Quality Measure Flow Narrative for Quality ID #406:  
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**INVERSE MEASURE: LOWER SCORE – BETTER**

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

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
  - a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator\**.
3. Check *Patient procedure during the performance period as listed in Denominator\**:
  - a. If *Patient procedure during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during the performance period as listed in 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/Denominator*. Stop processing.
  - b. If *Incidental Thyroid Nodule less than 1.0 cm noted in report* equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population:
  - 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 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\*\**.
    - *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.
  - b. 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 *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*.

- *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.
- b. 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 recommended*.
9. 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\*\**.
- *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.
- b. If *Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended* equals No, proceed to check *Data Completeness Not Met*.
10. Check *Data Completeness Not Met*:
- 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 equals Performance Met (a equals 40 procedures) plus Denominator Exception (b equals 10 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate\*\* equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exception (b equals 10 procedures). All equals 40 procedures divided by 60 procedures. All equals 66.67 percent.

\*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

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.