

Quality ID #436: Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Appropriate Use of Healthcare

2020 COLLECTION TYPE:
MEDICARE PART B CLAIMS

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of final reports for patients aged 18 years and older undergoing computed tomography (CT) with documentation that one or more of the following dose reduction techniques were used

- Automated exposure control
- Adjustment of the mA and/or kV according to patient size
- Use of iterative reconstruction technique

INSTRUCTIONS:
This measure is to be submitted **each time** a patient has a computed tomography scan 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 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 patients aged 18 years and older undergoing CT

DENOMINATOR NOTE: **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services will not be counted in the denominator population for Medicare Part B claims measures.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter

AND

Patient procedure during the performance period (CPT or HCPCS): 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263*, 75571, 75572, 75573, 75574, 75635, 76380, 76497, 77011, 77012, 77013, 77014, 77078, 0042T, G0297

NUMERATOR:
Final reports with documentation that indicate an individualized dose optimization technique was used for the performed procedure. Dose optimization techniques include the following:

- Automated exposure control
- Adjustment of the mA and/or kV according to patient size
- Use of iterative reconstruction technique

NUMERATOR NOTE: *Per exam/report: An individualized exposure protocol/optimization technique per scanner can be included in the report using a macro associated with the exam or procedure.*

Attestation: Alternatively, a general attestation statement in the final report can suffice to meet the measure; however there should be a written policy in place describing the process that ensures dose optimization techniques are used appropriately per instrument/room, as well as a method for validating that their use occurs for each patient, e.g. periodic audits.

Example statement:

All CT scans at "location" are performed using dose optimization techniques as appropriate to a performed exam including the following:

- Automated exposure control
- Adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam; i.e. extremities or head)
- Use of iterative reconstruction technique

Numerator Quality-Data Coding Options:

Dose Reduction Techniques

Performance Met: G9637:

Final reports with documentation of one or more dose reduction techniques (e.g., Automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)

OR

Dose Reduction Techniques not Performed

Performance Not Met: G9638:

Final reports without documentation of one or more dose reduction techniques (e.g., Automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)

RATIONALE:

Mettler et al. estimate that CT scans account for 17% of total imaging procedures performed in the United States each year and 49% of the collective radiation dose from imaging procedures. Current advances in technology have resulted in several methods to reduce radiation dose for patients undergoing CT. Studies show that the use of CT dose optimization techniques can reduce radiation dose by 40%-50% without sacrificing image quality or diagnostic ability.

CLINICAL RECOMMENDATION STATEMENTS:

CT examinations should be performed only for a valid medical reason and with the minimum exposure that provides the image quality necessary for adequate diagnostic information. (ACR, 2011)

Radiologists, medical physicists, registered radiologist assistants, radiologic technologists, and all supervising physicians have a responsibility for safety in the workplace by keeping radiation exposure to staff, and to society as a whole, "as low as reasonably achievable" (ALARA) and to assure that radiation doses to individual patients are appropriate, taking into account the possible risk from radiation exposure and the diagnostic image quality

necessary to achieve the clinical objective. (ACR, 2011)

Facilities, in consultation with the medical physicist, should have in place and should adhere to policies and procedures, in accordance with ALARA, to vary examination protocols to take into account patient body habitus, such as height and/or weight, body mass index or lateral width. The dose reduction devices that are available on imaging equipment should be active; if not, manual techniques should be used to moderate the exposure while maintaining the necessary diagnostic image quality. Periodically, radiation exposures should be measured and patient radiation doses estimated by a medical physicist in accordance with the appropriate ACR Technical Standard. (ACR, 2011)

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, eg, 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.

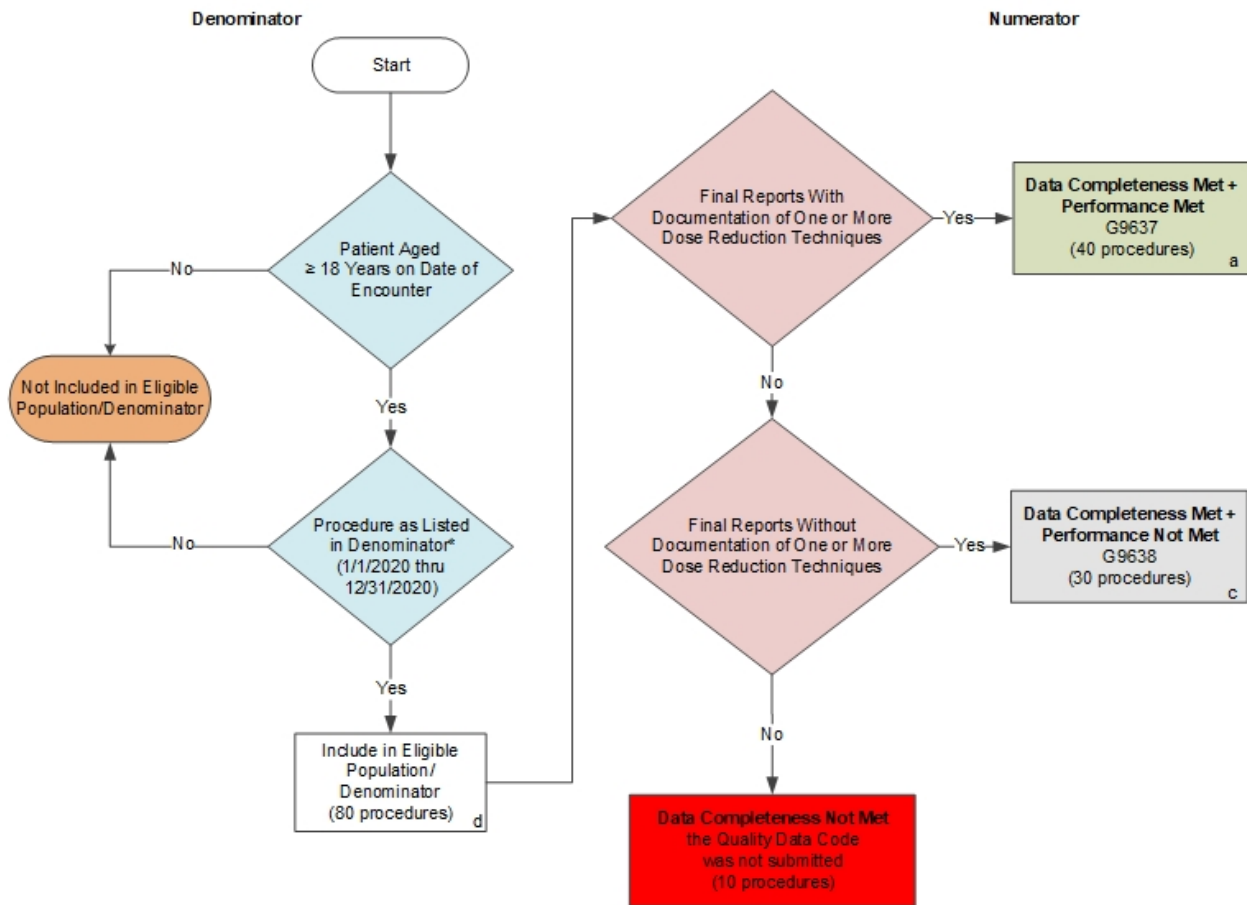
© 2015 American Medical Association and American College of Radiology. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

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 2004-2019 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004- 2019 College of American Pathologists. All Rights Reserved.

**2020 Medicare Part B Claims Flow for Quality ID #436:
Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques**

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



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$

* See the posted measure specification for specific coding and instructions to submit this measure.

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 Medicare Part B Claims Flow Narrative for Quality ID #436:
Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques

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 Aged greater than or equal to 18 Years on Date of Encounter equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Aged greater than or equal to 18 Years on Date of Encounter 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 With Documentation of One or More Dose Reduction Techniques:
 - a. If Final Reports With Documentation of One or More Dose Reduction Techniques 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 With Documentation of One or More Dose Reduction Techniques equals No, proceed to check Final Reports Without Documentation of One or More Dose Reduction Techniques.
7. Check Final Reports Without Documentation of One or More Dose Reduction Techniques:
 - a. If Final Reports Without Documentation of One or More Dose Reduction Techniques 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 30 procedures in the Sample Calculation.
 - c. If Final Reports Without Documentation of One or More Dose Reduction Techniques equals No, proceed to check Data Completeness Not Met

8. 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=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$