
2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of final reports for carotid imaging studies (neck magnetic resonance angiography [MRA], neck computed tomography angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement.

INSTRUCTIONS:
This measure is to be reported each time a carotid imaging study is performed during the reporting period for all patients, regardless of age. There is no diagnosis associated with this measure. Clinicians who provide the professional component of diagnostic imaging studies of the carotids will submit this measure.

Measure Reporting via Claims:
CPT codes are used to identify patients who are included in the measure’s denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT procedure codes and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The reporting modifier allowed for this measure is: 8P- reason not otherwise specified. There are no allowable performance exclusions for this measure. All measure-specific coding should be reporting on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
CPT codes are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:
All final reports for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed.

Denominator Criteria (Eligible Cases):
Patient encounter during the reporting period (CPT): 36222, 70498, 70547, 70548, 70549, 93880, 93882

NUMERATOR:
Final reports for carotid imaging studies that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement.

Numerator Instructions: This measure requires that the estimate of stenosis included in the report of the imaging study employ a method such as the North American Symptomatic Carotid Endarterectomy Trial (NASCET) method for calculating the degree of stenosis. The NASCET method calculates the degree of stenosis with reference to the lumen of the carotid artery distal to the stenosis.

For duplex imaging studies the reference is indirect, since the degree of stenosis is inferred from velocity parameters and cross referenced to published or self-generated correlations among velocity parameters.
and results of angiography or other imaging studies which serve as the gold standard. In Doppler ultrasound, the degree of stenosis can be estimated using Doppler parameter of the peak systolic velocity (PSV) of the internal carotid artery (ICA), with concordance of the degree of narrowing of the ICA lumen. Additional Doppler parameters of ICA-to-common carotid artery (CCA) PSV ratio and ICA end-diastolic velocity (EDV) can be used when degree of stenosis is uncertain from ICA PSV. (Grant et al, 2003) A short note can be made in the final report, such as:

- Severe left ICA stenosis of 70-80% by NASCET criteria” or
- “Severe left ICA stenosis of 70-80% by criteria similar to NASCET” or
- “70% stenosis derived by comparing the narrowest segment with the distal luminal diameter as related to the reported measure of arterial narrowing” or
- “Severe stenosis of 70-80% - validated velocity measurements with angiographic measurements, velocity criteria are extrapolated from diameter data as defined by the Society of Radiologists in Ultrasound Consensus Conference Radiology 2003; 229;340-346”.

Definition:
“Direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement” – includes direct angiographic stenosis calculation based on the distal lumen as the denominator for stenosis measurement OR an equivalent validated method referenced to the above method (e.g., for duplex ultrasound studies, velocity parameters that correlate with anatomic measurements that use the distal internal carotid lumen as the denominator for stenosis measurement).

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Reference to Measurements of Distal Internal Carotid Diameter as the Denominator for Stenosis Measurement Referenced
Performance Met: CPT II 3100F:
Carotid imaging study report (includes direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement)

OR

Measurements of Distal Internal Carotid Diameter not Referenced, Reason not Otherwise Specified
Append a reporting modifier (8P) to CPT Category II code 3100F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

Performance Not Met: 3100F with 8P:
Carotid imaging study report did not include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement, reason not otherwise specified

RATIONALE:
Accurate assessment of the degree of carotid artery stenosis is essential to guiding proper treatment decisions for patients with carotid artery disease. Trials have demonstrated the ability of the degree of carotid artery stenosis to predict which patients will receive the greatest benefit from surgical intervention. To ensure accurate assessment of stenosis, it is important to use a standardized, validated approach. Rothwell et al demonstrated significant differences between measurements of stenosis made using different methods of measurement.

CLINICAL RECOMMENDATION STATEMENTS:
The panel recommended that the NASCET method of carotid stenosis measurement should be used when angiography is used to correlate the US findings. (SRU, 2003)

When MRA techniques are used for determining carotid stenosis, the report should reflect the methodology and reference the criteria for percent stenosis outlined in the NASCET. Also, the percent stenosis must be calculated using the distal cervical ICA diameter, where the walls are parallel, for the denominator. Similar to CTA, MRA with attention to the acquisition parameters and post-processing techniques can provide cross sectional measurements of
stenosis that correlate with properly performed NASCET estimates of percent stenosis obtained with catheter angiography. In the setting of near occlusion, it may not be accurate to calculate percent stenosis ratios in the presence of post-stenotic arterial diameter decrease. Some MRA techniques may not be amenable to quantitative measurements, in which case qualitative assessment of stenosis should be provided. (ACR, 2010)

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### 2016 Claims/Registry Individual Measure Flow

**PQRS #195 NQF #0507: Radiology: Stenosis Measurement in Carotid Imaging Reports**

**Denominator**

- Start
- Not Included in Eligible Population/Denominator
  - No
  - Yes
  - Include in Eligible Population/Denominator (8 procedures)

**Numerator**

- Carotid Imaging Study Report (Includes Direct or Indirect Reference to Measurements of Distal Internal Carotid Diameter as the Denominator for Stenosis Measurement)
  - Yes
  - Reporting Met + Performance Met 3100F or equivalent (4 procedures)
  - No
  - Carotid Imaging Study Report did Not Include Direct or Indirect Reference to Measurements of Distal Internal Carotid Diameter as the Denominator for Stenosis Measurement, Reason Not Otherwise Specified
    - Yes
      - Reporting Met + Performance Not Met 3100F-8P or equivalent (3 procedures)
      - No
        - Reporting Not Met Quality-Data Code or equivalent not reported (1 procedure)

### SAMPLE CALCULATIONS:

- **Reporting Rate**
  \[
  \text{Reporting Rate} = \frac{\text{Performance Met (a + 4 procedures)}}{\text{Performance Not Met (c + 3 procedures)}} \times 100 = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\% 
  \]

- **Performance Rate**
  \[
  \text{Performance Rate} = \frac{\text{Performance Met}}{\text{Denominator}} = \frac{4 \text{ procedures}}{7 \text{ procedures}} = 57.14\% 
  \]

*See the posted Measure Specification for specific coding and instructions to report this measure. A lower calculated performance rate for this measure indicates better clinical control and care.

**NOTE:** Reporting Frequency: Procedure

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2016 Claims/Registry Individual Measure Flow

PQRS #195 NQF #0507: Radiology: Stenosis Measurement in Carotid Imaging Reports

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible Population.

3. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 procedures in the sample calculation.

4. Start Numerator

5. Check Carotid Imaging Study Report (Includes Direct or Indirect Reference to Measurements of Distal Internal Carotid Diameter as the Denominator for Stenosis Measurement):
   a. If Carotid Imaging Study Report (Includes Direct or Indirect Reference to Measurements of Distal Internal Carotid Diameter as the Denominator for Stenosis Measurement) equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 procedures in Sample Calculation.
   c. If Carotid Imaging Study Report (Includes Direct or Indirect Reference to Measurements of Distal Internal Carotid Diameter as the Denominator for Stenosis Measurement) equals No, proceed to Carotid Imaging Study Report did Not Include Direct or Indirect Reference to Measurements of Distal Internal Carotid Diameter as the Denominator for Stenosis Measurement, Reason Not Otherwise Specified.

6. Check Carotid Imaging Study Report did Not Include Direct or Indirect Reference to Measurements of Distal Internal Carotid Diameter as the Denominator for Stenosis Measurement, Reason Not Otherwise Specified:
   a. If Carotid Imaging Study Report did Not Include Direct or Indirect Reference to Measurements of Distal Internal Carotid Diameter as the Denominator for Stenosis Measurement, Reason Not Otherwise Specified equals Yes, include in Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 3 procedures in the Sample Calculation.
   c. If Carotid Imaging Study Report did Not Include Direct or Indirect Reference to Measurements of Distal Internal Carotid Diameter as the Denominator for Stenosis Measurement, Reason Not Otherwise Specified equals No, proceed to Reporting Not Met.
7. Check Reporting Not Met:
   a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the reporting numerator in the sample calculation.

| Sampling Calculations: |
|-------------------|---|---|
| Performance Met (a=4 procedures) + Performance Not Met (c=5 procedures) = 7 procedures = 87.50% |
| Eligible Population / Denominator (d=8 procedures) = 8 procedures |

Performance Rate =

- Performance Met (a=4 procedures) = 4 procedures = 57.14% 
- Reporting Numerator (7 procedures) = 7 procedures