What Measures Are Most Relevant to a Radiology Practice?

The measures tables below contain instructions for reporting PQRS measures.

- **Diagnostic radiology**
- **Interventional radiology**
- **Nuclear medicine**
- **Radiation oncology**

For more information, visit [www.acr.org/pqrs](http://www.acr.org/pqrs)

Here are a few common questions pertaining to reporting 2016 PQRS measures. **Measure #145: Radiology: Exposure Time Reported for Procedures Using Fluoroscopy**

**Q.** Does the final report need to include radiation exposure indices, exposure time OR number of fluorographic images? Or is it radiation exposure indices, or exposure time AND number of fluorographic images (if radiation exposure indices are not available)?

**A.** For 2016 PQRS, the final report would need to include radiation exposure indices, or if radiation exposure indices are not available, exposure time AND number of fluorographic images in order to meet performance for Measure #145. Here is how to report this measure:

**Numerator Code:** **G9500**

**Performance Met:** Radiation exposure indices, or exposure time AND number of fluorographic images in final report for procedures using fluoroscopy, documented

For the purposes of this measure, radiation exposure indices should, if possible, include at least one of the following:

1. Skin dose mapping
2. Peak skin dose (PSD)
3. Reference air kerma (K\(\alpha\),r)
4. Kerma-area product (KAP or \(P_{\alpha}\)) (or Dose Area Product – DAP, which is an older terms for KAP)

If the fluoroscopic equipment does not automatically provide any of the above radiation exposure indices, exposure time and the number of fluorographic images taken during the procedure may be used.

**Note:** For 2016 the measure description was updated to reflect this change and correction to numerator requirement for time/images. Please see [CMS FAQ #14769](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/2016-PQRS-Faq-Edition-7-17-15.html).

**Q.** How should radiologists document the number of fluoro images per case?

**A. Counting images:**

In IR procedures with runs, dose indices are displayed on the console and in the radiation dose structured report (RDSR). For instruments without dose indicator measurement capability, report the overall fluoroscopic time and the number of runs done where additional exposure (fluoroscopic or x-ray) occurs.

Last image hold is part of the fluoroscopic exam and would be included in the total fluoroscopic time. No additional radiation is involved, so the image would not be counted.
Count images where the patient received or potentially received any exposure, fluorographic or radiographic (x-ray).

Measure #195: Stenosis Measurement in Carotid Imaging Reports

Q. What does "direct or indirect" mean? Is there an example of preferred language for the report?

A. The measure requires the radiologist to use a standardized method for stenosis quantification based on measurements of distal internal carotid diameter as the denominator. Direct measurements may be done using MR/CT; indirect methods will likely be used for duplex ultrasound studies. Having velocity parameters correlate to the residual internal carotid lumen, with methods based on the distal internal carotid lumen, is an equivalent validating method and can be stated as such in the report. The comparative measurements are not made as part of the carotid ultrasound. The diameter stenosis range reported based on the velocity measurements should correlate with angiographic measurements using a method such as NASCET (as opposed, for example, to representing an area stenosis or a diameter stenosis related to the carotid bulb).

A short note can be made in the final report, such as:

“Severe left ICA stenosis of 70-80% by NASCET criteria” 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.”

Q. What if no stenosis was found during the exam?

A. “No stenosis” is a NASCET category. In this case if the report describes stenosis as such, the measure can be reported as meeting performance.

Note: To ensure accurate assessment of stenosis, it is important to use a standardized, validated approach. There are significant differences between measurements of stenosis made using different methods of measurement.

Numerator Code: CPT II 3100F

Performance Met: Carotid imaging study report (includes direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement)

Measure #225: Radiology: Reminder System for Screening Mammograms

Q. Does the denominator for this measure still include all patients aged 40 years and older undergoing a screening mammogram?

A. The denominator for this measure has been changed to include all patients undergoing a
screening mammogram. Additionally, this measure now allows for medical performance exclusion. If a patient's information is not entered into a reminder system for medical reasons the radiologists should code as follows:

Numerator Code: 7025F with 1P

Medical Performance Exclusion: Documentation of medical reason(s) for not entering patient information into a reminder system [(e.g., further screening mammograms are not indicated, such as patients with a limited life expectancy, other medical reason(s)]

Measure #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions

Q. The denominator criteria includes all three modalities of Computed Tomography (CT), Magnetic Resonance Imaging (MRI), and Ultrasound (US) but the G-code G9547 only references incidental CT findings. Does the measure only apply to incidental CT findings?

A. No, for 2016 PQRS Measure #405, the measure does not just apply to only incidental CT findings. The G-code, G9547, also includes incidental findings with the imaging modalities of MRI or Ultrasound.

For more information see CMS FAQ #14089

Note: This is an inverse measure, so “performance not met” is considered recommended action.

Numerator Code: G9547 and G9550

Performance Not Met = Recommended performance on the measure

Incidentally found Liver lesion ≤ 0.5 cm, Cystic kidney lesion < 1.0 cm or Adrenal lesion ≤ 1.0 cm and there is not a recommendation for follow up imaging

Measure #406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules

Q. What is the recommended clinical action for reporting this measure?

A. This is an inverse measure, so “performance not met” is considered recommended action.

Numerator Code: G9552 and G9556

Performance Met: Final reports for CT or MRI of the chest or neck or ultrasound of the neck with follow-up imaging not recommended AND Incidental Thyroid Nodule < 1.0 cm noted in report

Q. For this measure what code should I report if there is no nodule or not an incidentally found one?

A. For 2016 PQRS, you should report numerator code G9557 for final reports for CT or MRI studies of the chest or neck or ultrasound of the neck without an incidentally found Thyroid nodule < 1.0 cm noted.

Numerator Code: G9557 NO NODULE (None at all, or not an incidental one)

Measure #436: Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques

Q. The numerator statement for this measure is final reports with documentation that indicates an individualized dose optimization technique was used for the performed procedure. How do I report this measure?
A. To report this measure consider this information:

**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
- Use of iterative reconstruction technique

Q. How do I report for exams where these dose optimization techniques may not be appropriate to use, such as extremities or head exams?

A. Techniques or standardized protocols for targeted exams where dose is matched to indication/reason for exam, i.e. extremities or head, are considered adjustments of mA or kV.

**Measures #359-364:** Measure Group Reporting Optimizing Patient Exposure to Ionizing Radiation (OPEIR)

Q. Are there any system exclusions applied to this measure group? My practice is not able to report all six measures.

A. For 2016 PQRS reporting, only measure #363 has a system performance exclusion where due to system reasons search was not conducted for DICOM format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., non-affiliated external healthcare facilities or entities does not have archival abilities through a shared archival system).

All other medical performance exclusion has been removed from this measure group.

Measures groups containing a measure with a 0% performance rate will not be counted as satisfactorily reporting the measures group. The recommended clinical quality action must be performed on at least one patient for each applicable measure within the measures group reported by the eligible professional.

**Measure #361:** Reporting to a Radiation Dose Index Registry

Q. Can I report this measure if I am not submitting data on all data elements listed in the numerator?

A. Yes, you are able to report this measure. The numerator statement states:

CT studies performed that are reported to a radiation dose index registry that is capable of collecting at a minimum all of the following data elements.
Numerator Code: **G9327**

Performance Met: CT studies performed reported to a radiation dose index registry with all necessary data elements

**Measure #364: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules**

Q. Can I report this measure if there were no incidentally found nodules?

A. Only report on cases in the sample where the patient has incidentally found nodules.