

Purpose

PRI MEASURES

To provide sample statements that should be included in the radiology report to satisfy specific MIPS Quality Measure specifications.

(It should be noted that this is just a guide and there may be other acceptable ways to document the quality aspects of a measure. Please be sure to contact a member of the Compliance department if you have questions or would like documentation reviewed.)

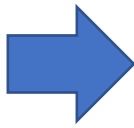
**** Indicates changes and/or additional examples for 2017 Reporting**

Quality Measure	Sample Documentation(s)
Claims, Registry Reporting	
145 - Fluoroscopy **	<p><u>Exposure Time and Number of Films</u></p> <ul style="list-style-type: none"> Fluoroscopy time was X sec/min. Total # of films = xx A total of xx films were taken during the xx sec/min fluoroscopy time No fluoro utilized; Fluoro time = zero; Fluoro – None OR <p><u>Radiation Exposure Indices</u></p> <p>**Measure Numerator Update</p> <p>Dosage given in the form of: mGy, DAP Gy-cm², mSv INCLUDING the specific radiation exposure measure: ○ Skin dose mapping ○ Peak skin dose (PSD) ○ Reference air kerma (Ka,r) ○ Kerma-area product (PKA)</p> <ul style="list-style-type: none"> Dosage was calculated at 8 mGy according to peak skin dose (PSD) technique. PSD = 10 mGy Skin dose mapping using 6 mGy Reference air kerma = 20 mGy
146 - Bi-RADS	<ul style="list-style-type: none"> Incomplete, Need additional imaging study (BI-RADS® 0) Negative (BI-RADS® 1) Benign (BI-RADS® 2) Probably Benign (BI-RADS® 3) Suspicious (BI-RADS® 4) Highly suggestive of malignancy (BI-RADS® 5) Known biopsy proven malignancy (BI-RADS® 6)
147 - Nuclear Med Bone Scan	<ul style="list-style-type: none"> Comparison: MRI L-Spine from 04/10/2016; L-Spine x-ray from 01/21/2016 Current bone scan is compared to patient's bone scan from last year Patient has not had previous imaging studies There are no relevant studies available for comparison at this time

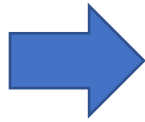


2017 MIPS Quality Measures Documentation Quick Reference Guide Radiology

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<p>195 - Stenosis Measurement in Carotid Studies</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A validating method and assessment (qualitative or quantitative) of the stenosis is required to meet the measure criteria. <input type="checkbox"/> The validating method for CTA/MRA procedures is considered <u>Direct</u>. <ul style="list-style-type: none"> ○ This is typically NASCET criteria. <ul style="list-style-type: none"> • <i>Ex: A 30% stenosis at the origin of the right ICA is identified by NASCET criteria.</i> ○ Documentation can also specify a statement such as, “the degree of stenosis was calculated in reference to measurements of the distal internal carotid diameter.” <u>This means that there must be a statement that any found stenosis is compared to the distal ICA lumen.</u> <ul style="list-style-type: none"> • <i>Ex: When compared to the distal ICA lumen normal diameter of 4mm, the degree of stenosis is 75%.</i> ○ If there is NO stenosis identified, the validating method used to make that determination must still be documented. <ul style="list-style-type: none"> • <i>Ex: There is no stenosis found as calculated using NASCET criteria.</i> <input type="checkbox"/> The validating method for the Duplex Ultrasound procedure is considered <u>Indirect</u>. <ul style="list-style-type: none"> ○ Key terms such a <u>velocities, PSV, EDV</u>, etc. should be referenced throughout the report body.
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<p>225 - Reminder System for Mammogram</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Patient was entered into a reminder system for annual screening mammogram notification <input type="checkbox"/> Due to advanced breast cancer with bone metastasis, the patient has not been entered into a reminder system for annual screening mammogram notification. <input type="checkbox"/> Although not mandatory to state in the report, it is recommended in the case of audit
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<p>405 – Appropriate Follow-Up Imaging for Incidental Liver, Kidney and Adrenal Lesions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Multiple tiny liver lesions were incidentally noted. Follow-up imaging is recommended in one year <u>to monitor for any changes</u>. <input type="checkbox"/> Due to patient’s known colon cancer, follow-up imaging is recommended for the noted 3 mm hepatic lesion <u>to evaluate for mets</u>.
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<p>406 – Appropriate Follow-up Imaging for Incidental Thyroid Nodules</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Follow-up imaging recommended in one year <u>to assess for interval growth</u> of 7 mm left sided thyroid nodule. <input type="checkbox"/> In order <u>to monitor changes</u> of multiple incidental thyroid nodules seen on today’s exam, follow-up imaging is recommended.
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<p>436 – Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques</p>	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> CT imaging performed using low-dose technique. <input type="checkbox"/> Auto Exposure Controls were utilized during the CT exam to meet ALARA standards for radiation dose reduction. <input type="checkbox"/> Adjustment of mA and/or kV according to patient size was made <input type="checkbox"/> SafeCT was utilized to reduce radiation dose to the patient <input type="checkbox"/> Use of iterative reconstruction technique <input type="checkbox"/> Up-to-date CT equipment and radiation dose reduction techniques were employed.
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