	Measure 0507: Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports (American College of Radiology (ACR))
Description	Percentage of final reports for carotid imaging studies (neck magnetic resonance angiography (MRA), neck computerized tomographic 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
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 Details	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 (ICA) 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 submitted 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". NOTE: In cases where the carotid imaging exam findings result in no stenosis and that determination is included in the final report, the measure can be submitted as "performance met" since "no stenosis" is considered a NASCET category. In a small number of denominator cases the distal ICA may not be viewed e.g. an innominate artery or common carotid injection. Perform

ultrasound studies, velocity parameters that correlate with anatomic measurements that
use the distal internal carotid lumen as the denominator for stenosis measurement).
All final reports for carotid imaging studies (neck MRA, neck CTA, neck duplex ultrasound, carotid angiogram) performed
This measure is to be submitted each time a carotid imaging study is performed during the performance period for all patients, regardless of age. There is no diagnosis associated with this measure. Eligible clinicians who provide the professional component of diagnostic imaging studies of the carotids will submit this measure. Denominator Criteria (Eligible Cases) for Claims and Registry:
Patient procedure during the performance period (CPT): 36221, 36222, 36223, 36224, 37215, 37216*, 37217, 37218, 70498, 70547, 70548, 70549, 93880, 93882
No Denominator Exclusions or Denominator Exceptions
None
No risk adjustment or risk stratification
We encourage the results of this measure to be stratified by race, ethnicity, gender, and primary language, and have included these variables as recommended data elements to be collected.
Process
Rate/proportion
Claims, Registry Data
Clinician : Individual
Inpatient/Hospital, Outpatient Services

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