	Measure 0507: Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports (AMA-convened Physician Consortium for Performance Improvement)
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	Numerator 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 (eg, 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 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, Society of Radiologists in Ultrasound, 2003)6. 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.” Documentation-Information populating the final report may reside in a dedicated field in

	the electronic health record (EHR) or picture archiving and communication system (PACS), however stenosis measurement information should be included in the final report in order to be readily accessible in all circumstances FOR EHR SPECIFICATION: No Current HQMF eCQM Available FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS: Report CPT II Code 3100F: Carotid imaging study report (includes direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement)
Denominator	All final reports for carotid imaging studies (neck MRA, neck CTA, neck duplex ultrasound, carotid angiogram) performed
Denominator Details	FOR EHR SPECIFICATION: No Current HQMF eCQM Available. FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS: Patient encounter during the reporting period (CPT): 36222, 70498, 70547, 70548, 70549, 93880, 93882
Exclusions	No Denominator Exclusions or Denominator Exceptions
Exclusion details	None
Risk Adjustment	No risk adjustment or risk stratification
Stratification	We encourage the results of this measure to be stratified by race, ethnicity, sex, and payer.
Numerator Time window	each final report for carotid imaging studies performed during a 12 consecutive month measurement period
Type	Process
Type of Score	Rate/proportion
Data Source	Administrative claims
Level	Clinician : Group/Practice, Clinician : Individual, Clinician : Team
Setting	Hospital/Acute Care Facility, Imaging Facility

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