

	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	<p>Definition:</p> <p>“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).</p> <p>Numerator Instructions:</p> <p>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)</p> <p>Measure performance is met when study methodology is identified and findings are reported as a percentage or range of percentages of carotid stenosis. Documented findings of “No Stenosis” determined through NASCET or comparable methodology also meet measure performance. A short note can be made in the final report, such as:</p> <p>A short note can be made in the final report, such as:</p> <ul style="list-style-type: none"> • "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". <p>In a small number of denominator cases the distal ICA may not be viewed e.g. an</p>

	innominate artery or common carotid injection. Performance would be met if there is documentation, for example, that indicates “stenosis measurements are made with reference to the distal lumen”, as a matter of process and consistent practice method.
Denominator	All final reports for carotid imaging studies (neck MRA, neck CTA, neck duplex ultrasound, carotid angiogram) performed
Denominator Details	<p>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.</p> <p>Denominator Criteria (Eligible Cases) for Claims and Registry:</p> <p>Patient procedure during the performance period (CPT): 36221, 36222, 36223, 36224, 37215, 37216*, 37217, 37218, 70498, 70547, 70548, 70549, 93880, 93882</p> <p>DENOMINATOR NOTE: (*) Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs</p>
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, gender, and primary language, and have included these variables as recommended data elements to be collected.
Type	Process
Type of Score	Rate/proportion
Data Source	Claims, Registry Data
Level	Clinician : Individual
Setting	Inpatient/Hospital, Outpatient Services

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