

**Measure 364: Optimizing Patient Exposure to Ionizing Radiation:
Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary
Nodules According to Recommended Guidelines**

If you report a pulmonary nodule on CT, you need to document a recommended guideline when recommending followup. You can make your own, or use my macro "nodule."

**Measure 145: Exposure Dose Indices Reported for Procedures Using
Fluoroscopy**

When dictating ANY study that uses fluoro, you need to document radiation dose type and mGy measurement or need DAP, PSD or reference air kerma.

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

If you document renal cysts, you need to say whether they need followup or not (need a statement of further imaging not recommended for incidental renal cyst). So either don't mention incidental simple or otherwise benign renal cysts, or use my macro "MIPS renal."

If you mention adrenal nodules, you need to do the same, so use my macro "MIPS adrenal."

**Measure 406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in
Patients**

Measure QMM24: Acute Rib Fracture Numbering on ED Trauma Patients

For every CT or CTA where one or more acute rib fractures is reported, you need to also document:

1. Rib fracture numbering
2. Laterality of rib fracture(s)
3. Presence or absence of ribs fractured in two or more places

This does NOT apply to healed or healing rib fractures.

MEASURE QACRad36: Incidental Coronary Artery Calcification Reported on Chest CT

For every Chest CT you need to document if coronary artery calcification is present or not present. Use my macro "coronary."

Put it in all of your non contrast chest CT templates (all templates that include a chest CT). This way you will be forced to ALWAYS document it. This macro can not be left empty.

Measure MSN15: Use of Thyroid Imaging Reporting & Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk

For any thyroid nodule you report on ANY US (including neck soft tissue) you NEED to document TIRADS. You can use my macro "Tirads." It will give you the scoring and info to choose a recommendation.

Measure QACRad37: Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism

Any time you report PE on a chest CTA, you MUST document the branching order level of the most proximal level of embolus (i.e. main, lobar, interlobar, segmental, subsegmental). You can use my macro "clot."

Measure MSN13: Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including

All coronary artery calcification studies need "Final report includes total CACS as well as the regional CACS for each of these regions: left main, LAD, LCx, RCA, and PDA AND references whether the regional distribution/total CACS DOES or DOES NOT warrant further evaluation."

This should be automated in everyone's templates.

Measure QMM18: Use of Breast Cancer Risk Score on Mammography

Final report includes a documented calculated risk assessment number based on one of the validated and published models listed in the numerator instructions AND appropriate

recommendations for supplemental screening based on the patient's estimated risk AND source of recommendation.

This is supplied by the Magview info that gets included on the top of our mammo reports. Make sure this info is completed by the techs and in your report before signing off. Send it back QC if not.

Measure QMM23: Low Dose Cancer Screening Recommendation for CT of Chest with Diagnosis of Emphysema

For all final reports for CT/CTA of the chest for patients age 50 to 77 at time of service with a finding or diagnosis of emphysema.

Include a statement saying "The presence of pulmonary emphysema on CT is an independent risk factor for lung cancer, and recommend considering low dose CT (LDCT) lung cancer screening in the future (current chest CT serves as baseline). This recommendation applies to patients 50-77 years of age at time of service. This does NOT apply to patients who have a history of lung cancer or documented lung nodule(s) or mass, are in hospice, end of life care, or receive routine chest CTs for other reasons."

You can put my macro "emphysema pick" in all of your Chest CT templates as a pick list for different descriptions of emphysema.

You can also use my macro "emphysema" to addend your failed reports and in the future after you state emphysema on CT, but you will have to remember to do so.

Measure QMM26: Screening Abdominal Aortic Aneurysm Reporting with Recommendations

For all final reports for patients 50 years of age and older undergoing screening ultrasound for AAA, must include recommendations in accordance with the Society of Vascular Surgery (SVS) Practice Criteria for AAA (<https://doi.org/10.1016/J.JVS.2017.10.044>) or similar published guidelines if positive for AAA AND direct communication is made to the ordering provider for AAA findings ≥ 5.5 cm in size OR a clear statement that no future screenings are necessary/recommended if negative for AAA.

Measure QACRad41: Use of Quantitative Criteria for Oncologic FDG PET Imaging

All PET/CT reports NEED:

- 1) Serum glucose (e.g. finger stick at time of injection)
- 2) Uptake time (interval from injection to initiation of imaging)
- 3) One reference background (e.g. volumetric normal liver or mediastinal blood pool) SUV measurement, along with description of the SUV measurement type (e.g. SUVmax) and normalization method (e.g. BMI)
- 4) At least one lesional SUV measurement

Measure QMM16: IVC Filter Management Confirmation

For all final reports for XR, CT, and CTA of the abdomen and/or pelvis for patients with an IVC filter in place, the report will need this verbiage:

Recommendation:

- 1) Assess if there is a management plan in place for the patient's IVC filter, and
- 2) If there is no established management plan for the patient's IVC filter, refer the patient to a relevant specialist on a nonemergent basis for evaluation.

Measure QACRad43: DXA: Improving Reporting of True Change in Bone Mineral Density

Measure Description: Percentage of exam final reports for all serial DXA exams which have a comparable prior exam that include:

- 1) An appropriate least significant change (LSC) statement referencing a facility's LSC values and
- 2) A second statement regarding whether the measurement differences between the current exam and prior exam constitute a significant change or not.

Denominator: All serial DXA exams which have an available comparable prior exam.

QMM17: Appropriate Follow-up Recommendations for Ovarian-Adnexal Lesions using the Ovarian-Adnexal Reporting and Data System (O-RADS)

Measure Description: The percentage of final reports for female patients receiving a transvaginal ultrasound (US) examination of the pelvis (including transabdominal/

transvaginal exams) where a clinically relevant lesion is detected, in which the radiologist describes the lesion using O-RADS Lexicon Descriptors and subsequently makes the correct clinical management recommendation based on the O-RADS Risk Stratification and Management System.

QMM19: DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia

Measure Description: All patients with osteopenia, 40-90 years of age at time of service, who undergo DEXA scans for bone density who have their FRAX score reported and a statement of whether they meet criteria for pharmacologic treatment to prevent osteoporosis included in the final report.

Denominator: All final reports for DEXA scans, for patients aged 40 to 90 at time of service, with a diagnosis of osteopenia.

QMM27: Appropriate Classification and Follow-up Imaging for Incidental Pancreatic Cysts

Measure Description: Percentage of final reports for computed tomography (CT), computed tomography angiography (CTA), magnetic resonance imaging (MRI), or magnetic resonance angiography (MRA) of the abdomen or abdomen/pelvis for patients 18 years of age and older with a pancreatic cyst incidentally noted that include documentation of cyst classification and follow-up imaging recommendation(s) in accordance with published guidelines and source of recommendation.

Denominator: All final reports for computed tomography/angiography (CT/CTA) and magnetic resonance imaging/angiography (MRI/MRA) of the abdomen or abdomen/pelvis for patients 18 years of age and older with a pancreatic cyst noted incidentally.

Final reports for CT/CTA or MRI/MRA of the abdomen or abdomen/pelvis with an incidentally noted pancreatic cyst that include documentation of cyst classification AND follow-up imaging recommendation(s) in accordance with published guidelines AND source of recommendation.

*Numerator Note: Validated and Published Guidelines – All eligible exams must include documentation of use of one of the following validated and published guidelines for incidental pancreatic cystic lesions management:

- European based guidelines (European)
- American College of Gastroenterology (ACG)
- American Gastroenterological Association (AGA)
- International Association of Pancreatology (IAP)
- American College of Radiology (ACR)

Measure QMM28: Reporting Breast Arterial Calcification (BAC) on Screening Mammography

Measure Description: Percentage of final reports for screening mammography for female patients 40 years of age and older that include documentation of the presence or absence of Breast Arterial Calcification (BAC) and its clinical relevance.

Denominator: All final reports for screening mammography for female patients 40 years of age and older.

Performance Met: (PM028): Final report for screening mammography includes documentation of the presence or absence of Breast Arterial Calcification (BAC)/vascular calcifications*, AND if present, includes a statement of clinical relevance (such as “A strong association has been shown between BAC and cardiovascular disease (CVD) and/or coronary artery disease (CAD), independent of other known risk factors”) OR recommendation for follow-up of BAC/vascular calcifications.