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CMS QUALITY PAYMENT PROGRAM: MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)
2022 Performance Year for Radiology
Quality Category

As we start the 2022 MIPS performance year, radiologists will see some changes to the measures in the Quality category.

Clinicians will still be expected to report at least 6 quality measures, with one designated an Outcome measure. If no Outcome measure is applicable, they will be expected to report on a High Priority measure.

Two commonly-reported measures have been deleted for 2022:

- #195: Stenosis Measurement in Carotid Imaging Reports
- #225: Reminder System for Screening Mammograms

Radiologists that previously included one or both of the deleted measures in their reporting to the Program will need to review the impact this will have on their ability to report on the required 6 measures in 2022 and, if needed, incorporate additional measure(s) as needed into their reporting this year.

The 2022 available measures for radiology and their respective specifications are detailed below.

Measure #76, NQF#2726 Prevention of Central Venous Catheter Related Bloodstream Infections

- **Domain: Patient Safety**
- **Measure Type: Process**
- **High Priority**
    - Measure description: Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed
    - Rationale: to require that all of the listed elements of aseptic technique are followed and documented to avoid catheter related bloodstream infections associated with CVC insertion
    - Documentation guidelines:
        - Whether or not you followed all elements of maximal sterile barrier technique
        - If technique was not followed, need to document reason
        - Example “All elements of maximal sterile barrier technique including cap, mask, sterile gown, sterile gloves, and sterile full body drape was utilized.

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Measure #145: Exposure Dose or Time Reported for Procedures Using Fluoroscopy

- **Domain: Patient Safety**
- **Measure Type: Process**
- **High Priority**
  - Measure description: Percentage of final reports for procedures using fluoroscopy that include documentation of radiation dose or exposure time and the number of fluorographic images taken
  - Rationale: to increase physician awareness of patient exposure to radiation as a step to reducing the potentially harmful effect of radiation from imaging studies
  - Documentation guidelines:
    - Whether or not the radiation exposure indices, or exposure time ***and*** the number of fluorographic images was documented
    - No exclusions exist for this measure

Measure #147: Nuclear Medicine: Correlation with Existing Imaging Studies for all Patients Undergoing Bone Scintigraphy (Bone Scan)

- **Domain: Communication and Care Coordination**
- **Measure Type: Process**
- **High Priority**
  - Measure description: Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g. x-ray, MRI, CT, etc.) that were performed
  - Rationale: to improve the specificity of bone scan abnormalities in helping to inform the diagnosis and treatment for the patient using the results of other relevant studies
  - Documentation guidelines:
    - If no other relevant studies are reviewed for correlation, document the reason (i.e. patient did not have a previous relevant imaging study' or 'no comparison studies available')

Measure #360: Count of Potential High Dose Radiation Imaging Studies

- **Domain: Patient Safety**
- **Measure Type: Quality**
- **High Priority**
  - Measure Description: Percentage of CT and myocardial perfusion studies imaging reports for all patients, regardless of age. Document a count of known previous CT (any type) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study.
  - Rationale: to track the fast growing rates of repeat or multiple imaging studies
  - Documentation guidelines:
    - Documentation of the number of previous CT (any type) and myocardial perfusion studies performed in the previous 12-month period on the report.
    - This is a MET or NOT MET measure, there is no exclusion for this measure.

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Measure #364: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines

- **Domain: Communication and Care Coordination**
- **Measure Type: Process**
- **High Priority**
    - Measure Description: Percentage of CT imaging studies with a finding of an incidental pulmonary nodule for patients aged 35 years and older that contain an impression or conclusion that includes a recommendation interval and modality for follow-up or for no follow-up, and a source of recommendations.
    - Rationale: With the increase use of Chest CT imaging comes an increase in the frequency of incidental pulmonary nodule findings. These findings require appropriate management to avoid subjecting patients to unnecessary follow-up scans or missing early malignancies.
    - Documentation guidelines:
        - Age (date of birth) is included on the report(s)
        - Submitted each time a CT imaging scan is done with incidental pulmonary nodule documented.
        - Includes a recommended interval and modality follow-up or no follow up
        - Includes the source of recommendation (e.g. guidelines such as Fleischer Society, American Lung Association, American College of Chest Physicians.
        - If no follow-up is recommended, include reason why (e.g. patients with unexplained fever, immunocompromised patients who are at risk for infection)

The following types of patients are excluded:

- Patient active diagnosis or history of any cancer except skin cancer
- Patients who are heavy tobacco smoking history
- Lung cancer screening patients

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

- **Domain: Effective Clinical Care**
- **Measure Type: Process**
- **High Priority**
    - Measure description: Percentage of final reports for imaging studies for asymptomatic patients aged 18 years or older with one or more of the following noted incidentally with a specific recommendation for no follow-up imaging based on radiological findings:
        - Cystic renal lesion that is simple appearing (Bosniak I or II)
        - Adrenal lesion ≤ 1.0 cm
        - Adrenal lesion > 1.0 cm but ≤ 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols
    - Rationale: To ensure that patients with the listed incidental findings that are highly likely to be benign **do not** receive recommendations for follow-up imaging routinely

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- Documentation guidelines:
  - Whether or not there is an incidental lesion fitting the listed criteria
  - If follow up is recommended, document the medical reason

Measure #406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules

- **Domain: Effective Clinical Care**
- **Measure Type: Process**
- **High Priority**
  - Measure description: Percentage of final reports for computed tomography (CT), computed tomography angiography (CTA), magnetic resonance imaging (MRI) or magnetic resonance angiography (MRA) studies of the chest or neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm noted incidentally with follow-up imaging recommended
  - Rationale: To ensure patients with incidental findings that are highly likely to be benign **do not** receive follow up imaging routinely. This is an **inverse** Measure, meaning a lower calculated performance rate indicates better clinical care or control
  - Documentation guidelines:
    - Whether or not there is an incidental lesion fitting the listed criteria
    - If follow up is recommended, document the medical reason

Measure #436: Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques

- **Domain: Effective Clinical Care**
- **Measure Type: Process**
  - Measure description: Percentage of final reports for patients aged 18 years and older undergoing CT with documentation that one or more of the following dose reduction techniques were used:
    - Automated Exposure control
    - Adjustment of the mA and/or kV according to patient size
    - Use of iterative reconstruction techniques
  - Rationale: to prompt reduction of radiation dose in patient undergoing CT
  - Documentation guidelines:
    - Whether or not the facility has one of the above dose reduction techniques in place and which one(s)

Deleted Measures for 2022

Measure #195: Stenosis Measurement in Carotid Imaging Reports (Deleted)

- **Domain: Effective Clinical Care**
- **Measure Type: Process**
  - Measure description: Percentage of final reports for carotid imaging studies (neck MRA, neck CTA, neck duplex ultrasound, carotid angiogram) performed for patients that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement
  - Rationale: to drive optimal treatment decisions for patients with carotid artery disease based on the accurate assessment of stenosis

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Measure #225: Reminder System for Screening Mammograms (Deleted)

- **Domain: Communication and Care Coordination**
- **Measure Type: Structure**
- **High Priority**
  - Measure description: Percentage of patients aged 40 years and older undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram
  - Rationale: to prompt mammography screenings at intervals meeting the current guideline recommendations