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## CMS Physician Quality Reporting System (PQRS) Update New 2016 Measure for Radiology

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

The Centers for Medicare and Medicaid Services (CMS) adopted new quality measure #405 for the 2016 reporting period. It is anticipated that clinicians who provide the professional component of diagnostic imaging studies will submit this measure.

The intent of this measure is to reduce unnecessary follow-up imaging of incidental lesions unless clinically indicated. It applies to asymptomatic patients aged 18 years and older undergoing abdominal CT, MRI or ultrasound with incidental findings of any of the following:

- Liver lesion  $\leq 0.5\text{cm}$
- Cystic kidney lesion  $< 1.0\text{ cm}$
- Adrenal lesion  $\leq 1.0\text{ cm}$

The incidental lesion(s), if found, must be documented in the radiologist’s interpretive report along with the corresponding follow-up recommendation status:

- No follow-up imaging is recommended
- Follow up imaging is recommended and the medical reason is stated (e.g., known malignancy that could metastasize)
- Follow-up imaging is recommended but no medical reason is given

As long as documentation reflects the presence of incidental lesions noted during the study as listed above, two PQRS codes are reported to CMS. If no incidental lesions are noted, the study will be assigned a single PQRS exclusion code for the measure. The designated PQRS codes and their respective applications are summarized below.

Final reports with follow-up imaging recommended	<p><b>G9548</b> Performance Met/Final reports for abdominal imaging with follow-up imaging recommended <b>AND</b></p> <p><b>G9547</b> Incidental finding: liver lesion .5 cm or less; cystic kidney lesion less than 1.0 cm or adrenal lesion 1.0 cm or less</p>
Documenting medical reason(s) for recommended follow-up	<p><b>G9549</b> Medical Performance Exclusion/Final reports reflect the medical reason(s) that follow-up imaging is indicated <b>AND</b></p> <p><b>G9547</b> Incidental finding: liver lesion .5 cm or less; cystic kidney lesion less than 1.0 cm or adrenal lesion 1.0 cm or less</p>



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Final report without incidental finding	<b>G9551</b> Other Performance Exclusion/final reports for abdominal imaging studies without mention of liver lesion .5 cm or less, cystic kidney lesion less than 1.0 cm or adrenal lesion 1.0 cm or less
Final reports with follow-up imaging not recommended	<b>G9550</b> Performance not met/final reports for abdominal studies with follow-up imaging not recommended <b>AND</b> <b>G9547</b> Incidental finding: liver lesion .5 cm or less; cystic kidney lesion less than 1.0 cm or adrenal lesion 1.0 cm or less

Note that, unlike most other PQRS measures where a higher performance rate is the goal, #405 is referred to as an *Inverse Measure*, meaning a lower calculated performance rate (G9548) indicates better care or control.

The following imaging studies apply to this PQRS measure. There are no associated diagnosis requirements.

- 74150 CT Abdomen without contrast
- 74160 CT abdomen with contrast
- 74170 CT Abdomen without contrast followed by contrast and further sections
- 74176 CT abdomen and pelvis without contrast
- 74177 CT abdomen and pelvis with contrast
- 74178 CT abdomen and pelvis without contrast in one or both body regions followed by contrast and further sections in one or both body regions
- 74181 MRI abdomen without contrast
- 74182 MRI abdomen with contrast
- 74183 MRI abdomen without contrast followed by contrast and further sequences
- 76700 Ultrasound abdomen real time with image documentation, complete
- 76705 Ultrasound abdomen real time with image documentation, limited (ie, single organ, quadrant, follow-up)
- 76770 Ultrasound retroperitoneal (ie, renal, aorta, nodes), real time with image documentation, complete
- 76775 Ultrasound retroperitoneal (ie, renal, aorta, nodes), real time with image documentation, limited

In keeping with the specifications of this measure, APS coding personnel will assign the applicable PQRS code(s) at the time of coding processing, based on the documentation within the final interpretive reports.

The full details of Measure # 405 can be downloaded at:  
<https://pqrs.cms.gov/dataset/2016-PQRS-Measure-405-11-17-2015/csxt-yhsv>