MIPs RFI Explanations

Reason: ACRad Measure 36 (RFI Addendum Request: Request Presence or abscense of coronary artery calcifications or that CAC could not be evaluated must b documented to met measure requirements) Final noncardiac non-contrast chest CT exam or w/wo contrast chest CT exam reports that note presence or absence of coronary artery calcification (CAC) or not evaluable
For all eligible exams, there must be documentation of the presence or absence of coronary artery calcification, or a statement that it could not be evaluated.
Documentation Examples:

- There is heavy coronary artery calcification as well as extensive aortic calcification.
- There are mild coronary artery calcifications.
- Mild multivessel coronary artery disease.
- Atherosclerosis aorta and branch vessels, including the coronary arteries.
- Coronary artery calcifications could not be evaluated.
- Calcium Score: 211.1

ACRad 37 (RFI Addendum Request: Location of branching order of most proximal level of embolus must be documented) Final CT pulmonary angiography (CTPA) reports with a finding of PE that specify the branching order level of the most proximal level of embolus (i.e., main, lobar, interlobar, segmental, sub-segmental)
Documentation Examples:

- Previously seen pulmonary artery emboli within the distal main and right lower lobar and proximal segmental branches are slightly improved since the prior study.
- Large partially obstructing acute on chronic pulmonary embolus left main pulmonary artery. Continued extensive chronic emboli/thrombosis of numerous left lower lobe segmental pulmonary arteries.
- Multiple chronic appearing right lower lobar and segmental/subsegmental pulmonary emboli.
- Chronic pulmonary emboli are identified in the right and left pulmonary arteries and in the right upper lobar pulmonary artery.

MSN 13 (RFI Addendum Request: Measure Requires documentation of all 5 Regional CAC scores) Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including Coronary Artery Calcification Regional Distribution Scoring

Final report must indicate the Coronary Artery Calcium Score (CACS), including CACS regional reporting, was used to score the patient's total calcium score and risk stratification with reference made to whether regional distribution/total CACS does or does not warrant further evaluation.

- The five regions must be referenced in the report along with the regional CACs score
  - Left Main, LAD, LCx, RCA, and PDA
- Regional scores may not combine more than two regions
  - RCA & PDA = 2 is acceptable
  - LAD & LCx & Left Main = 12 is **NOT** acceptable

Documentation Examples:

- Calcium scoring as follows: Total: 197, LMA: 0, LAD: 137, LCX: 0, RCA: 60, PDA: 0
- Coronary artery calcium score: 0
- Coronary artery calcium score:

  Left main coronary artery: 8.0
  Left anterior descending coronary artery: 48.4
  Circumflex coronary artery: 0.0
  Right and posterior descending arteries: 11.9
  Total calcium score: 68.3

MSN 15 (RFI Addendum Request: Measure Requires documentation of TI-RADS score and follow-up recommendation based on that score) Patients undergoing ultrasound of the neck with findings of thyroid nodule(s) whose reports include the TI-RADS assessment
Documentation Examples:

- Right lobe: 0.4cm x 0.3cm x 0.3cm partially cystic nodule. No suspicious features. TI-RADS – 1 No follow-up recommended based on TI-RADS categorization.
- There is a solid isoechoic nodule in the mid to upper pole measuring 2.0 x 1.1 x 1.7 cm with ill-defined margins. No suspicious internal echogenic foci. This is not taller than wide (TR 3) and should be followed by ultrasound in 1 year.
- Stable 11 mm right thyroid nodule. Per TI-RADS criteria, no FNA at this time. TI-RADS score: TR3 – Mildly suspicious FNA if > 2.5 cm, Follow if > 1.5 cm
- Multiple small nodules, none of which meet ACR TI-RADS criteria for either FNA or follow-up. *(reported as an exception)*

MSN 16 (RFI Addendum Request: An IVC filter is in place, but there is no recommendation to the treating clinician to assess if there is management plan in place or to refer the patient to an interventional clinician for evaluation) Patients undergoing a screening ultrasound for an abdominal aortic aneurysm (AAA) with a positive finding for AAA that have recognized clinical

follow-up recommendations documented in the final report and direct communication of findings > 5.5 cm in size made to the ordering provider
Documentation Examples:

- Mild AAA measures 3.6 cm in maximum diameter. Recommend follow-up ultrasound or CTA in 2 years per ACR and SVS recommendations.
- Mild AAA measuring 3.0-3.4 cm. Recommend follow-up ultrasound or CTA in 3 years per SVS recommendations.
- AAA measures 2.4 cm. No follow-up is recommended per Society of Vascular Surgery.
- Infrarenal AAA measuring 6.4 x 6.3 cm. Recommend referral to vascular surgeon per SVS recommendations. Notified ordering physician at 2:35 pm.
- AAA measures 2.6 cm with no change from prior study. The patient is under active surveillance by a vascular specialist.
- ***if no AAA is found***:
  Negative for AAA (no AAA finding) = Final report includes a clear statement that no future screenings are necessary/recommended

MIPS 145 (RFI Addendum Request: Radion type such as DAP or Airkerma not documented)
Exposure Dose Indices Reported for Procedures Using Fluoroscopy
For the purposes of this measure, radiation exposure indices should include at least one of the following:

1. Reference air kerma (Ka, r) in Gy or mGy
2. Kerma-area product (PKA) or Dose Area Product (DAP) in uGy*m2, mGy*cm2 (or similar)
3. Peak skin dose (PSD) in Gy or mGy

Documentation Examples:
Dosage should be documented to include the type and dose measure.

- Type – PSD, Ka,r, PKA, DAP
- Dosage – mGy, Gy, uGy*m2, mGy*cm2

Examples that meet measure requirements:

- PSD = 10 mGy
- Ka,r = 20 mGy
- DAP = 300 uGy-cm2

Examples that do **NOT** meet measure requirements:

- Dose = 10 mGy
- PSD = 10
- DAP = 300

MIPS 364 (RFI Addendum Request: Recommended guidelines or a medical reason for follow - up recommendation must be documented for incidental pulmonary nodule or Recommended guidelines or a medical reason for follow-up recommendation must be documented for incidental pulmonary nodule) Final reports that for CT imaging studies with a finding of an incidental pulmonary nodule for patients aged 35 years and older than contain an impression or conclusion that includes a recommended interval and modality for follow-up (e.g., type of imaging or biopsy) or for no follow-up, and source of recommendations (e.g., guidelines such as Fleischner Society, American Lung Association, American College of Chest Physicians)
Documentation Examples:

- Follow up is recommended per Fleischner Guidelines.
- Follow up is not recommended due to consensus guidelines. (McMahon, et al. Radiology 2017)
- No follow-up is necessary as the nodule is consistent with an infection.

MIPS 436 (RFI Addendum Request: Ct dose lowering technique no documented) Final report CTs that document utilization of dose lowering techniques
Documentation Examples:
Option 1 – Individual exposure protocol technique:

- AEC was utilized during this CT exam to meet ALARA standards for radiation dose reduction
- CT imaging performed using low dose technique
- SafeCT was utilized to reduce radiation dose to the patient

Option 2 – General attestation statement per location:

- All CT scans are performed using radiation dose reduction techniques. Technical factors are evaluated and adjusted to ensure appropriate moderation of exposure. Automated dose management technology is applied to adjust the radiation dose to minimize exposure while achieving a diagnostic-quality image