

Measure #145: Radiology: Exposure Time Reported for Procedures Using Fluoroscopy – National Quality Strategy Domain: Patient Safety

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: **CLAIMS, REGISTRY**

DESCRIPTION:

Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)

INSTRUCTIONS:

This measure is to be reported **each time** fluoroscopy is performed in a hospital or outpatient setting during the reporting period. There is no diagnosis associated with this measure. It is anticipated that clinicians providing the services for procedures using fluoroscopy will submit this measure.

Measure Reporting via Claims:

CPT or HCPCS codes are used to identify patients who are included in the measure's denominator. Quality data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter. There are no allowable performance exclusions for this measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

CPT or HCPCS codes are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:

All final reports for procedures using fluoroscopy

DENOMINATOR NOTE: The final report of the fluoroscopy procedure or fluoroscopy guided procedure includes the final radiology report, definitive operative report, or other definitive procedure report that is communicated to the referring physician, primary care physician, follow-up care team, and/or maintained in the medical record of the performing physician outside the EHR or other medical record of the facility in which the procedure is performed.

Denominator Criteria (Eligible Cases):

Patient encounter during the reporting period (CPT or HCPCS): 0075T, 0202T, 0234T, 0235T, 0236T, 0237T, 0238T, 0338T, 0339T, 22510, 22511, 22513, 22514, 25606, 25651, 26608, 26650, 26676, 26706, 26727, 27235, 27244, 27245, 27509, 27756, 27759, 28406, 28436, 28456, 28476, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 36147, 36221, 36222, 36223, 36224, 36225, 36226, 36251, 36252, 36253, 36254, 36598, 37182, 37183, 37184, 37187, 37188, 37211, 37212, 37213, 37214, 37215, 37217, 37218, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37236, 37238, 37241, 37242, 37243, 37244, 43260, 43261, 43262, 43263, 43264, 43265, 43274, 43275, 43276, 43277, 43278, 43752, 47537, 49440, 49441, 49442, 49446, 49450, 49451, 49452, 49460, 49465, 50382, 50384, 50385, 50386, 50387, 50389, 50590, 61623, 61630, 61635, 61645, 61650, 62263, 62264, 62280, 62281, 62282, 62302, 62304, 62305, 64610, 70010, 70015, 70170, 70332, 70370, 70371,

70390, 71023, 71034, 72240, 72255, 72265, 72270, 72275, 72285, 72295, 73040, 73085, 73115, 73525, 73580, 73615, 74190, 74210, 74220, 74230, 74235, 74240, 74241, 74245, 74246, 74247, 74249, 74250, 74251, 74260, 74270, 74280, 74283, 74290, 74300, 74328, 74329, 74330, 74340, 74355, 74360, 74363, 74425, 74430, 74440, 74445, 74450, 74455, 74470, 74485, 74740, 74742, 75600, 75605, 75625, 75630, 75658, 75705, 75710, 75716, 75726, 75731, 75733, 75736, 75741, 75743, 75746, 75756, 75791, 75801, 75803, 75805, 75807, 75809, 75810, 75820, 75822, 75825, 75827, 75831, 75833, 75840, 75842, 75860, 75870, 75872, 75880, 75885, 75887, 75889, 75891, 75893, 75894, 75898, 75901, 75902, 75952, 75953, 75954, 75956, 75957, 75958, 75959, 75962, 75966, 75970, 75978, 75984, 76000, 76001, 76080, 76120, 76496, 77001, 77002, 77003, 92611, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93503, 93505, 93530, 93531, 93532, 93533, 93580, 93581, 93583, G0106, G0120, G0278

NUMERATOR:

Final reports for procedures using fluoroscopy that include radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)

Definition:

Radiation exposure indices - For the purposes of this measure, radiation exposure indices should, if possible, include at least one of the following:

1. Skin dose mapping
2. Peak skin dose (PSD)
3. Reference air kerma ($K_{a,r}$)
4. Kerma-area product (PKA)

If the fluoroscopic equipment does not automatically provide any of the above radiation exposure indices, exposure time and the number of fluorographic images taken during the procedure may be used.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Radiation Exposure indices, or Exposure Time and Number of Fluorographic Images (if radiation exposure indices are not available) Documented in Final Procedure Report

Performance Met: G9500:

Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented

OR

Radiation Exposure indices, or Exposure Time and Number of Fluorographic Images (if radiation exposure indices are not available) not Documented in Final Procedure Report, Reason not Given

Performance Not Met: G9501:

Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given

RATIONALE:

Increasing physician awareness of patient exposure to radiation is an important step towards reducing the potentially harmful effects of radiation as a result of imaging studies. One study by Darling et al found a significant correlation between documentation of fluoroscopy time by the radiologist in the dictated radiology report and reduced overall fluoroscopy time. Additional studies demonstrate that providing physicians with feedback regarding their fluoroscopy time leads to a reduction in average fluoroscopy times.

CLINICAL RECOMMENDATION STATEMENTS:

All available radiation dose data should be recorded in the patient's medical record. If cumulative air kerma or air kerma-area-product data are not available, the fluoroscopic exposure time and the number of acquired images (radiography, cine, or digital subtraction angiography) should be recorded in the patient's medical record. (ACR, 2013)

For the present, and for the purpose of this guideline, adequate recording of dose metrics is defined as documentation in the patient record of at least one of the following for all interventional procedures requiring fluoroscopy (in descending order of desirability): skin dose mapping, PSD, Ka,r, PKA, and fluoroscopic time/number of fluorographic images. Note, however, that this is adequate recording; this document recommends recording of all available dose metrics. (SIR, 2012)

[ACR] should now encourage practices to record actual fluoroscopy time for all fluoroscopic procedures. The fluoroscopy time for various procedures (eg, upper gastrointestinal, pediatric voiding cystourethrography, diagnostic angiography) should then be compared with benchmark figures...More complete patient radiation dose data should be recorded for all high-dose interventional procedures, such as embolizations, transjugular intrahepatic portosystemic shunts, and arterial angioplasty or stent placement anywhere in the abdomen and pelvis. (Amis et al., ACR, 2007)

Measure & record patient radiation dose:

- Record fluoroscopy time
- Record available measures - DAP (dose area product), cumulative dose, skin dose (NCI, 2005)

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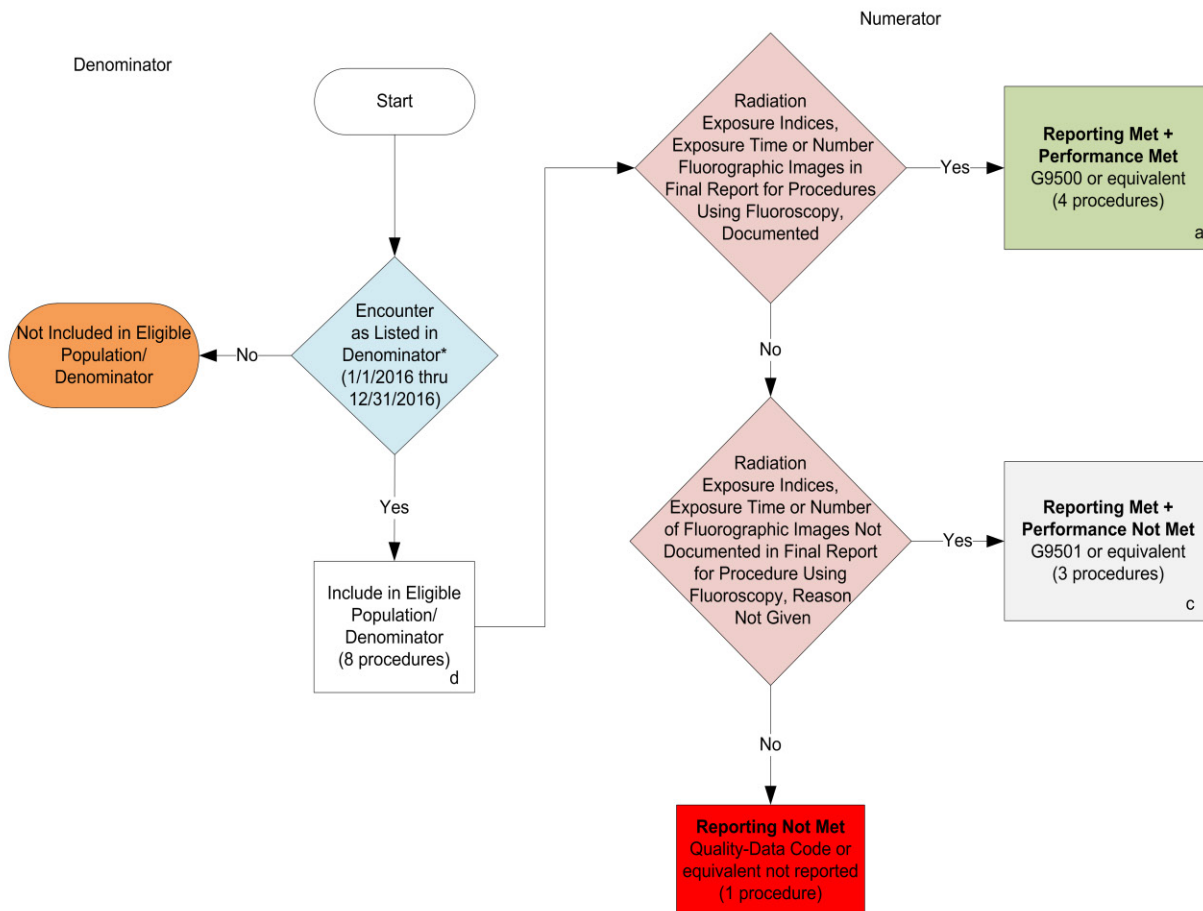
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2016 Claims/Registry Individual Measure Flow
PQRS #145: Radiology: Exposure Time Reported for Procedures Using Fluoroscopy



SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance Met (a=4 procedures) + Performance Not Met (c=3 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 procedures)}}{\text{Reporting Numerator (7 procedures)}} = \frac{4 \text{ procedures}}{7 \text{ procedures}} = 57.14\%$$

*See the posted Measure Specification for specific coding and instructions to report this measure. This measure is to be reported each time fluoroscopy is performed in a hospital or outpatient setting during the reporting period (1/1/2016 thru 12/31/2016).

NOTE: Reporting Frequency: Procedure

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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2016 Claims/Registry Individual Measure Flow
PQRS #145: Radiology: Exposure Time Reported for Procedures Using Fluoroscopy

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible Population.
3. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 procedures in the sample calculation.
4. Start Numerator
5. Check Radiation Exposure Indices, Exposure Time or Number Fluorographic Images in Final Report for Procedures using Fluoroscopy, Documented:
 - a. If Radiation Exposure Indices, Exposure Time or Number Fluorographic Images in Final Report for Procedures using Fluoroscopy, Documented equals Yes, include in Reporting Met and Performance Met.
 - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 procedures in Sample Calculation.
 - c. If Radiation Exposure Indices, Exposure Time or Number Fluorographic Images in Final Report for Procedures using Fluoroscopy, Documented equals No, proceed to Radiation Exposure Indices, Exposure Time or Number Fluorographic Images Not Documented in Final Report for Procedures using Fluoroscopy, Reason Not Given.
6. Check Radiation Exposure Indices, Exposure Time or Number Fluorographic Images Not Documented in Final Report for Procedures using Fluoroscopy, Reason Not Given:
 - a. If Radiation Exposure Indices, Exposure Time or Number Fluorographic Images Not Documented in Final Report for Procedures using Fluoroscopy, Reason Not Given equals Yes, include in Reporting Met and Performance Not Met.
 - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 3 procedures in the Sample Calculation.
 - c. If Radiation Exposure Indices, Exposure Time or Number Fluorographic Images Not Documented in Final Report for Procedures using Fluoroscopy, Reason Not Given equals No, proceed to Reporting Not Met.

7. Check Reporting Not Met:

- a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the reporting numerator in the sample calculation.

SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance Met (a=4 procedures)} + \text{Performance Not Met (c=3 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 procedures)}}{\text{Reporting Numerator (7 procedures)}} = \frac{4 \text{ procedures}}{7 \text{ procedures}} = 57.14\%$$