



Radiology Trends

Did You Know?

Digital breast tomosynthesis (DBT) reduces recall rates compared with mammography, and this outcome can be maintained over the long term, according to a new study published online in *JAMA Oncology*.

CMS Releases Core Quality Measures

The Centers for Medicare & Medicaid Services (CMS) announced streamlined clinical quality measures aimed at easing the reporting burden on physicians and improving patient care. These measures, which mostly target physician quality programs, were developed with input from key stakeholders, and are critical to a healthcare system that is continually shifting towards value-based care, officials say. “The Core Quality Measure Collaborative will reduce needless complexity for physicians, and accelerate the country’s movement to quality,” said Andy Slavitt, acting administrator for CMS. As an example, the proposed core measure set for primary care includes about 21 measures—versus 50-100 in the current environment. The metrics include elements such as controlling high blood-pressure, medication reconciliation and comprehensive diabetes care.

CMS Launches New Medicare Provider Database

The Center For Medicare & Medicaid Services (CMS) has unveiled new data sets searchable by the public to better track provider availability and utilization of certain services by Medicare fee-for-service beneficiaries. Individuals can now track the availability and use of services provided to Medicare beneficiaries by ground ambulance suppliers and home health agencies as well as a list of Medicare fee-for-service providers and

suppliers approved to bill Medicare. The provider and utilization tool sets include interactive maps and a data set that shows national, state and county-level provider and supplier services and how much they are used. The data also allows consumers to access and validate provider and supplier information against Medicare data. The new tools come as part of a CMS effort to be more transparent and publicly share what services are available to

Medicare beneficiaries and who can provide them. The public provider data consists of individual and organizational provider and supplier enrollment information. It also includes items such as names, national provider identifier and other unique identifiers, as well as enrollment type.

New PQRS Measures Cause Confusion

The Physician Quality Reporting System (PQRS) added several new measures from which radiologists' can choose. For the average diagnostic radiologist, it is really not a choice as most will struggle to find nine applicable measures to report.

Most diagnostic and interventional radiologists will now need to report Measures 405, 406 and 436. These new measures are reportable via claims or registry and all fall within the Effective Clinical Care domain. Measures 405 and 406 are inverse measures, meaning the lower the percentage reported the better. These measures are somewhat disturbing to some radiologists as they reward NOT ordering follow-up imaging studies for incidentally found lesions one cm or less, but leave the malpractice liability unanswered.

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

This measure is reported for all CT, MR and US of the abdomen. If an incidental liver (≤ 0.5 cm), cystic kidney (< 1.0 cm) or adrenal (≤ 1.0 cm) lesion is documented we need to code whether or not a follow-up study is recommended. If there are no incidental findings there is a different code to indicate that scenario.

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

Similar to Measure 405, this measure is reported for all CT, MR and US of the chest and neck. If an incidental thyroid nodule (< 1.0 cm) is documented we need to code whether or not a follow-up study is recommended. If there are no incidental findings there is a different code to indicate that as well.

It is not necessary to state that "no follow-up is recommended" for Measures 405 and 406. We will read the impression.

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

For all patients over age 18 who have a CT, the documentation must mention that one of the following dose reduction techniques were used in order to meet this measure: automated dose control, adjustment of the mA and/or kV according to patient size or use of iterative reconstruction technique. Most new scanners have automated dose control built into the scanners. If this is the case, just adding documentation such as, "automated dose control was used for this exam" or something similar to your template will satisfy this measure.

It is also important to note the change to **Measure 145: Exposure Time Reported for Procedures Using Fluoroscopy**. Beginning January 1, 2016, we must now report either the radiation exposure indices OR the exposure time AND number of fluoroscopic images. The radiation exposure indices should include at least one of the following: Skin dose mapping, Peak skin dose (PSD), reference air kerma ($K_{a,r}$) or Kerma-area product (PKA). If your fluoroscopic equipment does not provide this information, you must now also report the number of fluoro images as well as the fluoro time in order to successfully report the measure.

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