MBMS
Specializing In What Matters Most To You!

Selected Measure review / changes MIPS/MACRA 2025

Session objectives

- 2025 Measure review
- Documentation requirements

Agenda

1. 2024 Final Items
   2025 Changes
2. Selected Measure Review

From Strategic Planning Worksheets:

- The following measures have been selected for all facilities: (Dominion, RAF, MIF, Chesapeake)
- 364
- 406
- ACRAD36, 37, 41
- QMM19
- Additional for RAF and MIF: MSN13,15
- Sample documentation (generic) to meet measures
- Doctor Portal: Measures can be pended before billing for “not met” cases

2025 Notable Changes

- 364 / 406
  - Reweighted and re-benchmarked in 2025
  - 2024 Benchmarks

Measure Title	Me	1	2	3	4	5	6	7	8	9	10	Topped	Seven P
Optimizing Patient Exposure to Ionizing Ra	364	1.75 - 36.3	36.36 - 63.	63.32 - 98.	98.07 - 99.	--	--	--	--	--	100	Yes	Yes
Appropriate Follow-up Imaging for Inciden	406	60.00 - 12.	12.50 - 2.2	2.27 - 0.01	--	--	--	--	--	--	0	Yes	Yes

364: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules

- This measure is reported for any patient aged 35 or older each time an incidental pulmonary nodule is discovered. The final report should 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).
- **Sample documentation:**
- ⇒ Follow-up (is / is not) recommend for this incidental pulmonary nodule(s) based on Fleischner's Society Guidelines. (American Lung Association, American College of Chest Physicians, ACR's LungRads)

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

- This measure is reported for patients 18 years and older who have had a CT or MRI of the chest or neck or US of the neck with no known thyroid disease where a **thyroid nodule < 1.0 cm is incidentally noted** and follow-up imaging **is** recommended.
- **Sample documentation:**
- ⇒ Follow-up imaging is **not** recommended for incidentally identified thyroid nodules less than ___ .
- **Reminder this is an inverse measure**

ACRad36 – Incidental Coronary Artery Calcification Reported on Chest CT

- This measure is to be reported for male patients age 18-50 and female patients age 18-65 years old who have not had a previous Coronary Artery Bypass Graft (CABG) or percutaneous coronary intervention with a stent.
- **Sample documentation:**
- ⇒ The coronary artery demonstrates the (presence/absence) of coronary artery calcifications.
- ⇒ Coronary artery calcifications were unable to be evaluated on this study

ACRad37 – Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism

- This measure is to be reported for patients age 18 or older that had a CTA Chest revealing a pulmonary embolism. The final reports must specify branching order level of the most proximal level of embolus (i.e. main, lobar, interlobar, segmental, subsegmental).
- **Sample documentation:**
- ⇒ Pulmonary embolus/emboli is/are identified in the (main, lobar, interlobar, segmental, subsegmental) branch(es) of the pulmonary artery(ies).

ACRad41 – Use of Quantitative Criteria for Oncologic FDG PET Imaging

This measure is reported for patients undergoing a non-CNS oncologic FDG PET, regardless of age. Final reports for FDG PET scans that include at a minimum:

- b. Uptake time (interval from injection to initiation of imaging)
- c. One reference background (e.g., volumetric normal liver or mediastinal blood pool) SUV measurement, along with description of the SUV measurement type (e.g., SUVmax) and normalization method (e.g., BMI)
- d. At least one lesional SUV measurement OR diagnosis of "no disease- specific abnormal uptake"

- **Sample documentation:**
- ⇒ Serum glucose rate at time of injection:
- ⇒ Uptake time between injection and imaging
- ⇒ Volumetric liver (normal). SUV measurement: of (lesion) using (e.g.
- SUVmax, normalization method)

QMM19 – DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia

- This measure is to be reported for patients between the ages of 40 and 90 on the date of service who are having a DEXA scan. The final report must include the FRAX score and a statement of whether they meet criteria for pharmacologic treatment to prevent osteoporosis. The final report must also state the published guidelines referenced to determine if patient meets criteria for pharmacological treatment to prevent of osteoporosis (e.g. per Bone Health and Osteoporosis Foundation's guidelines).
- **Sample documentation:**
- ⇒ FRAX score: The patient (does / does not) meet the criteria for pharmacologic treatment to prevent osteoporosis based on guidelines (e.g. per Bone Health and Osteoporosis Foundation's guidelines)

MSN13 (RAF) – Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including Coronary Artery Calcification Regional Distribution Scoring

- This measure is to be reported for all patients, regardless of age, undergoing a Coronary Calcium Scoring screening study with a CACs score greater than zero.
- Final reports must include documentation that indicates the Coronary Artery Calcium Score (CACS), including CACS regional reporting, **AND** whether or not the regional distribution/total CACS **DOES OR DOES NOT** warrant further evaluation.
- **Sample documentation:**
- ⇒ Total Coronary artery calcium score: Main:
- LAD:
- LCx: RCA:
- PDA:
- CACA Does/does not warrant further evaluation based on:

MSN15 (RAF) – Use of Thyroid Imaging Reporting & Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk

- This measure is to be reported for all patients age 19 or older undergoing a thyroid ultrasound and with findings of a thyroid nodule(s). The final report must include the TI-RADS score with recommendations for follow-up and/or treatment protocols according to the TI-RADS assessment.
- **Sample documentation:**
- ⇒ TI-RAD: Follow up (is / is not) recommended (in) based on ACR guidelines / TI-RADS assessment.