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Quality ID #QMM16: IVC Filter Management Confirmation
- National Quality Strategy Domain: Patient Safety
- Meaningful Measure Area: Preventable Healthcare Harm

2021 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of final reports for eligible exams where an IVC filter is present and the radiologist included a statement of recommendation in the impression of the report for the treating clinician to:

- 1) Assess if there is a management plan in place for the patient’s IVC filter, and
- 2) If there is no established management plan for the patient’s IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation.

Eligible exams are limited to x-ray (XR), computed tomography (CT), and computed tomography angiography (CTA) exams of the abdomen and/or pelvis.

INSTRUCTIONS:

This measure is to be submitted **each time** an XR, CT, or CTA of the abdomen and/or pelvis is reported for a patient with an IVC filter during the reporting period. Measure performance focuses on the radiologist’s inclusion of a statement of recommendation in the impression of the report for the treating clinician to:

- 1) Assess if there is a management plan in place for the patient’s IVC filter, and
- 2) If there is no established management plan for the patient’s IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for

submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All final reports for XR, CT, and CTA of the abdomen and/or pelvis for patients with an IVC filter in place.

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Patient procedure during the performance period (CPT):

Abdomen: 74018, 74019, 74021, 74022, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178

Pelvis: 72170, 72190, 72191, 72192, 72193, 72194

AND

Final report documents IVC filter present (**EE016**)

Denominator Exclusion: None

NUMERATOR:

Final reports for patients with an IVC filter in place that include a statement in the impression by the radiologist recommending the treating clinician to:

- 1) Assess if there is a management plan in place for the patient's IVC filter, and
- 2) If there is no established management plan for the patient's IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation.

Numerator Options:

Performance Met:

PM016: Imaging report includes a documented statement of recommendation by the radiologist in the impression for the treating clinician to: 1) assess if there is a management plan in place for the patient's IVC filter, and 2) if there is no established management plan for the patient's IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation.

OR

Performance Not Met:

PNM16: Imaging report does not include a documented statement of recommendation by the radiologist in the impression for the treating clinician to: 1) assess if there is a management plan in place for the patient's IVC filter, and 2) if there is no established management plan for the patient's IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation.

OR

Denominator Exception

PE016: Documentation of medical reason(s) for not entering statement of recommendation by the radiologist for IVC filter plan, such as patients with a limited life expectancy, other medical reason(s).

RATIONALE:

IVC filter retrieval rates in clinical practice have been shown to be generally low, with at least one study documenting a retrieval rate under 15% among all provider specialty groups for the Medicare population (see References #5 and 6). IVC filters are frequently used as an alternative or supplemental tool to prevent pulmonary embolism in patients with known thromboembolic disease and as a prophylactic tool to prevent pulmonary embolism in patients at high risk of developing thromboembolic disease (see References #2, 3, and 4). Complications of indwelling IVC filters include filter movement and embolization, filter penetration of the IVC wall with possible penetration of adjacent organs, filter tip embedding, filter fracture and filter-associated thrombus. These complications can potentially be symptomatic for the patient and/or lead to subsequent serious complications such as bleeding and organ perforation (see References #1 and 4).

Due to the risk of these complications, IVC filters should be removed if possible when they are no longer clinically necessary. Potential contributors to the low retrieval rates include lack of physician initiative to consider filter retrieval and loss of follow-up of patients (see Reference #7).

While current MIPS measure #421 addresses removal of IVC filters within 3 months of insertion, #421 does not address the role of diagnostic radiologists in improving IVC filter retrieval rates by promoting assessment for indwelling IVC filter management plans and referral to an interventional clinician for those patients who do not have a management plan in place. Including Diagnostic Radiologists would vastly increase the identification of the number of patients with IVC filters, particularly those that have had an IVC for an extended period of time (those at highest risk for complications).

References:

1. Shin et al. Reporting of Inferior Vena Cava Filter Complications on CT: Impact of Standardized Macros. *American Journal of Roentgenology* 2018; 211: 439-444.
2. Oh et al. Removal of Retrievable Inferior Vena Cava Filters with Computed Tomography Findings Indicating Tenting or Penetration of the Inferior Vena Cava Wall. *Journal of Vascular Interventional Radiology* 2011; 22: 70-74.
3. Caplin et al. Quality Improvement Guidelines for the Performance of Inferior Vena Cava Filter Placement for the Prevention of Pulmonary Embolism. *Journal of Vascular Interventional Radiology* 2011; 22: 1499-1506.
4. Dinglasan et al. Complicated Inferior Vena Cava Filter Retrievals: Associated Factors Identified at Preretrieval CT. *Radiology* 2013; 266: 347-354.
5. Duszak et al. Placement and Removal of Inferior Vena Cava Filters: National Trends in

the Medicare Population. Journal of the American College of Radiology 2011; 8: 483-489.

6. Morris et al. National Trends in Inferior Vena Cava Filter Placement and Retrieval Procedures in the Medicare Population Over Two Decades. Journal of the American College of Radiology 2018; 15: 1080-1086.

7. Morales et al. Decision Analysis of Retrievable Inferior Vena Cava Filters in Patients Without Pulmonary Embolism. Journal of Vascular Surgery 2013; 1: 376-384.

Meaningful Measure Priority: Preventable Healthcare Harm

NQS Domain: Patient Safety

Measure type: Process – High Priority

Data Source: Administrative claims; patient medical records.

Measure Steward: MEDNAX Services, Inc. and MSN Healthcare Solutions **Number of Multiple Performance Rates:** 1

Inverse Measure: No

Proportion Measure Scoring: Yes

Continuous Measure Scoring: No

Risk adjustment: No

NQF Number: Not applicable

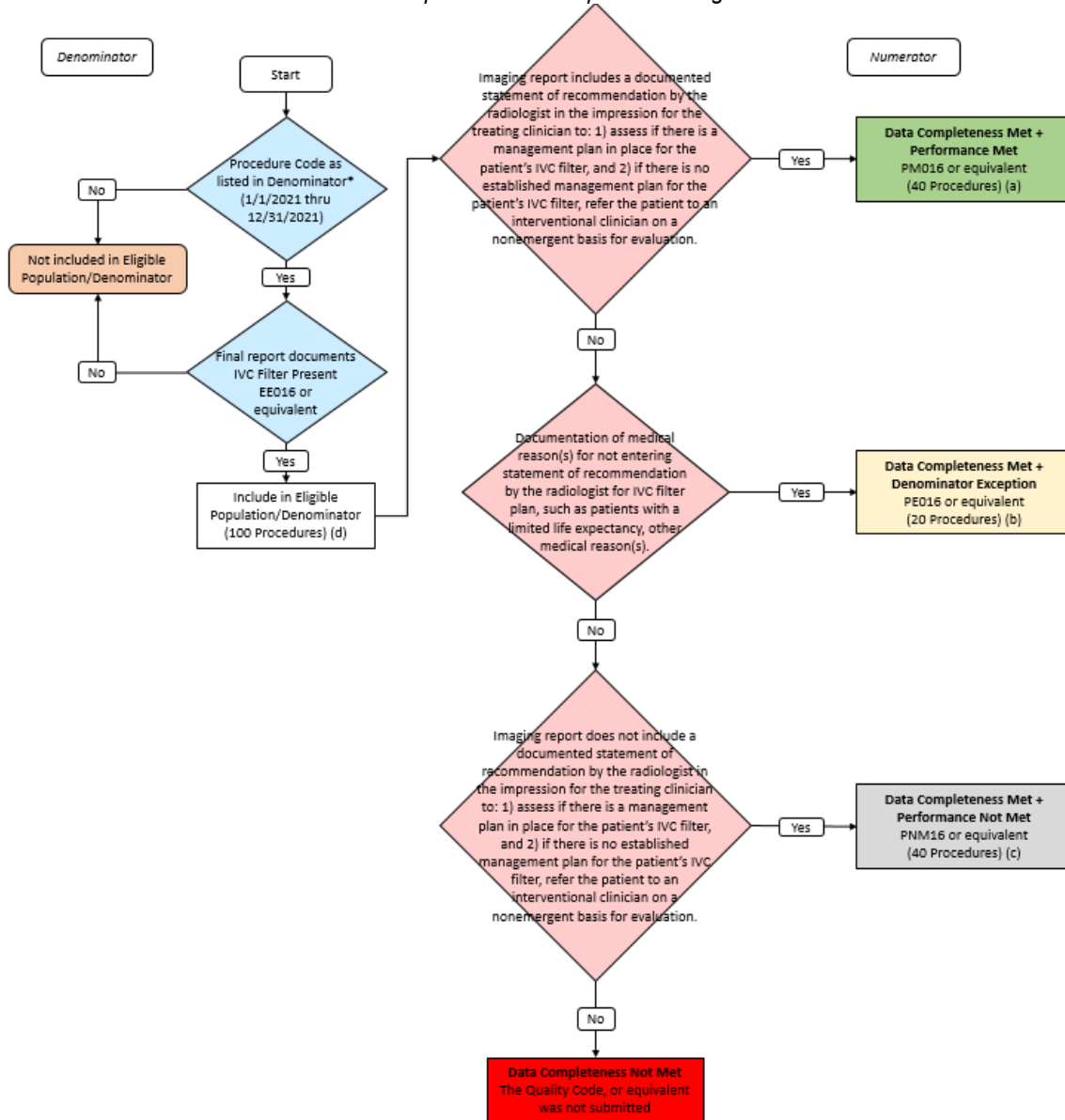
eCQM Number: Not applicable

High Priority Type: Patient Safety

Care Setting: Ambulatory Hospital, Hospital Inpatient, Outpatient Services, ED Services

2021 Clinical Quality Measure Flow for Quality ID # QMM16: IVC Filter Management Confirmation

Disclaimer: Please refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS:

$$\begin{array}{l} \text{Data Completeness} = \\ \frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=20 procedures)} + \text{Performance Not Met (c=40 procedures)}}{\text{Eligible Population / Denominator (d=100 procedures)}} = \frac{100 \text{ procedures}}{100 \text{ procedures}} = 100.00\% \end{array}$$

$$\begin{array}{l} \text{Performance Rate} = \\ \frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (100 procedures) - Denominator Exception (20 procedures)}} = \frac{40 \text{ procedures}}{80 \text{ procedures}} = 50.00\% \end{array}$$

2021 Clinical Quality Measure Flow Narrative for Quality ID #QMM16: IVC Filter Management Confirmation

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check Procedure Performed
 - a. If Procedure Code as listed in Denominator equals NO, do not include in Eligible Population. Stop Processing.
 - b. If Procedure Code as listed in Denominator equals YES, proceed to check if Final report documents IVC Filter Present.
3. Check if Final report documents IVC Filter Present
 - a. If Final report documents IVC Filter Present equals NO, do not include in Eligible Population. Stop Processing.
 - b. If Final report documents IVC Filter Present equals YES, include in Eligible Population.
4. Denominator Population:
 - a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter “d” equals 100 procedures in the Sample Calculation.
5. Start Numerator
6. Check Imaging report includes a documented statement of recommendation by the radiologist in the impression for the treating clinician to: 1) assess if there is a management plan in place for the patient’s IVC filter, and 2) if there is no established management plan for the patient’s IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation
 - a. If Imaging report includes a documented statement of recommendation by the radiologist in the impression for the treating clinician to: 1) assess if there is a management plan in place for the patient’s IVC filter, and 2) if there is no established management plan for the patient’s IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation equals YES, include in Data Completeness Met and Performance Met
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter “a” equals 40 procedures in the Sample Calculation.
 - c. If Imaging report includes a documented statement of recommendation by the radiologist in the impression for the treating clinician to: 1) assess if there is a

management plan in place for the patient's IVC filter, and 2) if there is no established management plan for the patient's IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation equals YES, Proceed to check Documentation of medical reason(s) for not entering statement of recommendation by the radiologist for IVC filter plan, such as patients with a limited life expectancy, other medical reason(s).

7. Check Documentation of medical reason(s) for not entering statement of recommendation by the radiologist for IVC filter plan, such as patients with a limited life expectancy, other medical reason(s):
 - a. If Documentation of medical reason(s) for not entering statement of recommendation by the radiologist for IVC filter plan, such as patients with a limited life expectancy, other medical reason(s) equals YES, include in Data Completeness Met and Denominator Exception
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter "b" equals 20 procedures in the Sample Calculation.
 - c. If Documentation of medical reason(s) for not entering statement of recommendation by the radiologist for IVC filter plan, such as patients with a limited life expectancy, other medical reason(s) equals NO, Proceed to Check Imaging report does not include a documented statement of recommendation by the radiologist in the impression for the treating clinician to: 1) assess if there is a management plan in place for the patient's IVC filter, and 2) if there is no established management plan for the patient's IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation.
8. Check Imaging report does not include a documented statement of recommendation by the radiologist in the impression for the treating clinician to: 1) assess if there is a management plan in place for the patient's IVC filter, and 2) if there is no established management plan for the patient's IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation:
 - a. If Imaging report does not include a documented statement of recommendation by the radiologist in the impression for the treating clinician to: 1) assess if there is a management plan in place for the patient's IVC filter, and 2) if there is no established management plan for the patient's IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation equals YES, include in Data Completeness Met and Performance Not Met
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter "c" equals 40 procedures in the Sample Calculation.
 - c. If Imaging report does not include a documented statement of recommendation by the radiologist in the impression for the treating clinician to: 1) assess if there is a management plan in place for the patient's IVC filter, and 2) if there is no established management plan for the patient's IVC filter, refer the patient to an

interventional clinician on a nonemergent basis for evaluation equals NO, Proceed to Data Completeness Not Met.

9. Check Data Completeness Not Met:

- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 0 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:	
Data Completeness =	
$\frac{\text{Performance Met (a=40 procedures) + Denominator Exception (b=20 procedures) + Performance Not Met (c=40 procedures)}}{\text{Eligible Population / Denominator (d=100 procedures)}}$	$= \frac{100 \text{ procedures}}{100 \text{ procedures}} = 100.00\%$
Performance Rate =	
$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (100 procedures) - Denominator Exception (20 procedures)}}$	$= \frac{40 \text{ procedures}}{80 \text{ procedures}} = 50.00\%$

