

2022 CPT Updates and MIPs Documentation

November 18th, 2021



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Resources

- AMA
- CMS
- ACR



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Agenda

- **2022 CPT Changes**
- **Quality Payment Program (QPP) Updates for MIPS**
- **MIPs Documentation: Diagnostic Radiology Measures**

CPT Changes in Radiology



Trabecular Bone Scan

CPT	DESCRIPTION
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk
77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only
77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional

Thermal Nerve Destruction

CPT DESCRIPTION

64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)

Quantitative Tissue Characterization/Analysis

CPT	DESCRIPTION
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)

Deleted for 2022

- **72275-** Epidurography, radiological supervision and interpretation
**Rationale: Bundled into other procedures*
- **76101-** Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral **Rationale: Limited use*
- **76102** Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral **Rationale: Limited use*

Quality Payment Program (QPP) Updates for MIPS

2022



2022 MIPs Updates

Performance Thresholds and Category Weights

Performance	2021	2022	Change
Penalty	60	75	+15 pts
Exceptional Performer*	85	89	+4 pts
Maximum Payment Adjustment	+/- 9%	+/- 9%	None
Category Weights			
Quality	40%	30%	- 10%
Cost	20%	30%	+10%
Promoting Interoperability	25%	25%	None
Improvement Activities	15%	15%	None

2022 is the **LAST YEAR for the Exceptional Performer BONUS*

2022 MIPs Updates

Quality Category

- High Priority/Outcome Bonus Points Removed
 - Reporting additional High Priority or Outcome measure types, beyond the requirement of the category will no longer grant 1 extra point
- End to End (EHR) Reporting Bonus Points Removed
 - Reporting Quality measures via EHR technology will no longer grant 1 extra point
- **Impact: participants should expect a category score reduction up to 6 points**
- Small Practice Bonus and Quality Improvement Bonus are still available within the category

2022 MIPs Updates

Small Practices – 15 or fewer clinicians

- **New final score weighting:**

Category Weights	With Cost	Without Cost
Quality	40%	50%
Improvement Activities	30%	50%
Cost	30%	0%

- **Impact: Improvement Activities will contribute significantly more points towards final score, making it easier to reach penalty threshold**

2022 MIPs Updates

Quality Category: Measures Removed

#14 Age-Related Macular Degeneration (AMD): Dilated Macular Examination

#21 Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin

#23 Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

#44 Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery

#50 Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older

#67 Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemia

#70 Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry

#154 Falls: Risk Assessment

#195 Radiology: Stenosis Measurement in Carotid Imaging Reports

#225 Radiology: Reminder System for Screening Mammograms

#337 Psoriasis: Tuberculosis (TB) Prevention

#342 Pain Brought Under Control Within 48 Hours

#429 Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy

#434 Proportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Prolapse Repair

#444 Medication Management for People with Asthma

2022 MIPS Updates

Topped Out/Point Capped Measures

Topped-out measures - the national median performance rate is so high that there is no meaningful difference in performance between clinicians.

- **Even 1 encounter failing to meet a measure's criteria will lower the amount of points returned significantly**

Point-capped measures – after a measure is considered ‘topped-out’, CMS may apply a point cap to lower the **maximum points from 10 to 7**

- All measures with a point-cap are also topped-out

2022 MIPS Updates

Summary

- **Radiology MIPS Participants face a high penalty threshold with fewer ways to earn points**
- **Topped Out Measures under 100% performance are worth significantly fewer points**
 - **One encounter failing to meet the measure can drop score**
- **MIPs documentation more important than ever**

Diagnostic Radiology MIPs Measures



Diagnostic Radiology Measures

General Tips

- **Most MIPS encounters fail to meet measure requirements due to the ABSENCE of MIPS documentation**
- **Several measures include ‘Exception’ codes**
 - Exceptions do not count against the performance rate of a measure
 - Encounters that do not count as meeting the measure could potentially qualify as exceptions if the documentation is there
- **Consider utilizing templates to help meet measure documentation**

145- Fluoroscopy

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)

Documentation:

Performance Met: Document radiation exposure indices, OR exposure time and number of fluorographic images in final report for procedures using fluoroscopy

Radiation Exposure Indices should include one of the following:

- Skin dose mapping
- Peak skin dose (PSD)
- Reference air kerma ($K_{a,r}$)
- Kerma-area product (Pka) or Dose area product (DAP) * Cumulative Dose

*****Reporting dose only in mGy is insufficient*****

If no images were obtained, should document "zero images"

Performance Not Met: Radiation exposure indices, OR exposure time and number of fluorographic images not documented, reason not given

145 Examples

Performance Met	Performance Not Met
<p data-bbox="59 411 863 462">Fluoroscopy time 1 minute 34 seconds. 3 images.</p> <p data-bbox="48 539 1035 796">FLUOROSCOPY/COMPUTED TOMOGRAPHY TIME: 1 second Fluoro Dose 0.12 Fluoro Time (MIN:SEC): 0:01 Unit of Measure mGy Number of Images 1 TOTAL NUMBER OF IMAGES: Radiographic images: 0. Last fluoroscopic image saved images: 1.</p> <p data-bbox="59 829 996 895">Fluoro time: 3.0 minutes. There are 22 images.</p>	<p data-bbox="1068 401 1879 475">The fluoroscopic time for this procedure is 36 seconds. Multiple spot films are obtained with image intensifier.</p> <p data-bbox="1068 532 1479 618">FLUOROSCOPY TIME: 0.9 minutes RADIATION DOSE: 60.20 mGy</p> <p data-bbox="1068 682 1783 796">CLINICAL HISTORY: Hodgkin's disease. Check patency of Port-A-Cath is not rece TECHNIQUE: Under fluoroscopic observation a small amount of contrast was in Cath.</p> <p data-bbox="1068 829 1657 858">The fluoroscopy time is 18 seconds. The patient dose was 5 mGy.</p> <p data-bbox="1068 886 1290 915">Comparison: 1/12/2021</p>

147- Nuclear Medicine

Description: Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, Magnetic Resonance Imaging (MRI), Computed Tomography (CT), etc.) that were performed

Documentation:

Performance Met: Final report for bone scintigraphy study includes documented correlation with existing relevant imaging studies corresponding to the same anatomical region in question

Ex – “Correlation with previous x-ray/CT/MRI of the body site demonstrates _____.”

Exception: Documentation for not documenting correlation with existing relevant imaging studies in final report (e.g., no existing relevant imaging study available)

Ex – “Existing x-ray/CT/MRI of the area in question is unavailable at this time.”

Performance Not Met: Bone scintigraphy report not correlated in the final report with existing relevant imaging studies, reason not otherwise specified

147 Examples

Performance Met	Exception
<p data-bbox="86 401 765 582">CLINICAL HISTORY: PROSTATE CA with prior prostate surgery and radiation therapy with last treatment in January 2020. No bone pain. No history of fracture. No known trauma. No prior bone surgery. Comparison: 12/28/2018</p> <p data-bbox="86 636 701 818">Patient History: +BONE METS. Patient History: NO BREAKS, NO FRACTURES, NO SURGERY TO BONES Comparison: 6/23/2021.</p> <p data-bbox="86 886 967 1082">TECHNIQUE: Following intravenous demonstration of 24 mCi of technetium 99m MDP, routine three-phase bone scan was performed. Blood flow, blood pool, and delayed images of the feet were obtained. Delayed phase SPECT-CT was performed. Comparison: 8/18/2021 MRI</p>	<p data-bbox="1000 401 1669 596">CLINICAL HISTORY: ABNORMAL LEVELS OF OTHER SERUM ENZYMES ALL OVER BODY PAIN NO FALLS; NO TRAUMA; HX RT ANKLE FX 2018 symmetric radiotracer uptake of the ankles and feet is favored to be degenerative. Patient History: HX RT THA 2019; ABN SERUM ENZYMES Comparison: None</p>

360 – Ionizing Radiation: High Dose: CT and Cardiac Nuclear

Description: Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study

Documentation:

Performance Met: Count of previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study

Performance Not Met: Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given

360 Examples

Performance Met

Comparison: No prior studies were available for comparison.

Comparison: No prior

Comparison: CT scan from 3/3/2021

The patient has had 2 known prior CT's and cardiac nuclear medicine studies within the last 12 months..

Comparison: Hip x-rays 5/27/2021 CT chest 7
pelvis 2/14/2021

CT + Nuclear myocardial perfusion exams in last
12 months: 1

364 – Ionizing Radiation: Follow up CT for Pulmonary Nodule

Description: Percentage of final reports for CT imaging studies with a finding of an incidental pulmonary nodule for patients aged 35 years and older that 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:

Performance Met: Follow up recommendations include interval, modality, and source of recommendations (guidelines). Recommendations for 'no follow up' must include source.

Exception: Documentation of medical reason(s) for not including recommended interval, modality, and source guidelines for follow up or no follow up - (e.g., patients with unexplained fever, immunocompromised patients who are at risk for infection)

Performance Not Met: Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given

364 – Ionizing Radiation: Follow up CT for Pulmonary Nodule

- **More Radiology groups utilizing this measure as replacement for 195/225**
- **Using specific verbiage of ‘incidental’ helps accurately apply incidental G-code to qualify for measure**
 - Incidental determination can be difficult without clear language
 - Alternatively, using verbiage like ‘seen again’/‘previously seen’ helps indicate a nodule is not incidental
- ***Granulomas, hamartomas or lesions with internal fat, or other characteristically benign findings are not considered incidental findings in the context or intent of this measure.***
- From the ACR –
 - “In the event that there really is **no applicable guideline to cite**, if you could make reference to whatever your practice or hospital's policy is regarding a certain recommendation, which would explain the rationale for recommending (or not recommending) follow up.”

364 Examples

Performance Met

For this lesion, recommend further management be guided by the Fleischner Society 2017 guidelines, in the absence of a known primary malignancy for history of immunosuppression in this patient.

For low and high risk patients, follow-up CT within 6-12 months time is recommended, then consider CT at 18-24 months.

If any pulmonary nodule is described in the above report please use the below guidelines for follow up or no follow up needed if advised above.

THE FOLLOWING RECOMMENDATIONS ARE FROM THE FLEISCHNER SOCIETY (RADIOLOGY VOL. 284 2017):

NODULE TYPE:

Single solid nodule

Less than 6 mm 6-8 mm Over 8 mm

Low risk: No routine followup CT at 6-12 mo, consider CT 18-24 mo CT at 3 mo, PET/CT, or biopsy

Performance Not Met

Impression:

1. Pulmonary pathology with an overall usual interstitial pneumonia pattern.
2. Right upper lobe pulmonary nodule measuring up to 1.3 cm. PET/CT, tissue sampling, and/or three-month follow-up CT recommended.

Impression:

1. No acute findings in the chest.
2. Tiny bilateral pulmonary nodules. Consider follow-up CT in 12 months.
3. Indeterminate left adrenal nodule. Recommend nonemergent CT renal mass protocol versus MRI of the abdomen for further evaluation.

Subsequent surveillance/scanning

Smooth noncalcified pulmonary nodules measuring less than 4 mm in size.

Consider chest CT follow-up in one year if the patient has high risk factors

Follow-up and/or incidental findings for pulmonary nodules are in accordance with the Fleischner guidelines.

405 – Follow-up: Abdominal Lesion

Description: Percentage of final reports for imaging studies for patients aged 18 years and older with one or more of the following noted incidentally with a specific recommendation for no follow-up imaging recommended based on radiological findings:

Documentation:

Performance Met: Final reports for imaging studies stating no follow-up imaging is recommended

Exception: Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical reason(s))

Performance Not Met: Final reports for imaging studies with follow-up imaging recommended, or final reports that do not include a specific recommendation of no follow-up

405 – Follow-up: Abdominal Lesion

- Coders will not assume ‘incidental’ based on size alone, including verbiage such as ‘incidental’, ‘simple appearing’, or Bosniak scores I or II, help determine if the finding applies to the measure
- **Documentation changed significantly from 2019 to 2020**
 - Liver removed as an applicable anatomical area
 - Additional criteria added for incidental renal/adrenal findings
 - Measure no longer ‘inverse’
 - Measure now specifically requires a statement addressing ‘no follow up’ to meet the measure
 - Prior to update, an incidental finding without any follow up statement could have met the measure

405 Examples

Performance Met

Kidneys/Bladder/Reproductive Organs: Incidental simple cysts in both kidneys, no follow-up recommended. Hysterectomy.

Kidneys/Bladder/Reproductive Organs: Normal adrenals. Simple renal cyst. Largest on the left side 3.0 cm. Hounsfield units 4.. No follow-up needed. Ureters are normal. The bladder has Foley catheter in place is relatively collapsed. Enlarged prostate.

Performance Not Met

Stone mid aspect left ureter measuring 4 x 2 mm. This produces moderate left hydronephrosis. Simple bilateral renal cysts. Otherwise normal kidneys.

Simple left renal cyst. Normal ureters. Normal collapsed bladder. Normal prostate except for calcification.

FINDINGS: Clear lung bases. Negative liver, gallbladder, adrenal glands, spleen, and pancreas. Normal right kidney. Small simple cyst left kidney. No hydronephrosis. No bowel obstruction. Normal appendix. No significant colonic wall thickening. No free fluid or free air. No abscess. No adenopathy. Internal fixation left femur. Exam otherwise negative.

406 – Follow-up: Thyroid Nodules

Description: Percentage of final reports for computed tomography (CT), CT angiography (CTA) or magnetic resonance imaging (MRI) or magnetic resonance angiogram (MRA) studies of the chest or neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm noted incidentally with follow-up imaging recommended

Documentation:

Performance Not Met: Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended

Exception: Documentation of medical reason(s) for recommending follow-up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reasons)

Performance Met: Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended

406 Examples

Performance Not Met

IMPRESSION:

1. Worsening soft tissue thickening to the anterior urinary bladder. The focus of soft tissue thickening measures up to approximately 4.8 cm on today's study compared to 2.2 cm on prior examination by my measurements.
2. Stable pulmonary nodule in the left lung base measuring up to 8 mm .
3. Stable indeterminate hypodensities in the liver unchanged from prior examinations.
4. Prominent soft tissue lesion in the left adnexa may represent a prominent ovary versus uterine fibroid. This is stable from prior examination.
5. Bilateral thyroid nodules. Ultrasound is recommended for further evaluation.

Scattered granulomas in addition to multiple noncalcified millimetric nodules measuring up to 8 mm as detailed above. Follow-up recommended as per Fleischner criteria. 7 mm left thyroid hypodense nodule which can be further correlated with dedicated thyroid ultrasound.

436 – Radiation Dose Lowering

Description: Percentage of final reports for patients aged 18 years and older undergoing computed tomography (CT) with documentation that one or more of the following dose reduction techniques were used:

- Automated exposure control
- Adjustment of the mA and/or kV according to patient size
- Use of iterative reconstruction technique

Documentation:

Performance Met: Final reports with documentation of one or more dose reduction techniques

Performance Not Met: Final reports without documentation of one or more dose reduction techniques

436 Examples

Performance Met	Performance Not Met
<p data-bbox="79 468 958 564">Automated exposure control was utilized.</p> <p data-bbox="79 605 848 739">All CTs at this facility use dose optimization techniques and iterative reconstructions, and/or weight-based dosing when appropriate to reduce radiation to a low as reasonably achievable.</p> <p data-bbox="79 781 880 901">Technique: Axial 5 mm images were obtained through the abdomen without IV contrast. Coronal and sagittal reformatted images also provided. CT scan performed according to ALARA principles. Automated exposure control was utilized.</p>	<p data-bbox="1025 486 1744 564">Radiation dose: Up-to-date CT equipment and radiation dose reduction</p>

Q&A



Thank you!

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