



A Guide to the new CMS Measure

Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults

Introduction

The Centers for Medicare & Medicaid Services (CMS) recently instituted a new rule pertaining to “Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults.” As the primary author of the foundational work on integrating image quality and radiation dose into monitoring programs¹, I have a vested interest in this development. Despite my pioneering research motivating this CMS measure, distilling the information from CMS into actionable details proved difficult. This short guide aims to clarify the rule's main points and help your institution prepare for the upcoming changes.

Reporting Requirement and Its Implications for Your Institution

The new electronic Clinical Quality Measure (eCQM) includes three calculated data elements: the CT dose and image quality category, the size-adjusted radiation dose, and the global noise. This electronic eCQM is incorporated into three CMS quality programs. Some programs have optional reporting, but it is important to note that reporting the measure is mandatory for all outpatient imaging within the Outpatient Quality Reporting (OQR) program. By leveraging the right technological tools, your institution can not only fulfill the outpatient reporting mandates but also enhance its selection of eCQMs for the Inpatient Quality Reporting (IQR) and MIPS programs.

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CMS Program	Reporting Requirement	Timeline
Hospital Level Inpatient Quality Reporting (IQR) ⁱⁱ	Hospitals must report on 3 eQCMs chosen by CMS and 3 additional eQCMs that are self-selected from a list of remaining eQCMs. This measure will be included in the self-selected list.	CY 2025 reporting period FY 2027 payment determination
Hospital Level Outpatient Quality Reporting (OQR) ⁱⁱⁱ	Reporting will be required for all outpatient imaging.	CY 2025 voluntary reporting period CY 2027 mandatory reporting period FY 2029 payment determination
Clinician Level & Clinician Group Level Merit-based Incentive Payment System (MIPS) ^{iv}	Hospitals must report on 6 MIPS quality measures that are self-selected from a list including at least 1 outcome measure or report on a defined specialty measure set.	2025 performance year 2027 payment year

Tools for Compliance and Quality Enhancement

In the measure specifications^v, CMS allows for any software provider to report on the Measure, and Imalogix stands out as a trusted provider. The reliability of Imalogix is anchored by its team's significant expertise, including the original authors of the pivotal paper on quality measurement in diagnostic CT studies. This seminal work forms the backbone of the measure and highlights Imalogix's profound understanding and deep knowledge in the field. As such, Imalogix represents an ideal partner for measure reporting and quality improvement. Furthermore, Imalogix is committed to providing CMS reporting services free of charge for our customers, underscoring its dedication to aiding healthcare providers in enhancing patient care.

Other vendors may offer solutions for CMS reporting. If your organization is in the process of evaluating various software solutions for CMS reporting, it's crucial to thoroughly assess the capabilities of potential software vendors to meet your CMS reporting requirements. Consider asking the following questions to gain insights into the vendor's proficiency and reliability:

1. What is the history and track record of your company?
2. Can you share the number of hospitals that currently utilize your software?
3. How many active clients are willing to vouch for your software in terms of implementation, customer support, and overall satisfaction?
4. What level of expertise does your team possess in managing challenges related to the new CMS requirement on excessive radiation dose or inadequate image quality?
5. How frequently do you release software updates to enhance functionality and security?

6. What are your fees for ongoing support and training services?
7. How do you structure pricing for the introduction of new features, especially those critical for maintaining future compliance?

These questions will help you discern the vendor's experience, customer service quality, and their software's capability to adapt to evolving regulatory requirements.

Further Inquiries

If you have any questions regarding the measure or require further assistance, please do not hesitate to contact us at info@imalogix.com. Our team of regulatory experts is at your disposal to provide the necessary guidance and support.

References

ⁱ Christianson et al., Automated Technique to Measure Noise in Clinical CT Examinations, AJR 2015, <https://www.ajronline.org/doi/10.2214/AJR.14.13613>

ⁱⁱ 2024 Hospital Inpatient Quality Reporting (IQR) Program Final Rule, <https://www.federalregister.gov/documents/2023/08/28/2023-16252/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>

ⁱⁱⁱ 2024 Hospital Outpatient Quality Reporting (OQR) Program Final Rule, <https://www.federalregister.gov/documents/2023/11/22/2023-24293/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>

^{iv} 2024 Medicare Physician Fee Schedule (PFS) Final Rule, <https://www.cms.gov/files/document/2024qpppoliciesfinalrulefactsheet.pdf>

^v National Quality Forum Measure Specifications, <https://www.qualityforum.org/ProjectMeasures.aspx?projectID=86057&cycleNo=2&cycleYear=2021>