Neuroradiology Measure Development
Technical Expert Panel (TEP) Meeting Summary
Spine Fractures Measure
June 13, 2025

Panel Attendees: Nadja Kadom, MD (Chair); Melissa Davis, MD; Matt Zygmont, MD; Melissa Chen, MD
Panel Member Absence: Brianna Damadian, MD
Staff Attendees: Judy Burleson, MHSA; Samantha (Sam) Shugarman, MS; Zach Smith, Brendon Alves

Welcome
The TEP chair thanked attendees for joining today's meeting and ACR staff explained that today's meeting would focus on refining the Standardized Spine Fracture Classification measure.

Measure Concept Review
ACR staff informed the panel that they would discuss the draft measure statement comprising comments, recommended edits, and questions, including those posed during the April 2025 Centers for Medicare and Medicaid Services (CMS) Qualified Clinical Data Registry (QCDR) Measure Preview Meeting attended by Rich Heller, MD, FACR (ACR leadership) and ACR staff.
Measure Specification Discussion

- *Measure title*
  The TEP had no objections or additions to the current measure title.
- *Measure Description*
  The TEP had no objections or additions to the current measure description.
- *Denominator*
  Noting that draft denominator applies to reports for initial CT scans, the TEP chair explained that the AO Spine Classification System, a comprehensive, standardized framework used to classify spinal injuries and pathologies based on morphology, neurological status, and clinical modifiers, is not specific to CT. One panelist highlighted that CT procedures can be incomplete for obtaining detailed condition grading and a subsequent MRI is often needed.
  Given the determination that CT, MRI, or other modalities may inform AO Classifications, panelists agreed to revise the denominator so that it is not modality specific. ACR staff stated that the denominator's coding details that the International Classification of Diseases (ICD-10) codes would specify the relevant part of the spine in question (e.g., thoracic, cervical, etc.) so that all eligible cases should have fractures coded to the specific anatomical region imaged.
  Based on the TEP's discussion, ACR staff agreed to include more Current Procedural Terminology (CPT) codes in the specifications to include imaging results that picked up the spine fracture(s) when the exam ordered focused on other body regions.

- *Numerator*
  Clarity was requested on how radiologists would document the measure numerator in reports. One TEP member mentioned that at their institution's trauma center, most patients having their spine evaluated receive a multi-phase CTA of the chest, abdomen, and pelvis. When a spinal malalignment is identified, patients automatically receive an MRI order. Some panelists emphasized the importance of MRI findings to ensure neurosurgeons have the option to operate.

  To support measure-user performance, the panel decided to include a numerator note stating the imaging signs needed for the AO classification include anatomical structures that are fractured, ligaments that are injured, vertebral body position, extent of the fracture, shape of the spine, and/or any displacements. The panel confirmed that providing sample statements in the numerator notes would offer additional guidance for reporting this measure accurately.

- *Denominator Exclusions*
  Exclusion revisions comprised all imaging to reflect the updates made in the denominator. Zach suggested using a G-code that describes specific medical procedures, services, or functional limitations, particularly when a corresponding ICD-10 code doesn't exist. Alternatively, all ICD-10 codes could be removed, and the G code could indicate the initial presentation of a spinal fracture.

- *Measurement rationale*
  Informing meeting participants that the rationale plays an integral role for CMS when it considers whether to adopt measures into MIPS, ACR staff stated that this section must establish the measure's clinical issue, in this case, utilization of the AO Spine Classification System(s). ACR staff requested that TEP share additional references that would improve the rationale.

Concerned with the data collection burden, ACR staff questioned the effort required by radiologists to capture and report this measure data. Panelists expect that using this measure would be a low burden, as many of its elements may be easily collected and automated within report templates.

Action Items

1. ACR staff will revise the measure draft based on today's discussion and add subheadings to the rationale, designating the criteria needed to make a strong argument for the value of this measure in MIPS.
2. ACR staff will share the revised draft specifications with the TEP chair for review before requesting TEP edits and other feedback by email.
3. ACR staff will distribute meeting minutes to the TEP and relevant ACR staff.

Adjourned