

Quality ID #421: Appropriate Assessment of Retrievable Inferior Vena Cava (IVC) Filters for Removal
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Preventable Healthcare Harm

2023 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients in whom a retrievable IVC filter is placed who, within 3 months post-placement, have a documented assessment for the appropriateness of continued filtration, device removal, or the inability to contact the patient with at least two attempts.

INSTRUCTIONS:
This measure is to be submitted **each time** for patients with an IVC filter procedure during the performance period. There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: Include only patients that have IVC filter placement through September 30 of the performance period. This will allow the evaluation of at least 90 days of IVC filter removal within the performance period.

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 patients who have a retrievable IVC filter placed with the intent for potential removal at time of placement

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Patient procedure during the performance period (CPT): 37191

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

AND

Intent for Potential Removal at Time of Placement: G9539

AND

Patient alive 3 Months Post Procedure: G9540

NUMERATOR:
Number of patients that have appropriate IVC filter follow-up

Definition:

Appropriate IVC Filter follow-up – For the purposes of this measure, the appropriate follow-up

would include:

- 1 - Filter removed OR;
- 2 - Documentation of re-assessment for the appropriateness of filter removal OR;
- 3 - Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal

NUMERATOR NOTE: *The procedure for removal of an intravascular filter from the vena cava (CPT 37193) within three months would be considered performance met.*

Numerator Options:

Performance Met:

Filter removed within 3 months of placement (**G9541**)

OR

Performance Met:

Documented re-assessment for the appropriateness of filter removal within 3 months of placement (**G9542**)

OR

Performance Met:

Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement (**G9543**)

OR

Performance Not Met:

Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement (**G9544**)

RATIONALE:

There is a need for increased physician awareness of the potential harms of inappropriate continued inferior vena cava filtration in patients with retrievable filters. Patients with retrievable inferior filters need to be carefully followed for re-assessment of the clinical need for continued inferior vena cava filtration, leading to removal of such devices when clinically appropriate. Complexities of our healthcare system, notably the use of inferior vena cava filters in the in-patient setting, followed by transfer of care to physicians in the outpatient setting highlight the importance of patient follow-up for physicians placing retrievable inferior vena cava filters.

CLINICAL RECOMMENDATION STATEMENTS:

Retrievable filter complications have been increasingly noted in the FDA MAUDE database and in the literature. Retrievable filters were designed differently than permanent filters and the incidence of device related complications with long term insertions are higher than in comparison to permanent filters. The FDA has recommended that physicians that place these filters carefully monitor these patients and remove these filters at the earliest possible time. Dedicated follow-up for IVC filters has led to an increase in retrieval rate. The FDA recommends that all physicians placing IVC Filters and those responsible for ongoing care of these patients remove the filter as soon as protection from pulmonary embolism is no longer needed. The FDA encourages follow-up on patients to consider risks and benefits of filter removal.

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