



AAO39: Neck Mass Evaluation

High Priority Status: No / N/A

CBE Number: N/A

Measure Description:

Percentage of patients aged 18 years and older diagnosed with a neck mass and suspected/increased risk of malignancy who had a fine needle aspiration (FNA), or refer the patient to someone who can perform FNA and receive a neck computed tomography (or magnetic resonance imaging) with contrast.

Instructions:

This measure is to be submitted a minimum of **once per performance period** for patients with a new neck mass. This measure may be submitted by clinicians based on the services provided and the measure-specific denominator coding. This measure has two strata separated by numerical indicators (i.e., denominator exception 2 is evaluated in the instance numerator 2 is not performed).

Denominator:

1. Patients aged 18 years and older diagnosed with a neck mass and *suspected/increased risk of malignancy
2. Patients aged 18 years and older diagnosed with a neck mass and *suspected/increased risk of malignancy

Denominator Note:

- Patients with a new neck mass who are at increased risk for malignancy because the patient lacks a history of infectious etiology, and the mass has been present for ≥ 2 weeks without significant fluctuation or the mass is of uncertain duration.
 - A new neck mass is defined as a neck mass diagnosis for the first time in life
- Patients with a neck mass who are at increased risk for malignancy based on ≥ 1 of these physical examination characteristics: fixation to adjacent tissues, firm consistency, size > 1.5 cm, or ulceration of overlying skin.
- Patients with a neck mass who are at low risk for malignancy based on ≥ 1 of these physical examination characteristics: mobile, fluctuant, size ≤ 1.5 cm, or swollen lymph nodes.

Denominator Exclusions:

1. None
2. None

Numerator:

1. Patients that have a FNA, or refer the patient to someone who can perform FNA.
2. Patients that received a neck computed tomography scan or magnetic resonance imaging with contrast.

Note: This measure assesses the completion of an FNA prior to an open biopsy, if further testing is required.

Denominator Exceptions:

1. Documentation of a system reason for not completing an FNA (i.e., cytopathologist unavailable to read FNA)
2. FNA results negative for malignancy.
3. Medical reason(s) to not do an FNA (contraindication, risk, competing diagnosis, etc.)

Measure Classifications:

Submission Pathway: Traditional MIPS

Measure Type: Process

High Priority Type: Patient Safety

Empowering otolaryngologist-head and neck surgeons to deliver the best patient care

Meaningful Measures Area: Appropriate Use of Healthcare

Care Setting(s): Ambulatory Care: Clinician Office/Clinic

Includes Telehealth: No

Number of Performance Rates: 1

Inverse measure: No

Continuous measure: No

Proportional measure: Yes

Ratio measure: No

Risk Adjusted measure: No

© 2025 American Academy of Otolaryngology–Head and Neck Surgery Foundation. All rights reserved.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g. use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the measures for commercial gain, or incorporation of the measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the measures require a license agreement between the user and the American Academy of Otolaryngology – Head and Neck Surgery Foundation.

The measure is not a clinical guideline, does not establish a standard of medical care, and has not been tested for all potential applications. The measure and specifications are provided “as is” without warranty of any kind. Neither the American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF), nor its members shall be responsible for any use of the measure. The AAO-HNSF and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.