



Appropriateness Criteria Scoring Guide

Comprehensive Clinical Content



American College of Radiology

ACR Appropriateness Criteria® represents a comprehensive, national standard based, imaging decision support database.



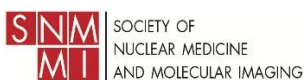
American College of Cardiology

ACC guidelines provides widespread coverage of advanced imaging procedures for cardiac care.



National Comprehensive Cancer Network

NCCN Imaging AUC™ include recommendations pertaining to cancer screening, diagnosis, staging, treatment response assessment, follow-up, and surveillance.



Society of Nuclear Medicine and Molecular Imaging

The SNMMI Guidance Oversight Committee has identified several high priority areas for AUC development ranging from Bone Scintigraphy for Prostate and Breast Cancer to Thyroid Imaging.



Society for Pediatric Radiology

SPR Imaging criteria has been developed by leading pediatric experts through the American College of Radiology's Rapid Response Committee process with the support of the Society for Pediatric Radiology

CareSelect™ Imaging Appropriateness Criteria Scoring Differences by Content Source

CareSelect™ Imaging uses the following criteria to determine appropriateness scores as given in the AUC:

- Patient age
- Patient sex
- Exam ordered
- Indication(s) selected

The CareSelect™ Imaging Appropriateness Criteria was created by expert panels using evidence-based research and professional opinions.

The **American College of Radiology (ACR)** [which also includes Society of Pediatric Radiology (SPR)/Pediatric Rapid Response Committee (PRRC), and Rapid Response Committee (RRC) content] prefers to provide appropriateness on a scale of 1 to 9. In CareSelect™, the end user sees the numeric value display.

- 1-3 (Usually Not Appropriate)
- 4-6 (May be Appropriate)
- 7-9 (Usually Appropriate)

The **Society of Nuclear Medicine and Molecular Imaging (SNMMI)** prefers to provide appropriateness on a scale of 1 to 9. In CareSelect™, the end user sees the numeric value display.

- 1-3 (Rarely Appropriate)
- 4-6 (May be Appropriate)
- 7-9 (Appropriate)

The American College of Cardiology (ACC) and National Comprehensive Cancer Network (NCCN) prefer to provide appropriateness scores textually as opposed to numerically; NCCN also divides them into the same three groups that can be equivocated numerically to the average of each numerical group (averages of each numeric group used: 2, 5 and 8).

For the **American College of Cardiology (ACC)**, the appropriateness is shown to the end user as indicated below. In CareSelect™, the end user sees the textual value display.

- Rarely Appropriate (1-3)
- May be Appropriate (4-6)
- Appropriate (7-9)

For the **National Comprehensive Cancer Network (NCCN)**, the appropriateness is shown to the end user as indicated below. In CareSelect™, the end user sees the textual value display.

- Not Recommended (2)
- May be Appropriate (5)
- Recommended (8)

Categories “Usually Not Appropriate”, “Not Recommended” and “Rarely Appropriate” are representative of numerical scores 1-3 and portrayed in red color to the end user. This grouping of appropriateness feedback indicates that the harm of doing the procedure generally outweighs the benefits given the clinical scenario.

Category “May be Appropriate” is representative of scores 4-6 and portrayed in yellow color to the end user. This imaging exam may be indicated in a given clinical scenario as an alternative. The categorization could also indicate that not enough clinical information is available to be certain that the exam is an appropriate one.

Categories “Usually Appropriate”, “Appropriate”, and “Recommended” are representative of numerical scores 7-9 and portrayed in green color to the end user. This grouping of appropriateness indicates that the benefits of doing the procedure usually outweighs the harms or risks. In these instances, imaging has excellent sensitivity and specificity for the clinical problem and is likely to address the clinical question being sought by the provider for his/her patient.

AUC provides general recommendations that cannot encompass unique aspects of every patient. Given this, the final decision made by the provider may be different than what the evidence and expert opinion suggest. In some scenarios, no imaging is appropriate for the patient and all scores may score in the red range. NDSC provides explanatory texts for these scenarios.

In some instances, the combination of exam, indication and patient demographics is not covered by a content source. These are *unscored* AUC scenarios.

Content Scoring Differences

ACR Numeric Scores	SNMMI Numeric Scores	ACC Textual Scores	NCCN Textual Scores
1, 2, or 3 (Red)	1, 2, or 3 (Red)	Rarely Appropriate (Red)	Not Recommended (Red)
4, 5, or 6 (Yellow)	4, 5, or 6 (Yellow)	May be Appropriate (Yellow)	May be Appropriate (Yellow)
7, 8, or 9 (Green)	7, 8, or 9 (Green)	Appropriate (Green)	Recommended (Green)
No Score (Grey)	No Score (Grey)	Indeterminate (Grey)	Indeterminate (Grey)

Scoring Scenarios Summary

Scenario	Result
Single structured indication selected for an exam	Appropriateness is scored based on the combination of exam, indication, patient age and patient sex.
For an exam, two or more indications (associated with different appropriateness scores) are selected	The most appropriate (highest scoring) indication is used.
Multiple exams ordered at once	Separate feedback advisories display for each ordered exam.