

<b>Measure ID</b>	ASNC 23
<b>Measure Title</b>	SPECT-MPI study clinical utilization of Attenuation Correction image acquisition
<b>Measure Description</b>	Percentage of Single Photon Emission Computed Tomography (SPECT) Myocardial Perfusion Imaging (MPI) studies using Attenuation Correction.
<b>Numerator</b>	Number of denominator eligible studies performed where an Attenuation Correction of CT or Transmission was used or an Attenuation Correction of "Prone" was documented for patients.
<b>Denominator</b>	Number of SPECT-MPI studies performed.
<b>Denominator Exclusions</b>	None
<b>Denominator Exceptions</b>	None
<b>High Priority</b>	
<b>Outcome</b>	
<b>Inverse Measure</b>	N
<b>Rationale</b>	Attenuation correction can improve the diagnostic accuracy particularly in patients with challenging body habitus (obese, large chested, dense breast tissue, breast prosthesis). When available, attenuation tools with CT, fluorescent radiation, or line source should be used. When these tools are not available to the laboratory, the simple measure of prone imaging (in addition to standard supine acquisition) can improve the specificity in interpreting inferior wall defect by allowing to differentiate diaphragmatic attenuations from inferior wall perfusion abnormality.