QCDR Simplified Measure Specifications

The following measures can be submitted directly to the MIPS Participation Portal using Excel or Text file templates, similar to the submission process for standard MIPS measures. Please see below for the templates and their file specifications:

- **Excel Submission Template**
- **Excel File Specifications**
- **Text Submission Template**
- **Text File Specifications**

For more information about the measures below, please see our Detailed QCDR Measure Specifications.

QACRad36: Incidental Coronary Artery Calcification Reported on Chest CT

Measure Description:	Percentage of final reports for male patients aged 18 years through 50 and female patients aged 18 through 65 years undergoing noncardiac noncontrast chest CT exams or with and without contrast chest CT exams that note presence or absence of coronary artery calcification (CAC) or not evaluable
Denominator:	All final reports for male patients aged 18 years through 50 and female patients aged 18 through 65 years undergoing noncardiac noncontrast chest CT exams or with and without contrast chest CT exams
	Denominator CPT Codes: 71250, 71270, 71271
Exclusions:	Patients who received prior coronary artery bypass grafts or prior percutaneous coronary intervention with stent
Numerator:	Final reports that note presence or absence of coronary artery calcification or not evaluable
	Performance Met (36XPM): Final report indicates presence/absence/not evaluable of CAC. **Performance Not Met: (36XNM):** Final report does not include any mention of CAC.

QACRad37: Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism

Measure Description:	Percentage of final reports for patients aged 18 years and older undergoing CT pulmonary angiography (CTPA) with a finding of PE that specify the branching order level of the most proximal level of embolus (i.e. main, lobar, interlobar, segmental, sub segmental)
Denominator:	All final reports for patients aged 18 years and older undergoing CT pulmonary angiography (CTPA) with a finding of pulmonary embolism
	Denominator CPT Codes: 71275

	Secondary Denominator Info (ICD-10, finding of pulmonary embolism): I26.01, I26.02, I26.09, I26.90, I26.92, I26.93, I26.94, I26.99, I27.82, O08.2
Exclusions:	None
Numerator:	Final reports that specify that branching order level of the most proximal level of embolus (i.e. main, lobar, interlobar, segmental, subsegmental)
	Performance Met (37XPM): Final report specifies branching order level of the most proximal level of embolus. **Performance Not Met: (37XNM):** Final report does not specify branching order of the most proximal level of embolus.

QACRad38: Use of Low Dose Cranial CT or MRI Examinations for Patients with Ventricular Shunts

Measure Description:	Percentage of patients aged less than 18 years with a ventricular shunt undergoing cranial imaging exams to evaluate for ventricular shunt malfunction undergoing either low dose cranial CT exams or MRI
Denominator:	All patients aged less than 18 years with a ventricular shunt undergoing cranial imaging exams to evaluate for ventricular shunt malfunction
	Denominator CPT Codes: 70450, 70460, 70470, 70496, 70551, 70552, 70553 **Secondary Denominator Info (Evaluation for ventricular shunt malfunction):** DX038
Exclusions:	Patients with an active diagnosis or history of cancer; Patients with a diagnosis of meningitis; Trauma patients
Numerator:	Patients undergoing either low dose cranial CT exams or MRI **Note:** For this measure, "low-dose cranial CT" is defined as dose length product (DLP) <300 mGy for patients aged 2 years and younger; DLP <405 for patients aged 3 through 6; DLP <492 for patients aged 7 through 10, DLP <604 for patients aged 11 through 14, and DLP <739 for patients aged 15 and up.
	Performance Met (38XPM): Patient is undergoing either low-dose CT or MRI. **Performance Not Met: (38XNM):** Patients is not undergoing either low-dose CT or MRI.

QACRad40: Use of Structured Reporting in Prostate MRI

Measure Description:	Percentage of final reports for male patients aged 18 years and older undergoing prostate MRI for prostate cancer screening or surveillance that include reference to a validated scoring system such as Prostate Imaging Reporting and Data System (PI-RADS)
Denominator:	All final reports for male patients aged 18 years and older undergoing prostate MRI for prostate cancer screening or surveillance
	Denominator CPT Codes: 72195, 72196, 72197, 72198 **Secondary Denominator Info (Prostate screening or surveillance):** DX040

Exclusions:	None
Numerator:	Final reports that include reference to a validated scoring system such as Prostate Imaging Reporting and Data System (PI-RADS)
	Performance Met (40XPM): Final report includes reference to PI-RADS or other scoring system. **Performance Not Met: (40XNM):** Final report does not include reference to PI-RADS or other scoring system.

QACRad41: Use of Quantitative Criteria for Oncologic FDG PET Imaging

Measure Description:	Percentage of final reports for all patients, regardless of age, undergoing non-CNS oncologic FDG PET studies that include at a minimum: a. Serum glucose (e.g. finger stick at time of injection) b. Uptake time (interval from injection to initiation of imaging) c. One reference background (e.g. volumetric normal liver or mediastinal blood pool) SUV measurement, along with description of the SUV measurement type (e.g. SUVmax) and normalization method (e.g. BMI) d. At least one lesional SUV measurement OR diagnosis of "no disease-specific abnormal uptake"
Denominator:	All final reports for all patients, regardless of age, undergoing non-CNS oncologic FDG PET studies
	Denominator CPT Codes: 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235 **Secondary Denominator Info (Oncologic study using FDG radiopharmaceutical):** DX041
Exclusions:	None
Numerator:	Final reports for FDG PET scans that include at a minimum elements a. through d. listed above.
	Performance Met (41XPM): Final report includes at a minimum elements a. through d. above. **Performance Not Met: (41XNM):** Final report does not include elements a. through d.

QACRad42: Surveillance Imaging for Liver Nodules <10mm in Patients at Risk for Hepatocellular Carcinoma (HCC)

Measure Description:	Percentage of final ultrasound reports with findings of liver nodules < 10 mm for patients aged 18 years and older with a diagnosis of hepatitis B or cirrhosis undergoing screening and/or surveillance imaging for hepatocellular carcinoma with a specific recommendation for follow-up ultrasound imaging in 3-6 months based on radiological findings
Denominator:	All final ultrasound reports with findings of liver nodules < 1 cm for patients aged 18 years and older with a diagnosis of hepatitis B or cirrhosis

	undergoing screening and/or surveillance imaging for hepatocellular carcinoma
	Denominator CPT Codes: 76700, 76705, 76981, 76982 **Secondary Denominator Info (ICD-10, diagnosis of cirrhosis or hepatitis B):** K74.60, K74.69, B16, B17.0, B18.0, B18.1, B19.1, B19.10, B19.11, K76.9, K70.3, K70.30, K70.31 **AND** **Secondary Denominator Info (Finding of liver nodule <1.0cm):** DX042 *(Example: K74.60 & DX042)*
Exclusions:	Patients with an active diagnosis or history of cancer
Numerator:	Final ultrasound reports with a specific recommendation for follow-up ultrasound imaging in 3-6 months
	Performance Met (42XPM): Final report includes specific recommendation for follow-up ultrasound imaging in 3-6 months. **Performance Not Met: (42XNM):** Final report does not include specific recommendation for follow-up ultrasound imaging in 3-6 months.

MSN QCDR Measures

MEDNAX55: Use of ASPECTS (Alberta Stroke Program Early CT Score) for non-contrast CT Head performed for suspected acute stroke

Measure Description:	Percentage of non-contrast CT Head performed for suspected acute stroke whose final reports include an ASPECTS value.
Denominator:	All final reports for NCCT Head performed for suspected acute stroke.
	Denominator CPT Codes: 70450 **Secondary Denominator Info (Non-contrast CT head performed for suspected acute stroke):** MED55
Exclusions:	Acute hemorrhage.
Numerator:	Final reports for NCCT Head performed for suspected acute stroke that include an ASPECTS value.
	Performance Met: **MEDNAX100A:** Report includes an ASPECTS value. Performance Not Met: **MEDNAX100F:** Report does not include an ASPECTS value.

MSN13: Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including Coronary Artery Calcification Regional Distribution Scoring

Measure Description:	Percentage of patients, regardless of age, undergoing Coronary Calcium Scoring who have measurable coronary artery calcification (CAC) with total CACS and regional distribution scoring documented in the Final report.
Denominator:	All final reports for screening computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium.
	Denominator CPT Codes: 75571 **Secondary Denominator Info (CACS greater than zero):** EE013
Exclusions:	None
Numerator:	Final reports with documentation that indicate the Coronary Artery Calcium Score (CACS), including CACS regional reporting, was used to score that patient's total calcium score and risk stratification. CACS is a tool for cardiovascular risk assessment and typically the total calcium score and risk stratification is performed using this value. In addition to the total score, reporting regional CACS distribution, would provide meaningful and prognostic information.
	Performance Met: **PM001:** Final report includes total CACS as well as the regional CACS for each of these regions: the Left Main, LAD, LCx, RCA, and PDA. Performance Not Met: **PNM01:** Final report does not include total CACS or fails to include regional CACS for each of these regions: the Left Main, LAD, LCx, RCA, and PDA.

MSN15: Use of Thyroid Imaging Reporting & Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk

Measure Description:	Percentage of patients, 19 years in age and older, undergoing ultrasound of the neck with findings of thyroid nodule(s) whose reports include the TI-RADS assessment.
Denominator:	All final reports for use of TI-RADS to stratify thyroid nodules on patients 19 years of age or older.
	Denominator CPT Codes: 76536 **Secondary Denominator Info (ICD-10 codes):** E04.1, E04.2, E04.8, E05.10, E05.11, E05.20, E05.21
Exclusions:	None
Numerator:	Final reports with positive findings of thyroid nodules and recommendations for follow-up based on appropriate scoring and treatment protocols according to the TI-RADS assessment.
	Performance Met: **PM004:** Patients with thyroid nodules who are assigned a TI-RADS Score and assessed and stratified with the recommendations per TI-RADS documented in the final report.

	Performance Not Met: **PNM04:** Patients with thyroid nodules without TI-RADS Score or appropriate TI-RADS recommendations documented in the final report. Denominator Exception: **PE004:** Patients with co-morbidities with extremely shortened life span and/or patients with a history of thyroid cancer, and/or patients with multiple small nodules which do not meet assessment criteria for TI-RADS assignment, and/or other reasons that exempt patients from meeting assessment criteria for TI-RADS.

MSN16: Screening Abdominal Aortic Aneurysm Reporting with Recommendations

Measure Description:	Percentage of patients, aged 50-years-old or older, who have had a screening ultrasound for an abdominal aortic aneurysm with a positive finding of abdominal aortic aneurysm (AAA), that have recognized clinical follow-up recommendations documented in the final report and direct communication of findings ≥5.5cm in size made to the ordering provider. This population encompasses those 50 and older not covered by Medicare as well as the Medicare one-time coverage for an ultrasound to screen for AAA.
Denominator:	All final reports for patients 50 years of age or older undergoing AAA Screening ultrasound positive for a finding of AAA.
	Denominator CPT Codes: 76706 **Secondary Denominator Info (Positive screening for AAA):** EE014
Exclusions:	None
Numerator:	All final ultrasound screening reports positive for abdominal aortic aneurysm with recommendations in accordance with the Society of Vascular Surgery (SVS) Practice Criteria for AAA (https://www.jvascsurg.org/article/S0741-5214(17)32369-8/fulltext), or similar guidelines AND direct communication made to the ordering provider for AAAs ≥ 5.5 cm in size. Observing recognized clinical guidelines for appropriate follow-up minimizes mortality risk and optimizes care.
	Performance Met: **PM002:** For AAA finding < 5.5 cm in size - Recognized, standardized recommendations for follow-up of abdominal aortic aneurysm (or recommendation of "no follow-up") according to Society of Vascular Surgery Practice Criteria or similar guidelines (the source of the recommendation must be identified) documented in Final Ultrasound Report for all positive findings for AAA < 5.5 cm (e.g., follow-up ultrasound imaging studies needed or referral to specialist). If the recommendation is "no follow-up" this is explicitly stated in the Final Report Performance Met: **PM102:** For AAA finding ≥ 5.5 cm in size Recognized, standardized recommendations for follow-up of abdominal aortic aneurysm according to Society of Vascular Surgery Practice Criteria or similar guidelines (the source of the recommendation must be identified) documented in Final Ultrasound Report for all positive findings for AAA ≥ 5.5

	cm (e.g., follow-up ultrasound imaging studies needed or referral to specialist) AND Direct communication regarding AAA finding and recommendation was made to the ordering provider and documented Performance Not Met: **PNM02:** No recommendations for appropriate follow-up AND, if finding is ≥ 5.5 cm, no documentation of direct communication. Denominator Exception: **PE002:** Documentation that patient is under active surveillance by a vascular specialist and there is no change in the AAA from prior study.

QMM16: IVC Filter Management Confirmation

Measure Description:	Percentage of final reports for eligible exams where an IVC filter is present and the radiologist included a statement of recommendation in the Impression of the report for the treating clinician to: 1) Assess if there is a management plan in place for the patient's IVC filter, and 2) If there is no established management plan for the patient's IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation. Eligible exams are limited to x-ray (XR), computed tomography (CT), and computed tomography angiography (CTA) exams of the abdomen and/or pelvis.
Denominator:	All final reports for XR, CT, and CTA of the abdomen and/or pelvis for patients with an IVC filter in place.
	Denominator CPT Codes: 74018, 74019, 74021, 74022, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 72170, 72190, 72191, 72192, 72193, 72194 **Secondary Denominator Info (Final report documents IVC filter present):** EE016
Exclusions:	None
Numerator:	Final reports for patients with an IVC filter in place that include a statement in the impression by the radiologist recommending the treating clinician to: 1) Assess if there is a management plan in place for the patient's IVC filter, and 2) If there is no established management plan for the patient's IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation.
	Performance Met: **PM016:** Imaging report includes a documented statement of recommendation by the radiologist in the Impression for the treating clinician to: 1) assess if there is a management plan in place for the patient's IVC filter, and 2) if there is no established management plan for the patient's IVC filter, refer the patient to an interventional clinician on a nonemergent

	basis for evaluation. Performance Not Met: **PNM16:** Imaging report does not include a documented statement of recommendation by the radiologist in the impression for the treating clinician to: 1) assess if there is a management plan in place for the patient's IVC filter, and 2) if there is no established management plan for the patient's IVC filter, refer the patient to an interventional clinician on a nonemergent basis for evaluation. Denominator Exception: **PE016:** Documentation that study was ordered for the purpose of monitoring an IVC filter and/or documentation of medical reason(s) for not entering statement of recommendation by the radiologist for IVC filter plan, such as patients with a limited life expectancy, other medical reason(s).

QMM17: Appropriate Follow-up Recommendations for Ovarian-Adnexal Lesions using the Ovarian-Adnexal Reporting and Data System (O-RADS)

Measure Description:	The percentage of final reports for female patients receiving a transvaginal ultrasound (US) examination of the pelvis (including transabdominal/transvaginal exams) where a clinically relevant lesion is detected, in which the radiologist describes the lesion using O-RADS Lexicon Descriptors and subsequently makes the correct clinical management recommendation based on the O-RADS Risk Stratification and Management System.
Denominator:	All final reports for US examination of the female pelvis performed transvaginal with/without a transabdominal portion that have a clinically relevant lesion.
	Denominator CPT Codes: 76830 **Secondary Denominator Info (ICD-10 codes):** N83.00, N83.01, N83.02, N83.10, N83.11, N83.12, N83.201, N83.202, N83.209, N83.291, N83.292, N83.299, N83.311, N83.312, N83.319, N83.321, N83.322, N83.329, N83.331, N83.332, N83.339, N83.40. N83.41, N83.42, N83.511, N83.512, N83.519, N83.521, N83.522, N83.529, N83.53, N83.6, N83.7, N83.8, N83.9
Exclusions:	None
Numerator:	Documented identification of clinically relevant lesion using appropriate O-RADS terminology AND subsequent recommendation of clinical management according to O-RADS criteria.
	Performance Met: **PM017:** Lesion identified using O-RADS terminology with appropriate O-RADS score AND appropriate O-RADS management recommendation made in the Final Report. Performance Not Met: **PNM17:** Lesion identified but O-RADS terminology OR O-RADS score OR O-RADS appropriate clinical management not made in the Final Report.

	Denominator Exception: **PE017:** Documentation of medical reason(s) for not documenting O-RADS score (such as, patients with a limited life expectancy, no positive finding of ovarian/adnexal mass(es), or if the cyst has ruptured).

QMM18: Use of Breast Cancer Risk Score on Mammography

Measure Description:	The percentage of final reports for screening mammograms which include the patient's estimated numeric risk assessment based on a validated and published model, and appropriate recommendations for supplemental screening based on the patient's estimated risk, and documentation of the source of recommendation.
Denominator:	All final screening mammogram reports.
	Denominator CPT Codes: 77067 **Secondary Denominator Info (ICD-10 code):** Z12.31
Exclusions:	Patients with an active diagnosis of breast cancer, or history of breast Cancer; Screening mammogram assigned a BIRADS 0: Incomplete; Women who have a history of mastectomy.
Numerator:	Final reports that include a documented calculated risk assessment number based on one of the validated and published models from the list below AND appropriate recommendation(s) for supplemental screening based on the patient's estimated risk AND source of recommendation (Tyrer-Cuzick, Modified Gail, etc). Validated and Published Models – All eligible exams should include an estimated risk number based on one of the validated and published models for breast cancer risk estimation listed below: • Modified Gail, or • BRCAPRO, or • Tyrer-Cuzick (IBIS Tool), or • Breast Cancer Surveillance Consortium (BCSC), or • National Cancer Institute's Breast Cancer Risk Assessment Tool, or • Claus model, or • Myriad (myRisk Management Tool)
	Performance Met: **PM018:** Final report includes a documented calculated risk assessment number based on one of the validated and published models listed in the numerator instructions AND appropriate recommendations for supplemental screening based on the patient's estimated risk AND source of recommendation. Performance Not Met: **PNM18:** Final report does not include a documented calculated risk assessment number based on a validated and published model, AND/OR if patient is at risk, appropriate recommendations for supplemental screening based on the patient's estimated risk not documented AND source of recommendation, reason not given. Denominator Exception: **PDE18:** Documentation of medical or patient

	reason(s) for not documenting calculated risk assessment, such as patients with a limited life expectancy, other medical reason(s) [such as patient's age is outside the age parameters employed by the validated/published risk model being used (must state model being used)].

QMM19: DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia

Measure Description:	All patients with osteopenia, aged 40-90 at time of service, who undergo DEXA scans for bone density who have their FRAX score reported and a statement of whether they meet criteria for pharmacologic treatment to prevent osteoporosis included in the final report.
Denominator:	All final reports for DEXA scans.
	Denominator CPT Codes: 77080, 77081, 77085, 77086 **Secondary Denominator Info (ICD-10 codes):** M85.8, M85.80, M85.811, M85.812, M85.819, M85.821, M85.822, M85.829, M85.831, M85.832, M85.839, M85.841, M85.842, M85.849, M85.851, M85.852, M85.859, M85.861, M85.862, M85.869, M85.871, M85.872, M85.879, M85.88, M85.89, M85.9
Exclusions:	None
Numerator:	Final reports for all patients aged 40 to 90 on the date of service, with documentation to indicate the patient's 10-year Fracture Risk (FRAX). The bone density is reported, and additional demographic and risk factors are assessed to determine the FRAX score for each patient.
	Performance Met: **PM019:** Final report includes a documented FRAX score in the Physician Dictated Report AND whether patient does or does not meet the pharmacological treatment recommendations for prevention of osteoporosis per published guidelines.* Performance Not Met: **PNM19:** Final report does not include a documented FRAX score in the Physician Dictated Report AND/OR mention whether patient does or does not meet the pharmacological treatment recommendations for prevention of osteoporosis per published guidelines. Denominator Exception: **PE019:** Documentation that patient's age is outside the parameters of the FRAX risk tool used by your institution/equipment (must document this and the name of the FRAX risk tool used by your institution to qualify for exception) or documentation of other patient reason(s) why final report does not include a documented FRAX score in the Physician Dictated Report (e.g. patient is NOT post-menopausal, patient actively being treated for osteopenia, T-Score(s) for mandatory regions required to calculate FRAX is unavailable, patient refusal to cooperate, etc.) ***Numerator Note*:** Lack of FRAX software is not an acceptable exception. Final report must state the published guidelines referenced to determine if patient meets criteria for pharmacological treatment to prevent of osteoporosis (e.g. per Bone Health and Osteoporosis Foundation's guidelines).

QMM20: Opening Pressure in Lumbar Puncture

Measure Description:	Percentage of final reports for patients aged 18 or older which include documentation of opening pressure value obtained during lumbar puncture.
Denominator:	All final reports for lumbar puncture for patients aged 18 or older.
	Denominator CPT Codes: 62270, 62328, 62272, 62329 **Secondary Denominator Info (ICD-10 codes):** R56.9, G44.001, G44.009, G44.011, G44.019, G44.021, G44.029, G44.031, G44.039, G44.041, G44.049, G44.051, G44.059, G44.091, G44.099, G44.1, G44.201, G44.209, G44.211, G44.219, G44.221, G44.229, G44.301, G44.309, G44.311, G44.319, G44.321, G44.329, G44.40, G44.41, G44.51, G44.52, G44.53, G44.59, G44.81, G44.82, G44.83, G44.84, G44.85, G44.89, R51, H53.141, H53.142, H53.143, H53.149, R11.0, R11.2, R50.2, R50.81, R50.82, R50.83 R50.84, R50.9, R68.0, R68.83, M54.2, R11.11, A02.0, A02.1, A02.20, A02.21, A02.22, A02.23, A02.24, A02.25, A02.29, A02.8, A02.9, A20.0, A20.1, A20.2, A20.3, A20.7, A20.8, A20.9, A27.0, A27.81, A27.89, A27.9, A39.0, A39.1, A39.3, A39.4, A39.50, A39.51, A39.52, A39.53, A39.81, A39.82, A39.83, A39.84, A39.89, A39.9, A52.00, A52.01, A52.02, A52.03, A52.04, A52.05, A52.06, A52.09, A52.10, A52.11, A52.12, A52.13, A52.14, A52.15, A52.16, A52.17, A52.19, A52.2, A52.3, A52.71, A52.72, A52.73, A52.74, A52.75, A52.76, A52.77, A52.78, A52.79, A52.8, A52.9, A54.00, A54.01, A54.02, A54.03, A54.09, A54.1, A54.21, A54.22, A54.23, A54.24, A54.29, A54.30, A54.31, A54.32, A54.33, A54.39, A54.40, A54.41, A54.42, A54.43, A54.49, A54.5, A54.6, A54.81, A54.82, A54.83, A54.84, A54.85, A54.86, A54.89, A54.9, A87.0, A87.1, A87.2, A87.8, A87.9, B00.0, B00.1, B00.2, B00.3, B00.4, B00.50, B00.51, B00.52. B00.53, B00.59, B00.7, B00.81, B00.82, B00.89, B00.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B37.0, B37.1, B37.2, B37.3, B37.41, B37.42, B37.49, B37.5, B37.6, B37.7, B37.81, B37.82, B37.83, B37.84, B37.89, B37.9, B38.0, B38.1, B38.2, B38.3, B38.4, B38.7, B38.81, B38.89, B38.9, G00.0, G00.1, G00.2, G00.3, G00.8, G00.9, G02, G03.0, G03.1, G03.2, G03.8, G03.9
Exclusions:	None
Numerator:	Final report for lumbar puncture includes documentation of opening pressure value obtained during lumbar puncture.
	Performance Met: **PM020:** Final report for lumbar puncture has documentation of open pressure value.* Performance Not Met: **PNM20:** Final Report for lumbar puncture does not have documentation of open pressure value. Denominator Exception: **PE020:** Final Report for lumbar puncture documents technical difficulties that preclude obtaining the opening pressure value. * Opening pressure value should be numeric and also include the units of measurement (e.g. 10 cm H2O or 100 mm H2O).