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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 Upload Template
- Excel File Specifications
- Text Upload Template
- Text File Specifications

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

ACR Measures	
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 non-cardiac non-contrast 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 non-cardiac non-contrast 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.

HEADQUARTERS
1892 Preston White Drive
Reston, VA 20191
703-648-8900

GOVERNMENT RELATIONS
505 Ninth St. N.W.
Suite 910
Washington, DC 20004
202-223-1670

CENTER FOR RESEARCH AND INNOVATION
50 South 16th St., Suite 2800
Philadelphia, PA 19102
215-574-3150

ACR INSTITUTE FOR RADIOLOGIC PATHOLOGY
1100 Wayne Ave., Suite 1020
Silver Spring, MD 20910
703-648-8900

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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.

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) d. At least one lesional SUV measurement OR diagnosis of "no disease-specific abnormal uptake"

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1892 Preston White Drive
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703-648-8900

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Washington, DC 20004
202-223-1670

CENTER FOR RESEARCH AND INNOVATION
50 South 16th St., Suite 2800
Philadelphia, PA 19102
215-574-3150

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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.

QACRad43: DXA: Improving Reporting of True Change in Bone Mineral Density	
Measure Description:	Percentage of exam final reports for all serial DXA exams which have a comparable prior exam that include (1) an appropriate least significant change (LSC) statement referencing a facility's LSC values and (2) a second statement regarding whether the measurement differences between the current exam and prior exam constitutes a significant change or not
Denominator:	All serial DXA exams which have an available comparable prior exam
	Denominator CPT Codes (Serial DXA Exams): 77080, 77081, 77085, 77086, 77089, 76499 **AND** **Secondary Denominator Info (Comparable prior exam available):** DX043
Exclusions:	None
Numerator:	Number of final reports for serial exams that include (1) an appropriate LSC statement referencing a facility's LSC values and (2) a second statement regarding whether the measurement difference between the current exam

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	and prior exam constitutes a change (difference is greater than LSC value) or does not (difference is less than LSC value). *Note:* Sample documentation for meeting the measure numerator may be found in the Guidance section below.
	Performance Met (043PM): Final report includes (1) an appropriate LSC statement referencing a facility's LSC values AND (2) a second statement regarding whether the measurement difference between the current exam and prior exam does or does not constitute a change. **Performance Not Met: (043NM):** Final report does not include (1) an appropriate LSC statement referencing a facility's LSC values OR (2) a second statement regarding whether the measurement difference does or does not constitute a change. **Performance Exception: (043PE):** Medical or technical reason(s) documenting the prior exam and current exam are too dissimilar for a meaningful comparison. Examples include but are not limited to factors that may compromise measurement accuracy such as artifacts, interim hip, vertebral or wrist fracture, arthroplasty, severe degenerative changes or other technical or patient related issues.

MSN 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 stroke):** EE055
Exclusions:	Acute hemorrhage.

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Numerator:	Final reports for NCCT Head performed for suspected acute stroke that include an ASPECTS value.
	Performance Met: (PM055): Report includes an ASPECTS value. **Performance Not Met: (PNM55):** 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, regional distribution scoring, AND whether or not the regional distribution/total CACS warrants further evaluation 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:	Exam performed for surgical/pre-op clearance; exam performed for sole purpose of assessing aortic valve.
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 AND references whether the regional distribution/total CACS DOES or DOES NOT warrant further evaluation. **Performance Not Met: (PNM01):** Final report does not include total CACS or

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	fails to include regional CACS for each of these regions: the Left Main, LAD, LCx, RCA, and PDA AND/OR whether or not the regional distribution/total CACS warrants further evaluation.

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 ultrasound of the neck on patients 19 years of age and older with findings of thyroid nodule(s).
	Denominator CPT Codes: 76536 **Secondary Denominator Info (ICD-10 codes):** E04.0, E04.1, E04.2, E04.8, E05.10, E05.11, E05.20, E05.21
Exclusions:	None
Numerator:	Final reports with positive findings of thyroid nodule(s) that include a TI-RADS Score and recommendations for follow-up based on appropriate scoring and treatment protocols according to the TI-RADS assessment.
	Performance Met: (PM004): Final report includes a TI-RADS Score and recommendations for follow-up based on appropriate scoring and treatment protocols according to the TI-RADS assessment. **Performance Not Met: (PNM04):** Final report does not include a TI-RADS Score and recommendations for follow-up based on appropriate scoring and treatment protocols according to the TI-RADS assessment. **Denominator Exception: (PE004):** Documentation that the patient has co-morbidities with extremely shortened life span and/or a history of thyroid cancer and/or has multiple small nodules which do not meet criteria for TI-RADS assignment, patient scheduled visit was for a fine needle aspiration which was not performed, follow-up nodule with TI-RADS score and no

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	significant change noted, and/or documentation of other reason(s) that exempt the patient from meeting criteria for TI-RADS assessment.

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 a relevant specialist 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 a relevant specialist on a nonemergent basis for evaluation.

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	Performance Met: (PM016): Final 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 a relevant specialist on a nonemergent basis for evaluation. **Performance Not Met: (PNM16):** Final 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 a relevant specialist 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.

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	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:	Findings not applicable to O-RADS classification, such as Nabothian or Uterine cysts.
Numerator:	Final reports that include documented identification of lesion using appropriate O-RADS terminology AND subsequent recommendation of clinical management according to O-RADS criteria.
	Performance Met: (PM017): Final report includes documented indication of lesion using O-RADS terminology, including appropriate O-RADS score AND appropriate O-RADS management recommendation. **Performance Not Met: (PNM17):** Final report does not include documented indication of lesion using O-RADS terminology, including appropriate O-RADS score AND appropriate O-RADS management recommendation. **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 reports for screening mammogram.
	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.

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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), or patient is transgender and model does not take into account transgender patients (must cite model).

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1892 Preston White Drive
Reston, VA 20191
703-648-8900

GOVERNMENT RELATIONS
505 Ninth St. N.W.
Suite 910
Washington, DC 20004
202-223-1670

CENTER FOR RESEARCH AND INNOVATION
50 South 16th St., Suite 2800
Philadelphia, PA 19102
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QMM19: DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia	
Measure Description:	All patients with osteopenia, 40-90 years of age 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, for patients aged 40 to 90 at time of service, with a diagnosis of osteopenia.
	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 AND/OR reference to pharmacological treatment (such as, patient is NOT post-menopausal, patient actively being treated for

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Philadelphia, PA 19102
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	osteopenia, T-Score(s) for mandatory regions required to calculate FRAX is unavailable, patient refusal to cooperate, diagnosis of osteoporosis, 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).*

QMM23: Low Dose Cancer Screening Recommendation for CT of Chest with Diagnosis of Emphysema	
Measure Description:	Percentage of emphysema patients, 50-77 years of age at time of service, who undergo a CT/CTA of the chest in which the final report: • Mentions that the presence of pulmonary emphysema on CT is an independent risk factor for lung cancer, AND • Includes a recommendation to consider the patient for low dose CT (LDCT) lung cancer screening in the future (current chest CT serves as baseline).
Denominator:	All final reports for CT/CTA of the chest for patients age 50 to 77 at time of service with a diagnosis of emphysema.
	Denominator CPT Codes: 71250, 71260, 71270, 71275 **Secondary Denominator Info (ICD-10 codes):** J43.0, J43.1, J43.2, J43.8, J43.9
Exclusions:	Active diagnosis or history of lung cancer; patient is enrolled in a lung cancer screening program.
Numerator:	Final reports for patients diagnosed with emphysema that include documentation indicating patient should be evaluated for entry into low dose lung cancer screening protocol with reference to pulmonary emphysema on CT as an independent risk factor for lung cancer.
	Performance Met: (PM023): Final report includes all of the following: • Statement that the presence of pulmonary emphysema on CT is an independent risk factor for lung cancer, AND

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	• A recommendation to consider the patient for low dose CT (LDCT) lung cancer screening in the future (current chest CT serves as baseline) **Performance Not Met: (PNM23):** Final report does not include all of the following: • Statement that the presence of pulmonary emphysema on CT is an independent risk factor for lung cancer, AND • A recommendation to consider the patient for low dose CT (LDCT) lung cancer screening in the future (current chest CT serves as baseline). **Denominator Exception: (PE023):** Documentation of clinical reason(s) why final report does not include documentation recommending patient be evaluated for low dose lung cancer screening (such as, patient in hospice, patient in end-of-life care, documented finding of pulmonary nodule or lung mass, provider documentation that patient currently receives chest CT scans on a routine basis, etc.).

QMM24: Acute Rib Fracture Numbering on ED Trauma Patients	
Measure Description:	All patients, regardless of age, undergoing a CT/CTA of the chest in the Emergency Department with a diagnosis of acute rib fracture(s), who have documentation of rib fracture numbering, laterality of rib fracture(s), and presence or absence of ribs fractured in two or more places in the final report.
Denominator:	All final reports for CT/CTA of the chest, in the Emergency Department, with a diagnosis of one or more acute rib fractures.
	Denominator CPT Codes: 71250, 71260, 71270, 71275 **Secondary Denominator Info (ICD-10 codes):** S22.31XA, S22.31XB, S22.32XA, S22.32XB, S22.39XA, S22.39XB, S22.41XA, S22.41XB, S22.42XA, S22.42XB, S22.43XA, S22.43XB, S22.49XA, S22.49XB, S22.5XXA, S22.5XXB
Exclusions:	Healed/healing rib fractures.
Numerator:	Final report contains documentation of ALL of the following:

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	1. Rib fracture numbering 2. Laterality of rib fracture(s) 3. Presence or absence of ribs fractured in two or more places
	Performance Met: (PM024): Final report includes documentation of ALL of the following: 1. Rib fracture numbering 2. Laterality of rib fracture(s) 3. Presence or absence of ribs fractured in two or more places **Performance Not Met: (PNM24):** Final report does not include documentation of ALL of the following: 1. Rib fracture numbering 2. Laterality of rib fracture(s) 3. Presence or absence of ribs fractured in two or more places **Denominator Exception: (PE024):** Documentation of patient reason(s) why final report does not include documentation of ALL the requirements listed above (such as, patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status).

QMM26: Screening Abdominal Aortic Aneurysm Reporting with Recommendations	
Measure Description:	Percentage of patients, 50 years of age and older, undergoing a screening ultrasound for abdominal aortic aneurysm (AAA) that have recognized clinical follow-up recommendations documented in the final report and direct communication of AAA findings > 5.5 cm in size made to the ordering provider. This population encompasses those 50 years of age and older not covered by Medicare as well as the Medicare one-time coverage for a screening ultrasound for AAA. For non-Medicare patients, the screening ultrasound may be elective and not covered by insurance. For Medicare patients, the following criteria must be met to be considered for coverage: **Medicare Criteria – Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)** - Centers for Medicare & Medicaid Services (CMS) Internet-Only

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	Manual (IOM) Publication 100-04, *Medicare Claims Processing Manual, Chapter 18, Section 110:* Payment may be made for a one-time ultrasound screening for AAA for beneficiaries who meet the following criteria: 1) receives a referral for such an ultrasound screening from the beneficiary's attending physician, physician assistant, nurse practitioner or clinical nurse specialist; 2) receives such ultrasound screening from a provider or supplier who is authorized to provide covered ultrasound diagnostic services; 3) has not been previously furnished such an ultrasound screening under the Medicare Program; and 4) is included in at least one of the following risk categories— (i) has a family history of abdominal aortic aneurysm; (ii) is a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime; or (iii)is a beneficiary who manifests other risk factors in a beneficiary category recommended for screening by the United States Preventive Services Task Force regarding AAA, as specified by the Secretary of Health and Human Services, through the national coverage determination process.
Denominator:	All final reports for patients 50 years of age and older undergoing screening ultrasound for AAA.
	Denominator CPT Codes: 76706
Exclusions:	None
Numerator:	All final reports for screening ultrasound for AAA that include recommendations in accordance with the Society of Vascular Surgery (SVS) Practice Criteria for AAA (https://doi.org/10.1016/J.JVS.2017.10.044) or similar published guidelines **if positive for AAA** AND direct communication is made to the ordering provider for AAA findings ≥ 5.5 cm in size OR a clear statement that no future screenings are necessary/recommended **if negative for AAA.**

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	Performance Met: (PM002): ***For AAA finding < 5.5 cm in size*** **–** Final report includes recommendation for follow-up of abdominal aortic aneurysm (or recommendation of "no follow-up") according to Society of Vascular Surgery Practice Criteria or similar published guidelines (source must be cited) for all positive findings for AAA < 5.5 cm (such as, follow-up ultrasound imaging studies needed or referral to specialist). OR **Performance Met: (PM102):** ***For AAA finding ≥ 5.5 cm in size*** – Final report includes recommendation for follow-up of abdominal aortic aneurysm according to Society of Vascular Surgery Practice Criteria or similar published guidelines (source must be cited) (such as, follow-up ultrasound imaging studies needed or referral to specialist) AND direct communication of AAA findings and recommendation is made to the ordering provider and documented in the final report. OR **Performance Met: (PM202):** ***Negative for AAA (no AAA finding)*** – Final report includes recommendation for follow-up of abdominal aortic aneurysm according to Society of Vascular Surgery Practice Criteria or similar published guidelines (source must be cited) (such as, follow-up ultrasound imaging studies needed or referral to specialist) AND direct communication of AAA findings and recommendation is made to the ordering provider and documented in the final report. **Performance Not Met: (PNM02):** Final report does not include recommendation for follow-up of abdominal aortic aneurysm (or recommendation of "no follow-up") AND/OR source not cited for positive finding for AAA AND/OR if findings for AAA ≥ 5.5 cm, final report does not include documentation of direct communication, OR if screening is negative for AAA, final report does not include a clear statement that no future screenings are necessary/recommended. **Denominator Exception: (PE002):** Documentation that the patient is under active surveillance by a vascular specialist and there is no change in the AAA from prior study.

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QMM27: Appropriate Classification and Follow-up Imaging for Incidental Pancreatic Cysts	
Measure Description:	Percentage of final reports for computed tomography (CT), computed tomography angiography (CTA), magnetic resonance imaging (MRI), or magnetic resonance angiography (MRA) of the abdomen or abdomen/pelvis for patients 18 years of age and older with a pancreatic cyst incidentally noted that include documentation of cyst classification and follow-up imaging recommendation(s) in accordance with published guidelines and source of recommendation.
Denominator:	All final reports for computed tomography/angiography (CT/CTA) and magnetic resonance imaging/angiography (MRI/MRA) of the abdomen or abdomen/pelvis for patients 18 years of age and older with a pancreatic cyst noted incidentally.
	Denominator CPT Codes: 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185 **Secondary Denominator Info (Incidental pancreatic cyst):** EE027
Exclusions:	None
Numerator:	Final reports for CT/CTA or MRI/MRA of the abdomen or abdomen/pelvis with an incidentally noted pancreatic cyst that include documentation of cyst classification AND follow-up imaging recommendation(s) in accordance with published guidelines AND source of recommendation*. **Numerator Note: Validated and Published Guidelines – All eligible exams must include documentation of use of one of the following validated and published guidelines for incidental pancreatic cystic lesions management:* • *European based guidelines (European)* • *American College of Gastroenterology (ACG)* • *American Gastroenterological Association (AGA)* • *International Association of Pancreatology (IAP)* • *American College of Radiology (ACR)*
	Performance Met: (**PM027):** Final report includes documentation of cyst classification AND follow-up imaging recommendation(s) in accordance with published guidelines AND source of recommendation.

HEADQUARTERS
1892 Preston White Drive
Reston, VA 20191
703-648-8900

GOVERNMENT RELATIONS
505 Ninth St. N.W.
Suite 910
Washington, DC 20004
202-223-1670

CENTER FOR RESEARCH AND INNOVATION
50 South 16th St., Suite 2800
Philadelphia, PA 19102
215-574-3150

ACR INSTITUTE FOR RADIOLOGIC PATHOLOGY
1100 Wayne Ave., Suite 1020
Silver Spring, MD 20910
703-648-8900

2025 QCDR Simplified Measure Specifications

	Performance Not Met: (PNM27): Final report does not include documentation of cyst classification AND/OR follow-up imaging recommendation(s) in accordance with published guidelines AND/OR source not cited. **Denominator Exception: (PE027):** Documentation of medical reason(s) for not including documentation of cyst classification and follow-up imaging recommendation(s) in accordance with published guidelines (such as, patient is at increased risk of pancreatic cancer due to family history, hereditary syndromes associated with increased risk of pancreatic cancer, limited life expectancy, or other situations that fall outside the purview of the published guideline used) (must cite source).

QMM28: Reporting Breast Arterial Calcification (BAC) on Screening Mammography	
Measure Description:	Percentage of final reports for screening mammography for female patients 40 years of age and older that include documentation of the presence or absence of Breast Arterial Calcification (BAC) and its clinical relevance.
Denominator:	All final reports for screening mammography for female patients 40 years of age and older.
	Denominator CPT Codes: 77067 **Secondary Denominator Info (ICD-10):** Z12.31
Exclusions:	Screening mammogram assigned a BIRADS 0: Incomplete.
Numerator:	Final reports for screening mammography for female patients 40 years of age and older that include documentation of the presence or absence of Breast Arterial Calcification (BAC)/vascular calcifications* and its clinical relevance. **Numerator Note:* • *Documentation of "no calcification(s)" without reference to breast artery or vascular system does not meet the performance requirement for this measure.* • *Presence or absence of BAC/vascular calcifications must still be noted to qualify for denominator exception.*

2025 QCDR Simplified Measure Specifications

	Performance Met: (PM028): Final report for screening mammography includes documentation of the presence or absence of Breast Arterial Calcification (BAC)/vascular calcifications*, AND if present, includes a statement of clinical relevance (such as "A strong association has been shown between BAC and cardiovascular disease (CVD) and/or coronary artery disease (CAD), independent of other known risk factors") OR recommendation for follow-up of BAC/vascular calcifications. **Performance Not Met: (PNM28):** Final report for screening mammography does not include documentation of the presence or absence of Breast Arterial Calcification (BAC)/vascular calcifications, OR if present, does not include a statement of clinical relevance OR recommendation for follow-up of BAC/vascular calcifications. **Denominator Exception: (PE028):** Documentation of medical reason(s) for not including a statement of clinical relevance or recommendation for follow-up of BAC/vascular calcification (such as, patient actively being treated for CVD/CAD).