

Qualified Clinical Data Registry (QCDR) Measures Supported 2026

! = High priority measure.

QCDR Measure	Measure Title	Measure Description	NQS Domain	Measure Type	NRDR Database
ACRad 34 !	Overall Percent of CT exams for which Dose Length Product is at or below the size-specific diagnostic reference level	Weighted average of 3 former QCDR measures, ACRad 31, 32, and 33 Weighted average percent of CT Abdomen-Pelvis, CT Chest, and CT Head/Brain exams with contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level.	Patient Safety	Outcome	Dose Index Registry
ACRad 44 !	Comprehensive Reporting of Coronary Artery Calcification (CAC) on Chest CT	Percentage of final reports for any chest CT examinations (non-cardiac, with or without contrast) performed on patients, aged 18 and older, that: <ol style="list-style-type: none"> 1. Document the presence or absence of coronary artery calcification (CAC), 2. If CAC is present, include documentation of a qualitative visual assessment of CAC and a recommendation that the patient consult with their primary care clinician for a comprehensive cardiovascular risk assessment, or a quantitative ordinal assessment of CAC for each of the four main coronary arteries. Recommendations for cardiovascular risk assessment should accompany any non-zero score. 	Communication and Care Coordination	Process	MIPS Portal
ACRad 45 !	Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism	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, subsegmental); AND right ventricle to left ventricle (RV/LV) ratio, when assessable. If the RV/LV ratio is ≥ 1.0 , report the specific ratio value, as this may be associated with increased risk for adverse outcomes, and if the RV/LV ratio is < 1.0 , report that the	Communication and Care Coordination	Process	MIPS Portal

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		ratio is within normal limits, optionally including a range (e.g., 0.7-0.9) to support clinical context.			
ACRad 46 !	Standardized Spine Fracture Classification Using Validated Systems	Percentage of final reports for patients with acute spinal fractures undergoing initial CT of the spine that include descriptive imaging findings.	Communication and Care Coordination	Process	MIPS Portal
MEDNAX55	Use of ASPECTS (Alberta Stroke Program Early CT Score) for non-contrast CT Head performed for suspected acute stroke	Percentage of final reports for non-contrast CT Head performed for suspected acute stroke that include an ASPECTS value.	Effective Clinical Care	Process	MIPS Portal
QMM17 !	Appropriate Follow-up Recommendations for Ovarian-Adnexal Lesions using the Ovarian-Adnexal Reporting and Data System (O-RADS)	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.	Communication and Care Coordination	Process	MIPS Portal
QMM18 !	Use of Breast Cancer Risk Score on Mammography	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.	Patient Safety	Process	MIPS Portal
QMM23 !	Low Dose Cancer Screening	Percentage of emphysema patients, 50-80 years of age at time of service, who undergo a CT/CTA of the chest in which the final report:	Population Health	Process	MIPS Portal

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	Recommendation for CT of Chest with Diagnosis of Emphysema	<ul style="list-style-type: none"> 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). 			
QMM26 !	Screening Abdominal Aortic Aneurysm Reporting with Recommendations	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 >5.5cm in size made to the ordering provider.	Effective Clinical Care	Process	MIPS Portal
QMM27 !	Appropriate Classification and Follow-Up Imaging for Incidental Pancreatic Cysts	Percentage of final reports for CT, CTA, MRI or 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.	Communication and Care Coordination	Process	MIPS Portal
QMM28 !	Reporting Breast Arterial Calcification (BAC) on Screening Mammography	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.	Communication and Care Coordination	Process	MIPS Portal
QMM32	Intracerebral Hemorrhage (ICH) on Non-Contrast CT Head	All patients 18 years of age and older undergoing non-contrast CT (NCCT) Head with an initial diagnosis of intracerebral hemorrhage (ICH), also referred to as intra-axial or intraparenchymal hemorrhage (IPH), who have documentation of the location of ICH, ICH volume, and presence or absence of intraventricular hemorrhage (IVH) in the Final Report.	Effective Clinical Care	Process	MIPS Portal