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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.

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

ACR Measures	
ACRad44: Comprehensive Reporting of Coronary Artery Calcification (CAC) on Chest CT	
Measure Description:	Percentage of final reports for any chest CT examinations (non-cardiac, with or without contrast) performed on patients, aged 18 and older, that: 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.
Denominator:	All final reports for patients aged 18 years or older, undergoing non-cardiac chest CT with or without contrast.
	Denominator CPT Codes: 71250, 71260, 71270, 71271
Exclusions:	Patients who have received prior coronary artery bypass grafts or prior percutaneous coronary intervention with stent; patients with known CAD; trauma or intraoperative CTs.
Numerator:	Final reports that document: 1. The presence or absence of coronary artery calcification (CAC); 2. If CAC is present, either: a. 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 b. 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.
	Performance Met (44XPM): Final report indicates presence or absence of CAC, AND, if present, either a qualitative visual assessment of CAC and a recommendation that patient consult with their primary care clinician, OR a

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	quantitative ordinal assessment of CAC for each of the four main coronary arteries. **Performance Not Met: (44XNM):** Final report does not indicate presence or absence of CAC, OR, if present, does not provide a qualitative visual assessment of CAC and a recommendation that patient consult with their primary care clinician OR a quantitative ordinal assessment of CAC for each of the four main coronary arteries. **Performance Exception: (44XPE):** Instances when anatomical variability, patient positioning, or motion artifact prevent CAC detection and/or visual assessment. Studies may be removed from the denominator when the interpreting radiologist determines that CAC assessment is not feasible or appropriate due to image quality or clinical context, including post-contrast exams where diagnostic confidence is insufficient.

ACRad45: 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, 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 ratio is within normal limits, optionally including a range (e.g., 0.7-0.9) to support clinical context.
Denominator:	All final reports for patients aged 18 years or 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 the following elements:

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	1. Branching order level of the most proximal level of embolus (i.e. main, lobar, interlobar, segmental, subsegmental), AND 2. 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. - If the RV/LV ratio is <1.0, report that the ratio is within normal limits, optionally including a range (e.g., 0.7-0.9) to support clinical context. ***Numerator Note:*** *This measure does not require or imply a diagnostic determination of right heart strain.*
	Performance Met (45XPM): Final report specifies branching order level of the most proximal level of embolus AND RV/LV ratio. **Performance Not Met: (45XNM):** Final report does not specify branching order of the most proximal level of embolus OR does not specify RV/LV ratio. **Performance Exception (45XPE):** Instances in which right heart strain assessment is not assessable due to technical limitations (e.g., scanner protocols) suboptimal image quality due to motion artifact, or incomplete visualization of cardiac structures.

ACRad46: Standardized Spine Fracture Classification Using Validated Systems	
Measure Description:	Percentage of final reports for patients with acute spinal fractures undergoing initial CT of the spine that include descriptive imaging findings.
Denominator:	All patients, regardless of age, undergoing initial cross-sectional imaging that includes the spine and with findings of an acute traumatic vertebral body fracture.
	Denominator CPT Codes: 72128, 72129, 72130, 72131, 72132, 72133 **Secondary Denominator Info (Initial CT imaging with acute spinal fracture):** DX046
Exclusions:	Final reports of patients undergoing follow-up imaging of the spine who have spinal fractures. Patients for whom a prior exam exists with AO or TLICS classification. Compression fractures in patients with osteoporosis, cancer, spinal osteomyelitis.

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Numerator:	All final reports for patients with acute spinal fracture on initial cross-sectional imaging that include comprehensive documentation of relevant injury features. ***Numerator Note:*** *The measure is based on CT findings. MRI may be used to supplement evaluation when clinically indicated or available.*
	Performance Met (46XPM): Final report includes comprehensive documentation of relevant injury features. **Performance Not Met: (46XNM):** Final report does not include comprehensive documentation of relevant injury features. **Performance Exception (46XPE):** Study quality limits the evaluation of the imaging signs needed for the AO or TLICS classification.

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.
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.

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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:	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).

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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.
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.

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	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 (e.g., patient is less than 35 or greater than 85 years of age if using the Gail (aka, Modified Gail) model) (must cite model), or patient is transgender and model does not take into account transgender patients (must cite model).

QMM23: Low Dose Cancer Screening Recommendation for CT of Chest with Diagnosis of Emphysema	
Measure Description:	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: • 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 80 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

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	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 • 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.).

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 Manual (IOM) Publication 100-04, *Medicare Claims Processing Manual, Chapter 18, Section 110:*

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	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.**
	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

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	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 a clear statement that no future screenings are necessary or recommended. **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. **Denominator Exception: (PE102):** Documentation that screening study was incomplete (e.g., a portion of the AAA is not well-visualized due to overlying bowel gas).

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

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	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 #1:*** *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)* ***Numerator Note #2:*** *Cyst classification/Morphology includes, but is not limited to:* • *IPMN, SCA, MCN, solid pseudopapillary epithelial neoplasm, cPNET, pseudocyst* • *Rare cysts: simple epithelial cyst, lymphoepithelial cyst, mucinous non-neoplastic cyst.*
	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. **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. **Performance 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,

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	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.*
	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

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	include a statement of clinical relevance OR recommendation for follow-up of BAC/vascular calcifications. **Performance 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).

QMM32: Intracerebral Hemorrhage (ICH) on Non-Contrast CT Head	
Measure Description:	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.
Denominator:	All final reports for non-contrast CT (NCCT) Head performed on adult patients with an initial diagnosis of intracerebral hemorrhage (ICH)*. ***Denominator Note:** This measure applies to patients undergoing the first NCCT Head scan from which intracerebral hemorrhage (ICH) is identified and diagnosed. Patients with subacute, chronic, stable, "stable acute", redemonstrated, or unchanged ICH should not be included in the denominator of this measure – they should be coded as an Exclusion.*
	Denominator CPT Codes: 70450 **Secondary Denominator Info (ICD-10):** I61, I61.0, I61.1, I61.2, I61.3, I61.4, I61.6, I61.8, I61.9
Exclusions:	Extra-axial hemorrhages (i.e., extradural, subdural, subarachnoid, or intraventricular-ONLY hemorrhages); Traumatic hemorrhages/Traumatic brain injury; Previously seen/diagnosed/scanned intracerebral hemorrhage; Resolved intracerebral hemorrhage; No intracerebral hemorrhage (i.e., when ICH was coded because ICH was the only indication for the exam).
Numerator:	Final report contains documentation of ALL of the following: 1. Location of intracerebral hemorrhage (ICH) (e.g., supratentorial, infratentorial, right frontal, left parietal, left cerebellum, etc.) 2. Intracerebral hemorrhage (ICH) volume (must be reported in mL, cm^3 or cc)* 3. Presence or absence of intraventricular hemorrhage (IVH)**

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	***Numerator Note #1:** For sub-centimeter hemorrhages (< 1 cm at greatest width), ICH volume does not need to be provided, however the location of ICH and the presence or absence of IVH (requirements 1 and 3 above) must still be documented in the final report to pass the measure.* ****Numerator Note #2:** The absence of IVH can be assumed if "no additional hemorrhages are identified" is documented in the final report.*
	Performance Met: (PM032): Final report includes documentation of ALL of the following: 1. Location of Intracerebral Hemorrhage (ICH), 2. Intracerebral Hemorrhage (ICH) volume (must be in mL, cm3 or cc), AND 3. Presence or absence of intraventricular hemorrhage (IVH). **Performance Not Met: (PNM32):** Final report does not include documentation of ALL of the following: 1. Location of Intracerebral Hemorrhage (ICH), 2. Intracerebral Hemorrhage (ICH) volume (must be in mL, cm3 or cc), AND 3. Presence or absence of intraventricular hemorrhage (IVH). **Performance Exception: (PE032):** Documentation of medical reason(s) for not including ALL of the requirements listed above in the final report (such as, patients with hemorrhagic contusion).