



MIPS Data Upload – Excel File Specification
for GRID 2.0 Measures
Program year 2021

Version 1.0

Revision History

Date	Version	Description
07/14/2021	1.0	Baseline

NRDR - MIPS Data File Specifications for Excel File

The MIPS accepts data file in Excel file format. The MIPS Excel file specifications are listed as follows:

1. The data file is in Excel format.
2. The filename extension is '.xlsx' or '.xls'.
3. The maximum number of records in a file is 10000.
4. The file naming convention is mips_yyyymmdd-hrmiss or mips_yyyymmdd-hrmiss-<optional text>

yyymmdd-hrmiss is the time stamp at the time the file is created, where

yyyy is the 4 digit year,
mm is the 2 digit month,
dd is the 2 digit day,
hr is the 2 digit hour in military time format,
mi is the 2 digit minute, and
ss is the 2 digit second

Example: mips_20160306-181224.xlsx

<optional text> can be any text up to 15 characters. You may use this space for versioning purposes.
For example: mips_20181221-181224-version2.xlsx

Note: The MIPS Measure data import tool amends the physician's NPI to the file name so that the files can be distinguished among other physicians. For group reports the import tool amends the groups TIN to the file name.

5. The first row must contain the exact column heading and order as indicated in item 8 below.
6. The data file must contain at least one record.
7. Each record has 15 data elements.
8. Each data element must be positioned in the order specified below (same as the record layout for the Excel data file)

Data element position	Data Element
A	exam_date_time
B	physician_group_TIN
C	physician_NPI
D	patient_ID
E	patient_age
F	patient_sex
G	measure_number
H	cpt_code

I	Secondary_Denominator_Info
J	numerator_response_value
K	exam_unique_id

9. The unique identifier of an exam record is composed of the Physician Group TIN, Physician NPI, Patient ID, Exam Date time, Measure #, CPT code and Exam Unique ID

Submitting MIPS Quality Data

- [MIPS Data Submission Overview](#)
- [How to Upload MIPS Quality Measure Data](#)
- [Data Upload File Specifications and Template](#)
- [Reviewing MIPS Quality Measure Data](#)

MIPS Measure Data Elements and Mapping

The 2021 supported measures can be found in the “2021 MIPS Measures Supported.pdf” file on this page: <https://nrdrsupport.acr.org/a/solutions/articles/11000082799?portalId=11000000200>

This section describes the MIPS Measure data elements. Some of the elements are expected to be in numeric format and their mapping rules are described under the Answer column. Although the output is an Excel file, the data should not exceed the Maximum Length if indicated.

Field Number	Element Name	Definition	Answer	Use	Format	Max Len
1	Exam date time	Date and time of service		Required	Accepts two formats: 1) <mm/dd/yyyy> <space> <hr:mi:ss> in military time format, or 2) <mm/dd/yyyy>	17
2	Physician group TIN	The TIN used on physician or professional claims. This is different from the hospital or facility TIN that may be used to bill the technical component or facility fee		Required	Numeric	9
3	Physician NPI	Physician’s 10-digit NPI		Required	Numeric	10

4	Patient ID	Allow use of site patient id; do not submit patient's SSN		Required	Alphanumeric	50
5	Patient age	Age of the patient at the time the exam took place. Note: the minimum age requirement for measure 110 is 6 month; if patient's age is between 6 to 12 months then enter 0.5		Required	Numeric	3
6	Patient Sex	M=Male; F=Female; U=Unknown; O=Others	Valid response: M, F, U, or O	Required	Alpha	1
9	Measure number	A qualified measure number that is supported by the ACR Qualified Clinical Data Registry in the current program year. Note: if measure number is not provided, the system will base on the CPT code and Numerator Response Value to identify the measure number		Required	Alphanumeric	10
10	CPT I Code	An applicable procedure code for this encounter as reported on the claim for this patient.		Required	Alphanumeric	100
11	Secondary Denominator Info	In the 2021 program year, the following measures are required to report the denominator diagnosis code: QACRad37, QACRad38, QACRad39, QACRad40, QACRad41, QACRad42 Note: If diagnosis code is provided when a measure does not require one, the system will still accept the exam record.		Conditional. Required if the following measures are reported: QACRad37, QACRad38, QACRad39, QACRad40, QACRad41, QACRad42	Alphanumeric	10
12	Numerator response value	Response to the numerator question posted by the measure. Note: If the numerator response value is either missing or incorrect in an exam record, the system will still accept it and it will be counted toward the initial population for reporting rate but will not be counted for performance rate.	Enter the code indicating whether performance was met OR, performance was not met OR the patient is excluded	Required	Alphanumeric	100

			(medical, patient or system exclusion).			
15	Exam Unique ID	A unique identifier of an exam within your site. You may query the uploaded record using this identifier in the Portal		Required	Alphanumeric	100

Appendix

Denominator and Numerator Reporting Examples

If there are patients with multiple billed exams/services on the same date and each are applicable to one measure, you will need to report the exams in multiple rows with the same exam data (all fields). Or, if there are patients with a billed exam/service on the same date and the service is applicable to different measures, you will need to report the measures in multiple rows with the same exam data (all fields).

For example, patient A Smith had 74150, which is applicable to measure 405 and 436. Report each measure as a separate line item.

Secondary Denominator coding:

When a measure's secondary_denominator_info column requires multiple codes, e.g. QACRad 42 with K74.60 being a diagnosis of cirrhosis and Z12.9 being the code for liver screening, both codes should be placed in the "Secondary denominator" code field separated by <space>&<space>. Example: K74.60 & Z12.9 in a single row.