

# 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

<b>Measure Description:</b>	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
<b>Denominator:</b>	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
	<b>Denominator CPT Codes:</b> 71250, 71270, 71271
<b>Exclusions:</b>	Patients who received prior coronary artery bypass grafts or prior percutaneous coronary intervention with stent
<b>Numerator:</b>	Final reports that note presence or absence of coronary artery calcification or not evaluable
	<b>Performance Met (36XPM):</b> Final report indicates presence/absence/not evaluable of CAC. <b>Performance Not Met: (36XNM):</b> Final report does not include any mention of CAC.

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

<b>Measure Description:</b>	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)
<b>Denominator:</b>	All final reports for patients aged 18 years and older undergoing CT pulmonary angiography (CTPA) with a finding of pulmonary embolism
	<b>Denominator CPT Codes:</b> 71275

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

**QACRad41: Use of Quantitative Criteria for Oncologic FDG PET Imaging**

<b>Measure Description:</b>	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"
<b>Denominator:</b>	All final reports for all patients, regardless of age, undergoing non-CNS oncologic FDG PET studies
	<b>Denominator CPT Codes:</b> 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235 <b>Secondary Denominator Info (Oncologic study using FDG radiopharmaceutical):</b> DX041
<b>Exclusions:</b>	None
<b>Numerator:</b>	Final reports for FDG PET scans that include at a minimum elements a. through d. listed above.
	<b>Performance Met (41XPM):</b> Final report includes at a minimum elements a. through d. above. <b>Performance Not Met: (41XNM):</b> Final report does not include elements a. through d.

## MSN QCQR Measures

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

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

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

<b>Measure Description:</b>	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.
<b>Denominator:</b>	All final reports for screening computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium.
	<b>Denominator CPT Codes:</b> 75571 <b>Secondary Denominator Info (CACs greater than zero):</b> EE013
<b>Exclusions:</b>	None
<b>Numerator:</b>	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: <b>PM001:</b> Final report includes total CACS as well as the regional CACS for each of these regions: the Left Main, LAD, LCx, RCA, and PDA <u>AND</u> references whether the regional distribution/total CACS <u>DOES</u> or <u>DOES NOT</u> warrant further evaluation.

	Performance Not Met: <b>PNM01:</b> 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 <u>AND/OR</u> whether or not the regional distribution/total CACS warrants further evaluation.
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**MSN15: Use of Thyroid Imaging Reporting & Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk**

<b>Measure Description:</b>	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.
<b>Denominator:</b>	All final reports for use of TI-RADS to stratify thyroid nodules on patients 19 years of age or older.
	<b>Denominator CPT Codes:</b> 76536 <b>Secondary Denominator Info (ICD-10 codes):</b> E04.0, E04.1, E04.2, E04.8, E05.10, E05.11, E05.20, E05.21
<b>Exclusions:</b>	None
<b>Numerator:</b>	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: <b>PM004:</b> 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: <b>PNM04:</b> Final report does <u>not</u> 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: <b>PE004:</b> Documentation that the patient has comorbidities 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, and/or documentation of other reason(s) that exempt the patient from meeting criteria for TI-RADS assessment.

**QMM16: IVC Filter Management Confirmation**

<b>Measure Description:</b>	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
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	<p>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.</p> <p>Eligible exams are limited to x-ray (XR), computed tomography (CT), and computed tomography angiography (CTA) exams of the abdomen and/or pelvis.</p>
<b>Denominator:</b>	All final reports for XR, CT, and CTA of the abdomen and/or pelvis for patients with an IVC filter in place.
	<p><b>Denominator CPT Codes:</b> 74018, 74019, 74021, 74022, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 72170, 72190, 72191, 72192, 72193, 72194</p> <p><b>Secondary Denominator Info (Final report documents IVC filter present):</b> EE016</p>
<b>Exclusions:</b>	None
<b>Numerator:</b>	<p>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:</p> <p>1) Assess if there is a management plan in place for the patient’s IVC filter, and</p> <p>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.</p>
	<p>Performance Met: <b>PM016:</b> 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 an interventional clinician on a nonemergent basis for evaluation.</p> <p>Performance Not Met: <b>PNM16:</b> 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 an interventional clinician on a nonemergent basis for evaluation.</p> <p>Denominator Exception: <b>PE016:</b> 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).</p>

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

<b>Measure Description:</b>	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.
<b>Denominator:</b>	All final reports for US examination of the female pelvis performed transvaginal with/without a transabdominal portion that have a clinically relevant lesion.
	<b>Denominator CPT Codes:</b> 76830 <b>Secondary Denominator Info (ICD-10 codes):</b> 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
<b>Exclusions:</b>	Findings not applicable to O-RADS classification, such as Nabothian or Uterine cysts.
<b>Numerator:</b>	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: <b>PM017:</b> 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: <b>PNM17:</b> Final report does <u>not</u> include documented indication of lesion using O-RADS terminology, including appropriate O-RADS score AND appropriate O-RADS management recommendation.  Denominator Exception: <b>PE017:</b> 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**

<b>Measure Description:</b>	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.
<b>Denominator:</b>	All final screening mammogram reports.
	<b>Denominator CPT Codes:</b> 77067 <b>Secondary Denominator Info (ICD-10 code):</b> Z12.31
<b>Exclusions:</b>	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.

<p><b>Numerator:</b></p>	<p>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).</p> <p><u>Validated and Published Models</u> – 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:</p> <ul style="list-style-type: none"> <li>• Modified Gail, or</li> <li>• BRCAPRO, or</li> <li>• Tyrer-Cuzick (IBIS Tool), or</li> <li>• Breast Cancer Surveillance Consortium (BCSC), or</li> <li>• National Cancer Institute’s Breast Cancer Risk Assessment Tool, or</li> <li>• Claus model, or</li> <li>• Myriad (myRisk Management Tool)</li> </ul>
	<p>Performance Met: <b>PM018:</b> 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.</p> <p>Performance Not Met: <b>PNM18:</b> 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.</p> <p>Denominator Exception: <b>PDE18:</b> 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).</p>

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

<p><b>Measure Description:</b></p>	<p>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.</p>
<p><b>Denominator:</b></p>	<p>All final reports for DEXA scans.</p>
	<p><b>Denominator CPT Codes:</b> 77080, 77081, 77085, 77086  <b>Secondary Denominator Info (ICD-10 codes):</b> M85.8, M85.80, M85.811, M85.812, M85.819, M85.821, M85.822, M85.829, M85.831, M85.832, M85.839,</p>

	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
<b>Exclusions:</b>	None
<b>Numerator:</b>	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.
	<p>Performance Met: <b>PM019:</b> 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.*</p> <p>Performance Not Met: <b>PNM19:</b> 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.</p> <p>Denominator Exception: <b>PE019:</b> 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.)</p> <p><b>*Numerator Note:</b> 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).</p>

**QMM26: Screening Abdominal Aortic Aneurysm Reporting with Recommendations**

<b>Measure Description:</b>	<p>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 &gt; 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:</p> <p><b>Medicare Criteria – Ultrasound Screening for Abdominal Aortic Aneurysm (AAA) - Centers for Medicare &amp; Medicaid Services (CMS) Internet-Only</b></p>
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	<p>Manual (IOM) Publication 100-04, <i>Medicare Claims Processing Manual, Chapter 18, Section 110:</i></p> <p>Payment may be made for a one-time ultrasound screening for AAA for beneficiaries who meet the following criteria:</p> <ol style="list-style-type: none"> <li>1) receives a referral for such an ultrasound screening from the beneficiary's attending physician, physician assistant, nurse practitioner or clinical nurse specialist;</li> <li>2) receives such ultrasound screening from a provider or supplier who is authorized to provide covered ultrasound diagnostic services;</li> <li>3) has not been previously furnished such an ultrasound screening under the Medicare Program; and</li> <li>4) is included in at least one of the following risk categories— <ol style="list-style-type: none"> <li>(i) has a family history of abdominal aortic aneurysm;</li> <li>(ii) is a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime; or</li> <li>(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.</li> </ol> </li> </ol>
<b>Denominator:</b>	All final reports for patients 50 years of age and older undergoing screening ultrasound for AAA.
	<p><b>Denominator CPT Codes:</b> 76706</p> <p><b>Secondary Denominator Info (Screening ultrasound for AAA):</b> EE014</p>
<b>Exclusions:</b>	None
<b>Numerator:</b>	All final reports for screening ultrasound for AAA that include recommendations in accordance with the Society of Vascular Surgery (SVS) Practice Criteria for AAA ( <a href="https://doi.org/10.1016/J.JVS.2017.10.044">https://doi.org/10.1016/J.JVS.2017.10.044</a> ) or similar published guidelines <b>if positive for AAA AND</b> direct communication is made to the ordering provider for AAA findings $\geq 5.5$ cm in size <b>OR</b> a clear statement that no future screenings are necessary/recommended <b>if negative for AAA.</b>
	<p>Performance Met: <b>PM002: For AAA finding &lt; 5.5 cm in size</b> – 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 &lt; 5.5 cm (such as, follow-up ultrasound imaging studies needed or referral to specialist).</p> <p><b>OR</b> Performance Met: <b>PM102: For AAA finding <math>\geq 5.5</math> cm in size</b> – 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) <b>AND</b> direct communication of AAA</p>

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  $\geq$  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.