



MIPS Data Upload – Text File Specification
for
Program year 2018

Version 1.6.1

Revision History

Date	Version	Description
05/01/2016	1.0	Baseline
08/03/2016	1.1	Corrected the file naming convention from PQRS_exam_PQRS_yyyymmdd-hrmiss to PQRS_yyyymmdd-hrmmss .
02/27/2017	1.2	Updated max file to max number of records and added CPT code to the list of unique identifiers
05/04/2017	1.3	<p>The record layout and data elements for 2017 are identical to the one for year 2016.</p> <p>Updated links to the 2017 CPT Code, Numerator Response Value and Diagnosis Code reference table.</p> <p>Measures 102, 104, 143, 144, 265, 364, 404, 405, 406 and 421 require multiple CPT Code.</p> <p>Measure 236 requires multiple Numerator Response Values.</p>
11/20/2017	1.4	<p>Corrected the file naming convention from pqr_yyyymmdd-hrmiss to mips_yyyymmdd-hrmmss Example: mips_20171121-181224.txt</p> <p>MIPS data file name changes after data is uploaded to the MIPS portal. Note: For individual reporters the file name amends the physician's NPI. For group reporters the file name amends the groups TIN.</p> <p>Added new file naming convention to accept optional text as part of the filename</p>
12/11/2017	1.5	Updated links to MIPS resources
05/18/2017	1.6	Updated links to MIPS resources
05/24/2018	1.6.1	Updated links to MIPS resources Added links to 2018 Quality Measure code changes

NRDR - MIPS Data File Specifications for Text File

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

1. The data file is a delimited text file.
2. The maximum recommended number of records is 10000.
3. The filename extension is '.txt'.
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_20181221-181224.txt

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

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 data file must contain at least one record.
6. Each line must contain one and only one record; record delimiter is the CARRIAGE RETURN character followed by the LINE FEED character (CR LF).
7. No header row.
8. Each record must begin at the first position of a line.
9. Each record must begin at the first position of a line.
10. Each record has 15 data elements.
11. Each data element must be positioned in the order specified below:

Data element position	Data Element
1	exam_date_time
2	physician_group_TIN
3	physician_NPI
4	patient_ID
5	patient_age
6	patient_gender
7	patient_medicare_beneficiary
8	patient_medicare_advantage
9	measure_number

10	cpt_code
11	denominator_diagnosis_code
12	numerator_response_value
13	measure_extension_num
14	extension_response_value
15	exam_unique_id

12. Each data element is separated by the vertical bar character '|'; if there is no answer for a data element you should write the '|' character immediately after the previous '|'. Do not use the SPACE character to substitute for no data value.

Example: Let's use the first nine data elements as an example. Suppose we only have data for Patient first name, Patient last name, Patient Medicare id, and we refuse to provide patient SSN, then the data should be written as:

|John||Doe||Y||N|A-123456|

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

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 supported MIPS measures for 2018 can be found under the link below:

<https://www.acr.org/-/media/ACR/Files/Registries/QCDR/MIPS-Measures-Supported-2018.pdf?la=en>

2018 Quality Measure Code Changes

- [Diagnostic](#)
- [Interventional](#)
- [Radiation Oncology](#)

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 a text 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 component 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 gender	M=Male; F=Female; U=Unknown; O=Others	Valid response: M, F, U, or O	Required	Alpha	1
7	Patient medicare beneficiary	Is the patient a Medicare beneficiary (primary or secondary)?	Valid response: Y or N	Optional	Alpha	1

8	Patient medicare advantage	Is the patient Medicare Advantage patient?	Valid response: Y or N	Conditional Required if response to "Patient medicare beneficiary" is 'Y'	Alpha	1
9	Measure number	A qualified measure number that is supported by the ACR Qualified Clinical Data Registry in the current program year: https://nrdrrsuppport.acr.org/helpdesk/attachments/11030925129 Note: For measures 146 and 225, do not use G0202 for CPT code. Use only 77067.		Required	Alphanumeric	10
10	CPT I code	An applicable procedure code for this encounter as reported on the claim for this patient. Here is the link to the 2018 CPT codes: https://nrdrrsuppport.acr.org/helpdesk/attachments/11030925129 Note: measures 102, 104, 265, 364, 374, 404, 405, 406 and 421 require multiple CPT codes you will separate each code by the following characters: <space>&<space>. For example, measure 405 requires two codes; one valid code set is "74150 & G9547".		Required	Alphanumeric	5

		<p>Note: Measures 143 and 144 may require multiple CPT codes.</p> <p>Note: If there are patients with multiple billed exams/services on the same date and each are applicable to one measure or multiple measures see denominator and numerator reporting examples in appendix pages 8-9.</p>				
11	Denominator diagnosis code	<p>In the 2018 program year, the following measures are required to report the denominator diagnosis code: 12, 24, 99, 100, 102, 104, 143, 144, 146, 156, 225, 236, 251, 409, 413, 418, 420, and 465. Here is the link to the 2018 diagnosis codes: https://nrdrsup.port.acr.org/helpdesk/attachments/11030925129</p>		<p>Conditional. Required if the following measures are reported: 24, 71, 72, 102, 104, 143, 144, 146, 156, 225, 409, 413, 418, 420 and 465</p>	Alphanumeric	10
12	Numerator response value	<p>Response to the numerator question posted by the measure. Here is the link to the 2018 numerator response values: https://nrdrsup.port.acr.org/helpdesk/attachments/11030925129</p> <p>Note: measure 236 requires two numerator response values. You will separate each code by the following characters: <space>&<space>.</p>	<p>Enter the code indicating whether performance was met OR, performance was not met OR the patient is excluded (medical, patient or system exclusion).</p>	Required	Alphanumeric	

		One example is "G8752 & G8755"				
13	Measure extension num	This is only available for measure # 145	Enter '1' for this number	Optional	Numeric	5
14	Extension response value	Response to the measure extension number indicated in "Measure extension num" data element. Valid values are: 0 for "(Ka,r)", 1 for "PKA", 3 for "Skin dose mapping", 4 for "PSD"	Enter at least one: 0, 1, 3, 4 Accepts multiple responses. Use comma to separate multiple responses. For example: "0,3"	Conditional Required if "Measure extension num" is provided.	Alphanumeric	50
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	50

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). For example, measure 436 applies to multiple procedures for the same patient – report each CPT code as a separate line item.

Measure Number	CPT code
436	0042T
436	70496
436	70498

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 are applicable to measure 405 and 436. Report each measure as a separate line item.

There are four scenarios that determine how records are submitted. Two related to denominator coding and two related to numerator coding.

Denominator coding:

1. When a measure denominator requires multiple codes, e.g. 405 with 74150 being the exam/service being billed and G9547 (incidental finding). Or such as 143 where two CPTI exam/service codes are needed – one for a patient visit (ex. 99201) and one for a procedure during that visit (ex. 51720). In this case, both codes should be placed in the “CPTI” code field separated by <space>&<space>. Example: 74150 & G9547. Single row.
2. When a patient has multiple exams/services on the same day, same TIN/NPI and the same measure applies to each exam service. These may be billed with CPTI codes on the same claim, each of which are included in the measure specifications. “Multiple denominator events” as you have said. As in the measure 436 example:

Measure number	Cpt code
436	0042T
436	70496
436	70498

In this scenario, each exam/service is considered a “reportable instance” of a measure (denominator events). And each one should be a separate line (multiple rows) in the file.

Numerator Coding:

1. When a patient has one exam/service, same day, same NPI/TIN and multiple measures are applicable to the billed exam/service.
Example: patient had 74150 (CT exam), this may be applicable to measure 405 (if there was an incidental finding) and to 436. Each measure should be reported on a separate line (multiple rows).
2. When a measure numerator requires multiple codes.

Example: measure 236 may require G8752 and G8755 to be reported. Both codes should be placed in the numerator response value field separated by <space>&<space>. G8752 & G8755 in a single row.