Qualified Clinical Data Registry (QCDR)
Measures Supported 2022

! = High priority measure.

<table>
<thead>
<tr>
<th>QCDR Measure</th>
<th>Measure Title</th>
<th>Measure Description</th>
<th>NQS Domain</th>
<th>Measure Type</th>
<th>NRDR Database</th>
<th>Inverse Measure *</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACRad 15 !</td>
<td>Report Turnaround Time: Radiography</td>
<td>Mean Radiography RTAT</td>
<td>Communication and Care Coordination</td>
<td>Outcome</td>
<td>General Radiology Improvement Database</td>
<td>✓</td>
</tr>
<tr>
<td>ACRad 16 !</td>
<td>Report Turnaround Time: Ultrasound (Excluding Breast US)</td>
<td>Mean Ultrasound RTAT</td>
<td>Communication and Care Coordination</td>
<td>Outcome</td>
<td>General Radiology Improvement Database</td>
<td>✓</td>
</tr>
<tr>
<td>ACRad 17 !</td>
<td>Report Turnaround Time: MRI</td>
<td>Mean MRI RTAT</td>
<td>Communication and Care Coordination</td>
<td>Outcome</td>
<td>General Radiology Improvement Database</td>
<td>✓</td>
</tr>
<tr>
<td>ACRad 18 !</td>
<td>Report Turnaround Time: CT</td>
<td>Mean CT RTAT</td>
<td>Communication and Care Coordination</td>
<td>Outcome</td>
<td>General Radiology Improvement Database</td>
<td>✓</td>
</tr>
<tr>
<td>ACRad 19 !</td>
<td>Report Turnaround Time: PET</td>
<td>Mean PET RTAT</td>
<td>Communication and Care Coordination</td>
<td>Outcome</td>
<td>General Radiology Improvement Database</td>
<td>✓</td>
</tr>
<tr>
<td>ACRad 25 !</td>
<td>Report Turnaround Time: Mammography</td>
<td>Mean mammography report turnaround time (RTAT)</td>
<td>Communication and Care Coordination</td>
<td>Outcome</td>
<td>General Radiology Improvement Database</td>
<td>✓</td>
</tr>
<tr>
<td>ACRad 34 !</td>
<td>Multi-strata weighted average for 3 CT Exam Types: Overall Percent of CT exams for which Dose Length Product is at or below the size-specific diagnostic reference level (for CT Abdomen-pelvis with contrast/single phase scan, CT Chest without contrast/single phase scan 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</td>
<td>Weighted average of 3 former QCDR measures, ACRad 31, 32, and 33</td>
<td>Patient Safety</td>
<td>Outcome</td>
<td>Dose Index Registry</td>
<td></td>
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December 7, 2021
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<tr>
<td></td>
<td></td>
<td>Percentage of final reports for male patients aged 18 years through 50 and female patients aged 18 through 65 years undergoing noncardiac noncontrast chest CT exams or with and without contrast chest CT exams that note presence or absence of coronary artery calcification or not evaluable</td>
<td>Communication and Care Coordination</td>
<td>Process</td>
<td>General Radiology Improvement Database/MIPS Portal</td>
<td></td>
</tr>
<tr>
<td>ACRad 36</td>
<td>Incidental Coronary Artery Calcification Reported on Chest CT</td>
<td></td>
<td>Communication and Care Coordination</td>
<td>Process</td>
<td>General Radiology Improvement Database/MIPS Portal</td>
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</tr>
<tr>
<td>ACRad 37</td>
<td>Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism</td>
<td>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)</td>
<td>Communication and Care Coordination</td>
<td>Process</td>
<td>General Radiology Improvement Database/MIPS Portal</td>
<td></td>
</tr>
<tr>
<td>ACRad 38</td>
<td>Use of Low Dose Cranial CT or MRI Examinations for Patients with Ventricular Shunts</td>
<td>Percentage of patients aged less than 18 years with a ventricular shunt undergoing cranial imaging exams to evaluate for ventricular shunt malfunction undergoing either low dose cranial CT exams or MRI</td>
<td>Patient Safety</td>
<td>Process</td>
<td>General Radiology Improvement Database/MIPS Portal</td>
<td></td>
</tr>
<tr>
<td>ACRad 40</td>
<td>Use of Structured Reporting in Prostate MRI</td>
<td>Percentage of final reports for male patients aged 18 years and older undergoing prostate MRI for prostate cancer screening or surveillance that include reference to a validated scoring metric</td>
<td>Communication and Care Coordination</td>
<td>Process</td>
<td>General Radiology Improvement Database/MIPS Portal</td>
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<tr>
<td></td>
<td><strong>ACRad 41</strong></td>
<td>Use of Quantitative Criteria for Oncologic FDG PET Imaging</td>
<td>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 &quot;no disease-specific abnormal uptake&quot;</td>
<td>Communication and Care Coordination</td>
<td>General Radiology Improvement Database/MIPS Portal</td>
<td></td>
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<tr>
<td></td>
<td><strong>ACRad 42</strong></td>
<td>Surveillance Imaging for Liver Nodules &lt;10mm in Patients at Risk for Hepatocellular Carcinoma (HCC)</td>
<td>Percentage of final ultrasound reports with findings of liver nodules &lt; 10 mm for patients aged 18 years and older with a diagnosis of hepatitis B or cirrhosis undergoing screening and/or surveillance imaging for hepatocellular carcinoma with a specific recommendation for</td>
<td>Efficiency and Cost Reduction</td>
<td>General Radiology Improvement Database/MIPS Portal</td>
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<tr>
<td></td>
<td></td>
<td>follow-up ultrasound imaging in 3-6 months based on radiological findings</td>
<td></td>
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<tr>
<td>MEDNAX55</td>
<td>Use of ASPECTS (Alberta Stroke Program Early CT Score) for non-contrast CT Head performed for suspected acute stroke</td>
<td>Percentage non-contrast CT Head performed for suspected acute stroke whose final reports include an ASPECTS value</td>
<td>Effective Clinical Care</td>
<td>Process</td>
<td>MIPS Portal</td>
<td></td>
</tr>
<tr>
<td>MSN13</td>
<td>Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including Coronary Artery Calcification Regional Distribution Scoring</td>
<td>Percentage of patients, regardless of age, undergoing Coronary Calcium Scoring who have measurable coronary artery calcification (CAC)</td>
<td>Effective Clinical Care</td>
<td>Process</td>
<td>MIPS Portal</td>
<td></td>
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<tr>
<td>MSN15 !</td>
<td>Use of Thyroid Imaging Reporting &amp; Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk</td>
<td>Percentage of patients, regardless of age, undergoing ultrasound of the neck with findings of thyroid nodule(s) whose reports include the TI-RADS assessment</td>
<td>Communication and Care Coordination</td>
<td>Process</td>
<td>MIPS Portal</td>
<td></td>
</tr>
<tr>
<td>MSN16 !</td>
<td>Screening Abdominal Aortic Aneurysm Reporting with Recommendations</td>
<td>Percentage of patients, aged 50-years-old or older, who have had a screening ultrasound for an abdominal aortic aneurysm with a positive finding of abdominal aortic aneurysm (AAA), that have recognized clinical follow up recommendations documented in the final report and direct communication of findings ≥ 5.5 cm in size made to the ordering provider</td>
<td>Effective Clinical Care</td>
<td>Process</td>
<td>MIPS Portal</td>
<td></td>
</tr>
<tr>
<td>QMM16 !</td>
<td>IVC Filter Management Confirmation</td>
<td>Percentage of final reports for eligible exams where an IVC filter is present and the radiologist included a statement of</td>
<td>Patient Safety</td>
<td>Process</td>
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<tr>
<td>QMM17</td>
<td>Appropriate Follow-up Recommendations for Ovarian-Adnexal Lesions using the Ovarian-Adnexal Reporting and Data System (O-RADS)</td>
<td>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</td>
<td>Communication and Care Coordination</td>
<td>Process</td>
<td>MIPS Portal</td>
<td></td>
</tr>
<tr>
<td>QMM18</td>
<td>Use of Breast Cancer Risk Score on Mammography</td>
<td>The percentage of final reports for screening mammograms which include the patient’s estimated numeric risk assessment based on published guidelines, and appropriate recommendations for supplemental screening based on the patient’s</td>
<td>Communication and Care Coordination</td>
<td>Process</td>
<td>MIPS Portal</td>
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<td></td>
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<td>estimated risk and documentation of the source of recommendation</td>
<td></td>
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<tr>
<td>QMM19</td>
<td>DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia</td>
<td>All patients, aged 40-90 at time of service, who undergo DEXA scans for bone density who have their FRAX score included in the final report</td>
<td>Effective Clinical Care</td>
<td>Process</td>
<td>MIPS Portal</td>
<td></td>
</tr>
<tr>
<td>QMM20</td>
<td>Opening Pressure in Lumbar Puncture</td>
<td>Percentage of final reports for patients aged ≥ 18 which include Documentation of Opening Pressure Value obtained during Lumbar Puncture</td>
<td>Effective Clinical Care</td>
<td>Process</td>
<td>MIPS Portal</td>
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