

Qualified Clinical Data Registry (QCDR) Measures Supported 2023

! = High priority measure.

QCDR Measure	Measure Title	Measure Description	NQS Domain	Measure Type	NRDR Database	Inverse Measure *
ACRad 15 !	Report Turnaround Time: Radiography	Mean Radiography RTAT	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓
ACRad 16 !	Report Turnaround Time: Ultrasound (Excluding Breast US)	Mean Ultrasound RTAT	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓
ACRad 17 !	Report Turnaround Time: MRI	Mean MRI RTAT	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓
ACRad 18 !	Report Turnaround Time: CT	Mean CT RTAT	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓
ACRad 19 !	Report Turnaround Time: PET	Mean PET RTAT	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓
ACRad 25 !	Report Turnaround Time: Mammography	Mean mammography report turnaround time (RTAT)	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓
ACRad 34 !	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	Weighted average of 3 former QCDR measures, ACRad 31, 32, and 33 Weighted average percent of CT Abdomen-Pelvis, CT Chest, 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	Patient Safety	Outcome	Dose Index Registry	

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	without contrast/single phase scan)					
ACRad 36 !	Incidental Coronary Artery Calcification Reported on Chest CT	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	Communication and Care Coordination	Process	General Radiology Improvement Database/MIPS Portal	
ACRad 37 !	Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism	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)	Communication and Care Coordination	Process	General Radiology Improvement Database/MIPS Portal	
ACRad 38 !	Use of Low Dose Cranial CT or MRI Examinations for Patients with Ventricular Shunts	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	Patient Safety	Process	General Radiology Improvement Database/MIPS Portal	
ACRad 40 !	Use of Structured Reporting in Prostate MRI	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	Communication and Care Coordination	Process	General Radiology Improvement Database/MIPS Portal	

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		system such as Prostate Imaging Reporting and Data System (PI-RADS)				
ACRad 41 !	Use of Quantitative Criteria for Oncologic FDG PET Imaging	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 (eg, finger stick at time of injection) b) Uptake time (interval from injection to initiation of imaging) c) One reference background (eg, volumetric normal liver or mediastinal blood pool) SUV measurement, along with description of the SUV measurement type (eg, SUVmax) and normalization method (eg, BMI) d) At least one lesional SUV measurement OR diagnosis of "no disease-specific abnormal uptake"	Communication and Care Coordination	Process	General Radiology Improvement Database/MIPS Portal	
ACRad 42 !	Surveillance Imaging for Liver Nodules <10mm in Patients at Risk for Hepatocellular Carcinoma (HCC)	Percentage of final ultrasound reports with findings of liver nodules < 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	Efficiency and Cost Reduction	Process	General Radiology Improvement Database/MIPS Portal	

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		follow-up ultrasound imaging in 3-6 months based on radiological findings				
MEDNAX55	Use of ASPECTS (Alberta Stroke Program Early CT Score) for non-contrast CT Head performed for suspected acute stroke	Percentage non-contrast CT Head performed for suspected acute stroke whose final reports include an ASPECTS value	Effective Clinical Care	Process	MIPS Portal	
MSN13	Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including Coronary Artery Calcification Regional Distribution Scoring	Percentage of patients, regardless of age, undergoing Coronary Calcium Scoring who have measurable coronary artery calcification (CAC)	Effective Clinical Care	Process	MIPS Portal	
MSN15 !	Use of Thyroid Imaging Reporting & Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk	Percentage of patients, regardless of age, undergoing ultrasound of the neck with findings of thyroid nodule(s) whose reports include the TI-RADS assessment	Communication and Care Coordination	Process	MIPS Portal	
MSN16 !	Screening Abdominal Aortic Aneurysm Reporting with Recommendations	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	Effective Clinical Care	Process	MIPS Portal	
QMM16 !	IVC Filter Management Confirmation	Percentage of final reports for eligible exams where an IVC filter is present and the radiologist included a statement of	Patient Safety	Process	MIPS Portal	

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		<p>recommendation in the impression of the report for 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>				
QMM17 !	Appropriate Follow-up Recommendations for Ovarian-Adnexal Lesions using the Ovarian-Adnexal Reporting and Data System (O-RADS)	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	Communication and Care Coordination	Process	MIPS Portal	
QMM18 !	Use of Breast Cancer Risk Score on Mammography	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	Communication and Care Coordination	Process	MIPS Portal	



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		estimated risk and documentation of the source of recommendation				
QMM19	DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia	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.	Effective Clinical Care	Process	MIPS Portal	
QMM20	Opening Pressure in Lumbar Puncture	Percentage of final reports for patients aged ≥18 which include documentation of opening pressure value obtained during lumbar puncture	Effective Clinical Care	Process	MIPS Portal	