Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate

2026 Performance Year

Interventional Radiology

MVP Candidate Feedback Process

The MVP Candidate Feedback Process is an opportunity for the general public to participate in the MVP development process and provide feedback on MVP candidates before they're potentially proposed in rulemaking. Learn more about the MVP Candidate Feedback Process on the Quality Payment Program (QPP) website.

Note: This document is for 2026 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2025 performance year.

MVP Candidate Feedback Instructions

Review the measures and activities included in TABLE 1: Interventional Radiology MVP below.

MVP candidate feedback should be submitted to PIMMSMVPSupport@gdit.com for Centers for Medicare & Medicaid Services (CMS) consideration between December 11, 2024, and 11:59 p.m. ET on January 24, 2025.

Please include the following information in the email:

- **Subject Line:** Draft 2026 MVP Candidate Feedback
- **Email Body:** Your feedback for consideration and public posting. Please indicate the MVP name to which your feedback relates.

CMS will post feedback received and considered relevant to a draft 2026 MVP candidate at MVP Candidate Feedback Process in February 2025.

TABLE 1: Interventional Radiology MVP

Quality	Improvement Activities	Cost
Q145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy (Collection Type: Medicare Part B Claims, MIPS CQM) High Priority **Q374: Closing the Referral Loop: Receipt of Specialist Report** (Collection Type: MIPS CQM, eCQM) **Q413: Door to Puncture Time for Endovascular Stroke Treatment** (Collection Type: MIPS CQM) High Priority **Q420: Varicose Vein Treatment with Saphenous Ablation: Outcome Survey** (Collection Type: MIPS CQM) High Priority, Outcome **Q421: Appropriate Assessment of Retrievable Inferior Vena Cava (IVC) Filters for Removal** (Collection Type: MIPS CQM) **Q465: Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries** (Collection Type: MIPS CQM) High Priority **Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQM) High Priority **RCOIR12: Tunneled Hemodialysis Catheter Clinical Success Rate** (Collection Type: QCDR) High Priority, Outcome **RCOIR13: Percutaneous Arteriovenous Fistula for Dialysis - Clinical Success Rate** (Collection Type: QCDR) High Priority, Outcome **RPAQIR14: Arteriovenous Graft Thrombectomy Clinical Success Rate** (Collection Type: QCDR) High Priority, Outcome **RPAQIR15: Arteriovenous Fistulae Thrombectomy Clinical Success Rate** (Collection Type: QCDR) High Priority, Outcome	**IA_ AHE_6: Provide Education Opportunities for New Clinicians** **IA_CC_7: Regular training in care coordination** **IA_CC_9: Implementation of practices/processes for developing regular individual care plans** **IA_CC_17: Patient Navigator Program** **IA_EPA_6: Create and Implement a Language Access Plan** **IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** **IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation** **IA_PM_17: Participation in Population Health Research** **IA_PM_26: Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B** **IA_PSPA_25: Cost Display for Laboratory and Radiographic Orders**	**COST_HAC_1: Hemodialysis Access Creation** **COST_IHCI_1: Intracranial Hemorrhage or Cerebral Infarction** **MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician**

TABLE 2: Foundational Layer

The foundational layer is the same for every MVP.

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims) **Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims)	• Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange OR • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review Attestation