Quality Payment
PROGRAM

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

2026 Performance Year

Diagnostic 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.

The 2026 MVP Candidate Feedback Period ended on January 24, 2025.

This document contains feedback we received during the 45-day MVP Candidate Feedback Period for the Diagnostic Radiology MVP. If you would like to review the activities and measures in a particular MVP, you may review them on the Quality Payment Program website at https://qpp.cms.gov/

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. Centers for Medicare & Medicaid Services (CMS) will indicate finalized MVPs exclusively through the Calendar Year (CY) 2026 Medicare Physician Fee Schedule (PFS) Final Rule.

Review the MVP candidate details, and feedback received from the general public below.

Diagnostic Radiology MVP Feedback Received

Below is the feedback we received during the 45-day MVP Candidate Feedback Period for the Diagnostic Radiology MVP. We didn't include feedback considered out of scope to the draft 2026 MVP candidate.

Feedback: One commenter didn't believe this MVP provided enough MIPS clinical quality measures (CQMs) applicable or feasible for a substantial number of diagnostic radiology practices. The commenter expressed support for the inclusion of the Qualified Clinical Data Registry (QCDR) measures in this MVP, but believed these measures present challenges due to the limited scope. Therefore, the commenter recommended the following QCDR measures be added to this MVP: ACRad37: Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism; MSN13: Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including Coronary Artery Calcification Regional Distribution Scoring; MSN15: Use of Thyroid Imaging Reporting & Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk; and QMM19: DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia. The commenter believed incorporating these measures would allow more MIPS eligible diagnostic radiologists to participate in the MVP, address critical care gaps, minimize reporting burdens, and align with activities outlined in the improvement activity section of this MVP.

Feedback: One commenter was concerned there are only 5 non-QCDR quality measures in this MVP.

Feedback: A couple commenters supported the inclusion of improvement activities IA_CC_7: Regular training in care coordination and IA_CC_19: Tracking clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes and aligning MVPs with meaningful measures and activities. The commenters also recommended the addition of the following improvement activities: IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements; IA_PSPA_2: Participation in MOC Part IV; and IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings. One commenter also recommended the addition of IA_EPA_3: Collection and use of patient experience and satisfaction data on access.

Feedback: A couple commenters questioned the relevance of the Medicare Spending Per Beneficiary (MSPB) Clinician cost measure in this MVP since diagnostic radiologists rarely use evaluation and management (E/M) codes. The commenters acknowledged the MSPB Clinician cost measure was not directly applicable to most diagnostic radiologists and lacked alignment with quality measures and improvement activities but was the most viable option given current circumstances. One commenter sought clarification on how reweighting the cost

category for those who do not get scored on the MSPB Clinician measure aligns with the MVP framework's intent to create connected, meaningful measures and promote subgroup reporting for specialties within multispecialty groups.

Feedback: One commenter didn't believe there were sufficient quality measures included in this MVP for it to be a viable option for outpatient radiology clinics (non-facility).

Feedback: One commenter recommended the following QCDR measures be added to this MVP: ACRAD37: Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism; QMM28: Reporting Breast Arterial Calcification (BAC) on Screening Mammography; MSN13: Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including Coronary Artery Calcification Regional Distribution Scoring; QMM19: DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia; and MSN15: Use of Thyroid Imaging Reporting & Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk.

Feedback: A couple commenters recommended the removal of the following improvement activities from this MVP: IA_AHE_10: Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data and IA_PCMH: Electronic submission of Patient Centered Medical Home Accreditation. One commenter recommended the addition of IA_PSPA_19: Implementation of formal quality improvement methods and practice improvement processes for tracking clinician-patient.

Feedback: One commenter expressed their belief that this MVP needs a greater number and broader range of MIPS CQMs, especially non-topped out CQMs. In addition, the commenter is concerned with the limited number of QCDR measures included in the MVP. The commenter believes QCDR expansion is necessary for diagnostic radiologists to reliably meet the Quality performance category requirements. Therefore, the commenter recommended the following QCDR measures be added to this MVP: ACRad37: Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism; MSN13: Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including Coronary Artery Calcification Regional Distribution Scoring; MSN15: Use of Thyroid Imaging Reporting & Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk; and QMM19: DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia. The commenter expressed continued support to maintaining the following MIPS quality measures in this MVP: Q360: Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: CT and Cardiac Nuclear Medicine Studies; Q364: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines; Q405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions; and Q406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients.

Feedback: One commenter recommended the following improvement activities be removed from this MVP as they don't believe they are appropriate activities for diagnostic radiologists: IA_ AHE_10: Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data and IA_PCMH: Electronic submission of Patient-Centered Medical Home Accreditation addresses CMS's objective to obtain Patient-Centered Medical Home™ certification.

Feedback: One commenter questioned the relevance of the MSPB Clinician cost measure in this MVP but acknowledged it is currently the most viable option.

Feedback: One commenter didn't support the current construct of this MVP as they felt it didn't include any electronic clinical quality measures (eCQMs) and not enough generalized measures. The commenter recommended the inclusion of the following MIPS quality measures: Q238: Use of High-Risk Medications in Older Adults; Q374: Closing the Referral Loop: Receipt of Specialist Report; Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy; Q318: Falls: Screening for Future Fall Risk; Q102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer; Q130: Documentation of Current Medications in the Medical Record; Q112: Breast Cancer Screening; and Q494:

Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level).

Feedback: One commenter believed this MVP contains measures suitable for outpatient radiologists and recommended the addition of Q436: Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques. The commenter questioned the appropriateness of including the MSPB Clinician cost measure for studies ordered by another clinician but performed and attributed to the diagnostic radiologist. The commenter felt referral-based specialties, like radiology, have limited control over the utilization of their services because they are usually ordered by another clinician which could result in radiologists being assigned cost information inadvertently from attribution methodologies.

Feedback: One commenter expressed concern that this MVP includes limited eCQM options.