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.

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: Diagnostic 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: Diagnostic Radiology MVP

Quality	Improvement Activities	Cost
Q145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy (Collection Type: MIPS CQM) High Priority **Q360: Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies** (Collection Type: MIPS CQM) High Priority **Q364: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines** (Collection Type: MIPS CQM) High Priority **Q405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions** (Collection Type: Medicare Part B Claims, MIPS CQM) High Priority **Q406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients** (Collection Type: Medicare Part B Claims, MIPS CQM) High Priority **ACRAD34: 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 without contrast/single phase scan)** (Collection Type: QCDR) High Priority, Outcome **ACRAD41: Use of Quantitative Criteria for Oncologic FDG PET Imaging** (Collection Type: QCDR) High Priority **QMM17: Appropriate Follow-up Recommendations for Ovarian-Adnexal Lesions using the Ovarian-Adnexal Reporting and Data System (O-RADS)** (Collection Type: QCDR) High Priority **QMM18: Use of Breast Cancer Risk Score on Mammography** (Collection Type: QCDR) High Priority **QMM26: Screening Abdominal Aortic Aneurysm Reporting with Recommendations** (Collection Type: QCDR) High Priority	**IA_ AHE_10: Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data** **IA_BMH_12: Promoting Clinician Well-Being** **IA_CC_7: Regular training in care coordination** **IA_CC_8: Implementation of documentation improvements for practice/process improvements** **IA_CC_12: Care coordination agreements that promote improvements in patient tracking across settings** **IA_CC_19: Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes** **IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** **IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation** **IA_PM_26: Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B** **IA_PSPA_1: Participation in an AHRQ-listed patient safety organization** **IA_PSPA_12: Participation in private payer CPIA**	**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