# MIPS Value Pathways (MVP) For Radiology

There are three things a radiologist needs to know about MVPs in 2026. First, they are less work than traditional MIPS. Second, you may earn more money over traditional MIPS. Third, they are optional.

The following document will provide an overview of MIPS Value Pathways (MVP) program and an explanation as to how it applies to radiologists.

**Overview:**

MIPS Value Pathways are the newest reporting option to fulfill MIPS reporting requirements under the Medicare Merit-based Incentive Payment System (MIPS).

Key Features:

Purpose & Design: The MVP framework is intended to ease the reporting burden on clinicians and groups by aligning measures and activities across the Quality, Cost, and Improvement Activities performance categories. CMS defined MVPs as "a subset of measures and activities, established through rule making, that can be used to meet MIPS reporting requirements."

Scope: MVPs are composed of quality measures (including one outcome measure, or high-priority measure, if the outcome measure isn't applicable), improvement activities, and cost measures that are connected and relevant to specific specialties, conditions, or patient populations.

Current Availability: There are 21 MVPs available for the 2025 performance year, and 6 new MVPs proposed for 2026.

Performance Requirements: Like traditional MIPS, the MIPS performance threshold will remain at 75 points for the 2026 performance period to avoid negative payment adjustments.

Timeline: The 2026 performance year is the fourth year MVPs are available as a voluntary MIPS participation pathway. They were first introduced in 2023 as an alternative to traditional MIPS reporting.

MVPs represent CMS's effort to create more cohesive, specialty-specific reporting pathways that connect quality measures, improvement activities, and cost measures around common clinical themes, making MIPS reporting more meaningful and less burdensome for healthcare providers.

**MIPS for Radiology**

There will be two MVPs for radiologists, one for Diagnostic Radiology and another for Interventional Radiology. While MVPs have components for quality, cost and improvement activities, the most impactful and manageable component is quality.

Each MVP contains a specific (limited) set of quality measures. But that limitation is less constraining than its first impression. There are no new measures, and the MVP measure sets are what most radiologists will report and manage via traditional MIPS. What makes less effort and potentially more money is that MVP only evaluates your top 4 measures rather than your top 6 as in traditional MIPS.

Refer to Table 1 and 2 for a list of measures, by category, for these two MVPs.

So, here are the mechanics:

1. It is prudent to read through the list of quality measures in the MVP and make sure you have a good set of 4.
2. You can submit both MVP and Traditional MIPS, and CMS will give you the higher of the two. In fact, you can submit both Diagnostic MVPs and Interventional MVP, as long as you have at least 20 cases in at least 4 measures in each set. It is not necessary that all your providers contribute to each measure under group submission, or even that they are credentialed into either diagnostic or interventional radiology.
3. To calculate the implication of MVP on your MIPS overall score follow this simple exercise:
    a. Add up the MIPS scores of your top six quality measures. Divide by 60. This gives your traditional MIPS Quality score.
    b. If your top six (or top 4) measures are in the MVP you select, add up the MIPS scores of the top 4. Divide by 40. This gives you your MVP quality score.
    c. Your IA score will be the same under both scenarios, as long as the IA measure you select is from the MVP set.

4. MVPs limit your selection of Improvement Activities, but you only need one. If your selected IA is in the MVP set, there is no difference to you.
5. MVP can save you on the cost category as well. If you have been attributed a cost score under traditional MIPS there will be one or more cost measures included. MVPs limit the cost measures allowable, so you will only be scored on the cost measure(s) included in the MVP.
6. You must pre-register to submit a 2026 MVP, by December 1, 2025.
7. If you submit both traditional MIPS and MVP, there is no downside to the MVP submission.

There are many more details to MVPs, most of which are administrative, and add almost no extra work. If you are ready to explore how MVPs can benefit your practice, our MIPS consultants are available to discuss this with you. Contact us at info@guidanceanalytics.com

**Table 1- Diagnostic Radiology**

| Clinical Grouping | Quality Measure | Cost | Improvement Activity |
|---|---|---|---|
| **General Diagnostic Radiology** | **Q145**: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy | **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician | • IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings<br>• (!) IA_BMH_12: Promoting Clinician Well-Being<br>• IA_CC_7: Regular training in care coordination<br>• IA_CC_8: Implementation of documentation improvements for practice/process improvements<br>• IA_CC_12: Care coordination agreements that promote improvements in patient tracking across settings<br>• IA_CC_19: Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes<br>• (**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways<br>• IA_PSPA_1: Participation in an AHRQ-listed patient safety organization<br>• IA_PSPA_2: Participation in MOC Part IV<br>• IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements<br>• IA_PSPA_12: Participation in private payer CPIA |
| | **Q360**: Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies | | |
| | **Q494:** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level) | | |
| **Body Imaging (Thoracic/Abdominal)** | **Q364**: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines | **N/A** | |
| | **Q405**: Appropriate Follow-up Imaging for Incidental Abdominal Lesions | | |
| | **Q406**: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients | | |
| | **QMM17**: Appropriate Follow-up Recommendations for Ovarian-Adnexal Lesions using the Ovarian-Adnexal Reporting and Data System (O-RADS) | | |
| **Advancing Health and Wellness** | **QMM18:** Use of Breast Cancer Risk Score on Mammography | **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician | |
| | **QMM26:** Screening Abdominal Aortic Aneurysm Reporting with Recommendations | | |

**Table 2- Interventional Raeiologuy**

| Interventional Radiology MVP | | | |
|---|---|---|---|
| **Clinical Grouping** | **Quality Measure** | **Cost** | **Improvement Activity** |
| **Vascular** | **Q420:** Varicose Vein Treatment with Saphenous Ablation: Outcome Survey : Varicose Vein Treatment with Saphenous Ablation: Outcome Survey | **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician | • IA_BE_1: Use of certified EHR to capture patient reported outcomes<br>• IA_BE_4: Engagement of Patients through Implementation of New Patient Portal<br>• IA_BE_12: Use evidence-based decision aids to support shared decision-making<br>• (*)(!) IA_BE_26: Promote Use of Patient-Reported Outcome Tools<br>• (!) IA_BMH_12: Promoting Clinician Well-Being<br>• IA_CC_7: Regular training in care coordination<br>• IA_CC_8: Implementation of documentation improvements for practice/process improvements<br>• (!) IA_CC_9: Implementation of practices/processes for developing regular individual care plans<br>• IA_CC_15: PSH Care Coordination<br>• IA_CC_17: Patient Navigator Program<br>• IA_CC_19: Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes<br>• IA_EPA_2: Use of telehealth services that expand practice access<br>• IA_EPA_3: Collection and use of patient experience and satisfaction data on access<br>• (*)(!) IA_EPA_8: Provide Education Opportunities for New Clinicians<br>• (**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways<br>• IA_PM_17: Participation in Population Health Research<br>• IA_PSPA_1: Participation in an AHRQ-listed patient safety organization.<br>• IA_PSPA_18: Measurement and improvement at the practice and panel level<br>• IA_PSPA_25: Cost Display for Laboratory and Radiographic Orders |
| | **Q421:** Appropriate Assessment of Retrievable Inferior Vena Cava (IVC) Filters for Removal : Appropriate Assessment of Retrievable Inferior Vena Cava (IVC) Filters for Removal | | |
| | **Q465**: Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries | | |
| **Dialysis-Related** | **RCOIR12**: Tunneled Hemodialysis Catheter Clinical Success Rate | **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician<br><br>**COST_HAC_1:** Hemodialysis Access Creation | |
| | **RCOIR13**: Percutaneous Arteriovenous Fistula for Dialysis - Clinical Success Rate | | |
| | **RPAQIR14**: Arteriovenous Graft Thrombectomy Clinical Success Rate | | |
| | **RPAQIR15**: Arteriovenous Fistulae Thrombectomy Clinical Success Rate | | |
| **Neurological Intervention** | **Q413**: Door to Puncture Time for Endovascular Stroke Treatment | **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician<br><br>**COST_IHCI_1**: Intracranial Hemorrhage or Cerebral Infarction | |
| **General Interventional Radiology** | **Q145**: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy | **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician<br><br>**COST_HAC_1**: Hemodialysis Access Creation | |
| | **Q374**: Closing the Referral Loop: Receipt of Specialist Report | | |