



## **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.

### 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 Interventional 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.

## Interventional Radiology MVP Feedback Received

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

**Feedback:** One commenter expressed concern that this MVP contains a high concentration of non-benchmarked outcome measures. The commenter is also concerned that many of the measures included will be difficult for individual eligible clinicians to meet the reporting threshold. Therefore, the commenter recommends adding the following MIPS quality measures to this MVP: Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented; Q355: Unplanned Reoperation within the 30-Day Postoperative Period; Q357: Surgical Site Infection (SSI); Q259 - Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2); and Q047: Advanced Care Plan.

**Feedback:** One commenter questioned the applicability of including IA\_PCMH: Electronic submission of Patient Centered Medical Home accreditation activity in this MVP. The commenter recommended the following improvement activities be added to this MVP: IA\_CC\_19: Tracking clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes; IA\_PSPA\_18: Measurement and improvement at the practice and panel level; and IA\_CC\_8: Implementation of documentation improvements for practice/process improvements.

**Feedback:** One commenter supported the cost measures included in this MVP.

**Feedback:** One commenter recommended the following MIPS quality measures be added to this MVP: Q047: Advance Care Plan; Q130: Documentation of Current Medications in the Medical Record; Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention; Q355: Unplanned Reoperation within the 30-Day Postoperative Period; Q356: Unplanned Hospital Readmission within 30 Days of Principal Procedure; Q357: Surgical Site Infection (SSI); Q358: Patient-Centered Surgical Risk Assessment and Communication; Q024: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older; Q418: Osteoporosis Management in Women Who Had a Fracture; and Q404: Anesthesiology Smoking Abstinence.

**Feedback:** One commenter recommended the following improvement activities be added to this MVP: IA\_CC\_19: Tracking clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes and IA\_PM\_26: Vaccine Achievement for Practice Staff: COVID-19, Influenza. A couple commenters recommended the following improvement activities be added to this MVP: IA\_BMH\_12: Promoting Clinician Well-Being; IA\_CC\_8: Implementation of documentation improvements for practice/process improvements; IA\_EPA\_3: Collection and use of patient experience and satisfaction data on access; IA\_AHE\_3: Promote Use of Patient-Reported Outcome Tools; IA\_AHE\_6: Provide Education Opportunities for New Clinicians; IA\_BE\_1: Use of certified EHR to capture patient reported outcomes; IA\_BE\_4: Engagement of patients through implementation of improvements in patient portal; IA\_BE\_12: Use evidence-based decision aids to support shared decision-making; IA\_CC\_15: PSH Care Coordination; IA\_EPA\_2: Use of telehealth services that expand practice access; and IA\_PSPA\_1: Participation in an AHRQ- listed patient safety organization. One commenter recommended the addition of IA\_PSPA\_19: Implementation of formal quality improvement methods, practice changes, or other practice improvement processes.

**Feedback:** One commenter believed that while the Medicare Spending Per Beneficiary (MSPB) Clinician cost measure is not directly applicable to most interventional radiologists and lacks alignment with CMS-included quality measures and improvement activities, it is the most viable option for the MVP.

**Feedback:** One commenter expressed support for the inclusion of Q374: Closing the Referral Loop: Receipt of Specialist Report in this MVP. The commenter recommended the addition of the following MIPS quality measures: Q130: Documentation of Current Medications in the Medical Record; 238: 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; and Q102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer.

**Feedback:** One commenter was concerned that many of the quality measures included in this MVP, such as those based on endovascular therapies, are more appropriate for hospital-based interventional radiologists than those who practice in outpatient imaging centers. The commenter questioned the appropriateness of including Q374: Closing the Referral Loop in this MVP. Finally, this commenter also questioned the appropriateness of including the MSPB Clinician cost measure for studies ordered by another clinician but performed and attributed to the interventional radiologist.

**Feedback:** One commenter didn't support this MVP. The commenter believed the current selection of quality measures included in this MVP provides sufficient options for clinicians to select enough measures to meet reporting requirements. In addition, the commenter expressed concern with having all the dialysis measures come from one Qualified Clinical Data Registry (QCDR) without additional options, such as clinical quality measures (CQMs). The commenter also recommended the following MIPS quality measures be included in this MVP: Q024: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older; Q047: Advance Care Plan; Q130: Documentation of Current Medications in the Medical Record; Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention; Q355: Unplanned Reoperation within the 30-Day Postoperative Period; Q356: Unplanned Hospital Readmission within 30 Days of Principal Procedure; Q357: Surgical Site Infection (SSI); Q358: Patient-Centered Surgical Risk Assessment and Communication; Q404: Anesthesiology Smoking Abstinence; and Q418: Osteoporosis Management in Women Who Had a Fracture.

**Feedback:** One commenter expressed concern with the 3 cost measures included in this MVP as they didn't believe the cost measures are typically attributed to interventional radiologists due to their limited control of the management of the care episodes as part of a multi-specialty care team, which will result in frequent reweighting of the cost category.

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