

2022 Performance Period Suppressed and Truncated Merit-based Incentive Payment System (MIPS) Quality Measures List

Policies on Suppression of Quality Measures

In the calendar year (CY) 2022 Physician Fee Schedule (PFS) final rule, the Centers for Medicare & Medicaid Services (CMS) finalized that for each measure that is submitted, if applicable, and impacted by significant changes or errors prior to the applicable data submission period at [§ 414.1325\(e\)](#), performance will be based on data for the first 9 consecutive months of the applicable performance period (January through September). If such data aren't available or CMS determines that they may result in patient harm or misleading results, the measure is excluded from a MIPS eligible clinician's total measure achievement points and total available measure achievement points (42 C.F.R. § 414.1380(b)(1)(vii)(A)).

Additionally, the following measures are excluded from a MIPS eligible clinician's total measure achievement points and total available measure achievement points:

Each submitted CMS Web Interface measure that meets the data completeness requirement, but doesn't have a benchmark or meet the case minimum requirement, or is redesignated as pay-for-reporting for all Medicare Shared Savings Program (Shared Savings Program) accountable care organizations by the Shared Savings Program; and

- i. Each administrative claims-based measure that doesn't have a benchmark or meet the case minimum requirement (42 C.F.R. § 414.1380(b)(1)(i)(A)(2)).

An annual review process was established to analyze and assess the quality measures and evaluate which measures are significantly impacted by the International Classification of Diseases, Tenth Revision (ICD-10) code updates. ICD-10 updates are effective annually on October 1, but quality measure specifications can't be updated during the current performance period and must wait until a future performance period. For more information regarding truncation and suppression of quality measures due to annual ICD-10 coding updates, please review the [2022 MIPS Quality Measures Impacted by ICD-10 Updates \(PDF\)](#) document on the [QPP Resource Library](#).



Table 1: Quality Measures Identified for Suppression

Quality Measure Number/Title	Collection Type Impacted	Suppression Rationale
<p>Measure 005/ CMS135v10: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</p>	<p>Electronic Clinical Quality Measure (eCQM)</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Suppression Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September). However, we determined that the burden for electronic health record (EHR) developers would be prohibitive to truncating the data for the 2022 performance period and thus, it wouldn't be feasible to collect 9 consecutive months of data; therefore, all electronic clinical quality measures (eCQMs) impacted by the 10% or more ICD-10 code changes standard will be suppressed for the 2022 performance period.</p>

Quality Measure Number/Title	Collection Type Impacted	Suppression Rationale
<p>Measure 113/ CMS130v10: Colorectal Cancer Screening</p>	<p>eCQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Suppression Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September). However, we determined that the burden for EHR developers would be prohibitive to truncating the data for the 2022 performance period and thus, it wouldn't be feasible to collect 9 consecutive months of data; therefore, all eCQMs impacted by the 10% or more ICD-10 code changes standard will be suppressed for the 2022 performance period.</p>

Quality Measure Number/Title	Collection Type Impacted	Suppression Rationale
<p>Measure 134/ CMS2v11: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</p>	<p>eCQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Suppression Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September). However, we determined that the burden for EHR) developers would be prohibitive to truncating the data for the 2022 performance period and thus, it wouldn't be feasible to collect 9 consecutive months of data; therefore, all eCQMs impacted by the 10% or more ICD-10 code changes standard will be suppressed for the 2022 performance period.</p>

Quality Measure Number/Title	Collection Type Impacted	Suppression Rationale
<p>Measure 236/ CMS165v10: Controlling High Blood Pressure</p>	<p>eCQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Suppression Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September). However, we determined that the burden for EHR developers would be prohibitive to truncating the data for the 2022 performance period and thus, it wouldn't be feasible to collect 9 consecutive months of data; therefore, all eQMs impacted by the 10% or more ICD-10 code changes standard will be suppressed for the 2022 performance period.</p>

Quality Measure Number/Title	Collection Type Impacted	Suppression Rationale
<p>Measure 238: Use of High-Risk Medications in Older Adults</p>	<p>MIPS Clinical Quality Measure (CQM)</p>	<p>Quality Measure Implementation Resulting in Misleading Results: During the annual measure revision process, a second submission criteria was added to the measure. As part of the revision, the Quality Data Codes (QDCs) utilized for Performance Met (G9367) and Performance Not Met (G9368) in Submission Criteria 1 were also included as QDCs for Performance Met and Performance Not Met Numerator Options in Submission Criteria 2, which makes it difficult to differentiate which quality action should be attributed to each submission criteria. As a result, when these specific QDCs are submitted, it isn't known which submission criteria the specific QDCs are applicable to or if each quality action was met. Due to this error, it isn't possible to accurately assess numerator compliance.</p> <p>Suppression Rationale: CMS determined that this measure has undergone a substantive change that may result in misleading results, due to the inability to accurately delineate the quality action for each submission criteria. Clinicians, groups, and/or virtual groups won't be able to correctly document quality actions for the 2022 performance period and would be unable to identify the applicable numerator option for each submission criteria.</p>

Quality Measure Number/Title	Collection Type Impacted	Suppression Rationale
<p>Measure 239: CMS155v10: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</p>	<p>eCQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Suppression Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September). However, we determined that the burden for EHR developers would be prohibitive to truncating the data for the 2022 performance period and thus, it wouldn't be feasible to collect 9 consecutive months of data; therefore, all eCQMs impacted by the 10% or more ICD-10 code changes standard will be suppressed for the 2022 performance period.</p>

Quality Measure Number/Title	Collection Type Impacted	Suppression Rationale
<p>Measure 281/ CMS149v10: Dementia: Cognitive Assessment</p>	<p>eCQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Suppression Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September). However, we determined that the burden for EHR developers would be prohibitive to truncating the data for the 2022 performance period and thus, it wouldn't be feasible to collect 9 consecutive months of data; therefore, all eQMs impacted by the 10% or more ICD-10 code changes standard will be suppressed for the 2022 performance period.</p>

Quality Measure Number/Title	Collection Type Impacted	Suppression Rationale
<p>Measure 326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</p>	<p>MIPS CQM</p>	<p>Quality Measure Implementation Resulting in Misleading Result: A typographical error was introduced into the measure specifications by the measure steward during the annual measure update. This led to an incorrect denominator exception, which will likely impact reporting and performance of this measure. The denominator exception impacted by this typographical error is intended to offer MIPS eligible clinicians, groups, and virtual groups a medical reason for not prescribing an FDA-approved oral anticoagulant for denominator eligible patients. However, due to this error, the denominator exception now includes a patient population that is already excluded from the denominator of the measure, and no longer allows a medical exception for denominator eligible patients that were not prescribed an FDA-approved oral anticoagulant.</p> <p>Suppression Rationale: Due to the inability to accurately submit the quality action, CMS determined that this measure has undergone a significant change that may result in misleading results. Due to the denominator exception revisions, MIPS eligible clinicians, groups, and virtual groups won't be able to utilize the medical exception during the 2022 performance period (January through December) and would fail the measure because reporting would show as Performance Not Met.</p>

Quality Measure Number/Title	Collection Type Impacted	Suppression Rationale
Measure 366/ CMS136v11: Follow-Up Care for Children Prescribed ADHD Medication (ADD)	eCQM	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Suppression Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September). However, we determined that the burden for EHR developers would be prohibitive to truncating the data for the 2022 performance period and thus, it wouldn't be feasible to collect 9 consecutive months of data; therefore, all eCQMs impacted by the 10% or more ICD-10 code changes standard will be suppressed for the 2022 performance period.</p>

Policies for Truncation of Quality Measures

In the CY 2022 PFS final rule, CMS finalized that for each measure that is submitted, if applicable, and impacted by significant changes or errors prior to the applicable data submission deadline at [§ 414.1325\(e\)](#), performance will be based on data for the first 9 consecutive months of the applicable performance period (January through September), if such data are available. Additionally, CMS finalized a process (85 FR 84898 through 84900) to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period. For the Medicare Part B Claims and CQM collection types, each measure that is impacted by significant changes to ICD-10 codes, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).

Table 2: Quality Measures Identified for Truncation

Quality Measure Number/Title	Collection Type Impacted	Truncation Rationale
<p>Measure 006: Coronary Artery Disease (CAD): Antiplatelet Therapy</p>	<p>MIPS CQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Truncation Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).</p>
<p>Measure 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</p>	<p>MIPS CQM Medicare Part B Claims</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Truncation Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).</p>

Quality Measure Number/Title	Collection Type Impacted	Truncation Rationale
<p>Measure 259: 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)</p>	<p>MIPS CQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Truncation Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).</p>
<p>Measure 282: Dementia: Functional Status Assessment</p>	<p>MIPS CQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Truncation Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).</p>

Quality Measure Number/Title	Collection Type Impacted	Truncation Rationale
<p>Measure 283: Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management</p>	<p>MIPS CQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Truncation Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).</p>
<p>Measure 286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia</p>	<p>MIPS CQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Truncation Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).</p>

Quality Measure Number/Title	Collection Type Impacted	Truncation Rationale
<p>Measure 288: Dementia: Education and Support of Caregivers for Patients with Dementia</p>	<p>MIPS CQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Truncation Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).</p>
<p>Measure 383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia</p>	<p>MIPS CQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Truncation Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).</p>

Quality Measure Number/Title	Collection Type Impacted	Truncation Rationale
<p>Measure 415: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older</p>	<p>MIPS CQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Truncation Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).</p>
<p>Measure 416: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years</p>	<p>MIPS CQM Medicare Part B Claims</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Truncation Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).</p>

Quality Measure Number/Title	Collection Type Impacted	Truncation Rationale
<p>Measure 465: Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries</p>	<p>MIPS CQM</p>	<p>ICD-10 Code Updates: ICD-10 coding updates significantly impacted the coding for the last 3 months of the performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the performance period (January through September).</p> <p>Truncation Rationale: In order to stabilize measure data throughout the performance period when a measure is impacted by ICD-10 coding updates made during the performance period, performance is based on data for the first 9 consecutive months of the applicable performance period (January through September).</p>

Contact CMS

Contact the Quality Payment Program at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov (Monday-Friday 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10:00 a.m. and after 2:00 p.m. ET.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Version History

Date	Change Description
02/06/2023	Original version