

Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

2025 Eligible Measure Applicability (EMA)
and Denominator Reduction User Guide:
Quality Performance Category in
Traditional MIPS



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Purpose: This resource reviews the denominator reduction process available to clinicians, groups, virtual groups, and APM Entities with fewer than 6 measures available for reporting traditional MIPS.


Already know what MIPS is? Skip ahead by clicking the links in the Table of Contents.

How to Use This Guide

How to Use This Guide (Continued)

Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Table of Contents

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Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.



EMA and Specialty Set Denominator Reductions

What Are the 2025 Performance Period Submission Requirements for the Quality Performance Category in Traditional MIPS?

The traditional MIPS quality performance category data submission requirements are:

- Submit 6 quality measures (195 measures finalized in MIPS plus hundreds of Qualified Clinical Data Registry (QCDR) measures are available for reporting), or
- Submit a complete specialty measure set.

1 of these quality measures must be an outcome measure. If an outcome measure isn't available, then you must submit a high priority measure.

What Happens if I Don't Meet These Requirements?

If you submit fewer than 6 measures, or you submit 6 or more measures but no outcome or high priority measure, we apply a denominator reduction process to determine if you reported all measures related to a clinical topic or within a specialty set.

If we determine that you could have reported more measures, you'll receive 0 out of 10 points for each required measure that isn't submitted.

The denominator reduction process is only applied to clinicians, groups, virtual groups, or APM Entities that:

- Report their quality measures for traditional MIPS through Medicare Part B claims or submit MIPS CQMs.

We don't apply the denominator reduction process to submissions that include QCDR measures or electronic clinical quality measures (eCQMs).



Denominator Reduction Paths

There are 2 types of denominator reductions:

Eligible Measure
Applicability (EMA)
Process

Looks at measures
related to a clinical
topic

Specialty Measure
Set Denominator
Reduction Process

Applies to specialty
measure sets with
fewer than 6 measures

How Do Denominator Reductions Work?

1. We check that you reported Medicare Part B claims measures or MIPS CQMs.
2. We determine whether you reported all the measures available for your chosen collection type related to a clinical topic or in a specialty measure set with fewer than 6 measures.

[Appendix A](#) identifies the measures we have identified as related to specific clinical topics.

[Appendix B](#) identifies the specialty measure sets with fewer than 6 measures available for the Medicare Part B claims or MIPS CQM collection types.

How Can Denominator Reductions Affect My Quality Performance Category Score?

Quality Data You Submitted	Impact to Quality Performance Category Score
Fewer than 6 measures:	<p>You may qualify for a denominator reduction.</p> <p>This means we would reduce the number of measures you're required to report.</p> <p>Your denominator for the quality performance category is 10 x the number of required measures.</p>
No outcome or high priority measure	<p>You may qualify to earn achievement points for all 6 submitted measures.</p> <p>This means you wouldn't receive 0 out of 10 points for the unsubmitted outcome or high priority measure.</p>

Measures that don't meet data completeness (75%) or case minimum requirements (20 denominator eligible instances) will earn 0 out of 10 points (3 points for small practices).

No Denominator Eligible Instances (MIPS CQMs)

If the MIPS eligible clinician or group doesn't have any denominator eligible instances for a measure related to the clinical topic (or in a specialty measure set with fewer than 6 measures available for your chosen collection type), submit the MIPS CQM as 0/0 (0s in the numerator and denominator). We'll exclude these measures from the quality performance score denominator.

If there are any denominator eligible instances, the measure must be reported as usual.

No supporting documentation is required at submission, as you must attest that data you submit has been validated and is true, accurate, and complete to the best of your knowledge. If you're selected for auditing, this may be one of the items audited to determine that the data submitted was true, accurate, and complete.

When Will I See Scoring Changes from a Denominator Reduction Applied to My Submission?

Denominator reductions will be applied to your 2025 quality score when we release final scores in Summer 2026.

- If you report MIPS CQMs and your submission qualifies for a denominator reduction, you'll see related messaging during submission.
- Small practices reporting Medicare Part B claims measures won't see this messaging during submission because we don't perform this evaluation on Medicare Part B claims measures until the submission period closes. This timeline lets us ensure that all claims have been processed and attributed to your quality submission.

If you reported all the measures (Medicare Part B claims or MIPS CQMs) available to you and don't see a denominator reduction when final scores are released in Summer 2026, please contact the QPP Service Center as you may need to submit a targeted review. The 2025 targeted review period will open when MIPS final scores are released and remain open for 30 days after MIPS payment adjustments are released.

Can We Choose to Submit Only the Measures Related to a Clinical Topic as Defined in Appendix A?

No. You should submit all quality measures that apply to your scope of practice and not limit your submission to those measures contained within the clinical topic. The EMA process was established to support clinicians and groups who may not have 6 quality measures available for, and applicable, to their practice.

When Are the Specialty Measure Sets and EMA Clinically Related Measures Updated?

Every year, we update the specialty measure sets through the rulemaking process. We receive stakeholder input through the annual specialty set solicitation process and public comments made in the Federal Register.

Every year, we update the measures related to a clinical topic (EMA process) through a sub-regulatory process. We get stakeholder input through collaborative review and feedback.



Help, Resources, and Version History

Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

Visit the [Quality Payment Program website](#) for other [help and support information](#), to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

Visit the [Small Practices page](#) of the Quality Payment Program website where you can **sign up for the monthly QPP Small Practices Newsletter** and find resources and information relevant for small practices.



Additional Resources

The following resources are available on the [QPP Resource Library](#):

- [2025 Quality Quick Start Guide \(PDF, 2MB\)](#)
- [2025 MIPS Quality Measures List \(XLSX, 803KB\)](#)



Version History

If we need to update this document, changes will be identified here.

DATE	DESCRIPTION
06/20/2025	Original Posting.

Appendix A: MIPS Clinically Related Measures Grouped by Clinical Topic

APPENDIX A: MIPS CLINICALLY RELATED MEASURES GROUPED BY CLINICAL TOPIC (TABLE 1)

Clinical Topic	MIPS CQMs	Medicare Part B Claims
Anesthesiology Care	404: Anesthesiology Smoking Abstinence 424: Perioperative Temperature Management 430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy 463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)	Not Applicable
CABG Care	164: Coronary Artery Bypass Graft (CABG): Prolonged Intubation 167: Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure 168: Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration 445: Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG)	Not Applicable
Cardiac Stress Imaging	322: Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients	Not Applicable
Cataract Care	191: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery 303: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery 304: Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery 389: Cataract Surgery: Difference Between Planned and Final Refraction	Not Applicable

(C) Denotes a change to the measures available for the clinical topic

(N) Denotes a new clinical topic.

Note: MIPS CQMs that don't have any eligible instances for a clinically related measure should be submitted as 0/0. No supporting documentation is required at submission, as you must attest that data you submit has been validated and is true, accurate, and complete to the best of your knowledge. If you're selected for auditing, this may be one of the items audited to determine that the data submitted was true, accurate, and complete.



APPENDIX A: MIPS CLINICALLY RELATED MEASURES GROUPED BY CLINICAL TOPIC (TABLE 2)

Clinical Topic	MIPS CQMs	Medicare Part B Claims
Computed Tomography (C)	<p>360: Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies</p> <p>364: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines</p> <p>405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions</p> <p>406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients</p>	<p>405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions</p> <p>406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients</p>
Diagnostic Imaging	145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy	145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy
Endoscopy and Polyp Surveillance (C)	<p>185: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</p> <p>320: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</p>	320: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
Interventional Radiology (C)	<p>145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy</p> <p>413: Door to Puncture Time for Endovascular Stroke Treatment</p> <p>465: Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries</p>	145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy

(C) Denotes a change to the measures available for the clinical topic

(N) Denotes a new clinical topic.



**APPENDIX A: MIPS CLINICALLY RELATED MEASURES GROUPED BY
CLINICAL TOPIC (TABLE 3)**

Clinical Topic	MIPS CQMs	Medicare Part B Claims
Pathology 1	249: Barrett's Esophagus 250: Radical Prostatectomy Pathology Reporting 395: Lung Cancer Reporting (Biopsy/Cytology Specimens) 396: Lung Cancer Reporting (Resection Specimens) 397: Melanoma Reporting	249: Barrett's Esophagus 250: Radical Prostatectomy Pathology Reporting 395: Lung Cancer Reporting (Biopsy/Cytology Specimens) 396: Lung Cancer Reporting (Resection Specimens) 397: Melanoma Reporting
Pathology 2	249: Barrett's Esophagus 395: Lung Cancer Reporting (Biopsy/Cytology Specimens) 397: Melanoma Reporting 491: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma	249: Barrett's Esophagus 395: Lung Cancer Reporting (Biopsy/Cytology Specimens) 397: Melanoma Reporting
Pathology 3 (N)	249: Barrett's Esophagus 250: Radical Prostatectomy Pathology Reporting 395: Lung Cancer Reporting (Biopsy/Cytology Specimens) 396: Lung Cancer Reporting (Resection Specimens) 491: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma	249: Barrett's Esophagus 250: Radical Prostatectomy Pathology Reporting 395: Lung Cancer Reporting (Biopsy/Cytology Specimens) 396: Lung Cancer Reporting (Resection Specimens)

(C) Denotes a change to the measures available for the clinical topic

(N) Denotes a new clinical topic.



**APPENDIX A: MIPS CLINICALLY RELATED MEASURES GROUPED BY
CLINICAL TOPIC (TABLE 4)**

Clinical Topic	MIPS CQMs	Medicare Part B Claims
Pathology 4 (N)	249: Barrett's Esophagus 397: Melanoma Reporting 440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician	249: Barrett's Esophagus 397: Melanoma Reporting
Pathology – Skin Cancer	397: Melanoma Reporting 440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician	397: Melanoma Reporting
Surgical Care	355: Unplanned Reoperation within the 30 Day Postoperative Period 357: Surgical Site Infection (SSI) 358: Patient-Centered Surgical Risk Assessment and Communication	Not applicable

(C) Denotes a change to the measures available for the clinical topic

(N) Denotes a new clinical topic.



Appendix B: Specialty Measure Sets with Fewer than 6 Measures

APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 1)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Allergy/ Immunology	Not Applicable	226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Anesthesiology	404: Anesthesiology Smoking Abstinence 424: Perioperative Temperature Management 430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy 463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics) 477: Multimodal Pain Management	Not Applicable

(C) Denotes a **change** to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets **newly** identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types

Note: MIPS CQMs that don't have any eligible instances for a clinically related measure should be submitted as 0/0. No supporting documentation is required at submission, as you must attest that data you submit has been validated and is true, accurate, and complete to the best of your knowledge. If you're selected for auditing, this may be one of the items audited to determine that the data submitted was true, accurate, and complete.

When reporting specialty measure sets, you're only accountable for the measures available through your chosen collection type for the specialty measure set. For example:

- The Cardiology specialty set is included in this appendix for the Medicare Part B claims measure collection type because only 4 of the 27 measures can be reported through Medicare Part B claims; however, all 27 measures can be reported as MIPS CQMs.
- The Hospitalist specialty set includes 1 measure if you're reporting Medicare Part B claims measures, and 4 measures if you're reporting MIPS CQMs.



APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 2)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Audiology (N)	Not Applicable	134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 181: Elder Maltreatment Screen and Follow-Up Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 261: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Cardiology	Not Applicable	047: Advance Care Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 236: Controlling High Blood Pressure 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Certified Nurse Midwives	Not Applicable	047: Advance Care Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Clinical Social Work	Not Applicable	047: Advance Care Plan 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 181: Elder Maltreatment Screen and Follow-Up Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

(C) Denotes a change to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets newly identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types



APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 3)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Dermatology	Not Applicable	<p>226: Preventive Care and Screening Tobacco Use: Screening and Cessation Intervention</p> <p>317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p>
Diagnostic Radiology (C)	<p>145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy</p> <p>360: Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies</p> <p>364: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines</p> <p>405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions</p> <p>406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients</p>	<p>145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy</p> <p>405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions</p> <p>406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients</p>
Electrophysiology	<p>392: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation</p> <p>393: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision</p>	Not Applicable

(C) Denotes a change to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets newly identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types

APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 4)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Emergency Medicine (C)	Not Applicable	134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 181: Elder Maltreatment Screen and Follow-Up Plan 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Gastroenterology	Not Applicable	047: Advance Care Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented 320: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
General Surgery	Not Applicable	047: Advance Care Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

(C) Denotes a change to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets newly identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types



APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 5)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Geriatrics (N)	Not Applicable	039: Screening for Osteoporosis for Women Aged 65 – 85 Years of Age 047: Advance Care Plan 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 181: Elder Maltreatment Screen and Follow-Up Plan
Hospitalists	005: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD) 008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) 047: Advance Care Plan 130: Documentation of Current Medications in the Medical Record	047: Advance Care Plan
Infectious Disease	Not Applicable	226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Interventional Radiology	Not Applicable	145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy

(C) Denotes a change to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets newly identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types



APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 6)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Mental/Behavioral Health	Not Applicable	134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 181: Elder Maltreatment Screen and Follow-Up Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Nephrology	Not Applicable	001: Diabetes: Glycemic Status Assessment Greater Than 9% 047: Advance Care Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Neurology (N)	Not Applicable	047: Advance Care Plan 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 181: Elder Maltreatment Screen and Follow-Up Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Neurosurgical	Not Applicable	226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

(C) Denotes a **change** to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets **newly** identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types



APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 7)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Nutrition/ Dietician	Not Applicable	001: Diabetes: Glycemic Status Assessment Greater Than 9% 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 181: Elder Maltreatment Screen and Follow-Up Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Obstetrics/Gynecology (N)	Not Applicable	039: Screening for Osteoporosis for Women Aged 65 – 85 Years of Age 047: Advance Care Plan 236: Controlling High Blood Pressure 418: Osteoporosis Management in Women Who Had A Fracture 422: Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury
Oncology	Not Applicable	047: Advance Care Plan 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 250: Radical Prostatectomy Pathology Reporting 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Ophthalmology	Not Applicable	141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

(C) Denotes a **change** to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets **newly** identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types

APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 8)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Optometry (N)	117: Diabetes: Eye Exam 130: Documentation of Current Medications in the Medical Record 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 238: Use of High-Risk Medications in Older Adults 374: Closing the Referral Loop: Receipt of Specialist Report	226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Otolaryngology (C)	Not Applicable	047: Advance Care Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Pathology	Not Applicable	249: Barrett's Esophagus 250: Radical Prostatectomy Pathology Reporting 395: Lung Cancer Reporting (Biopsy/Cytology Specimens) 396: Lung Cancer Reporting (Resection Specimens) 397: Melanoma Reporting

(C) Denotes a **change** to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets **newly** identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types



APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 9)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Pediatrics	Not Applicable	134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Physical Medicine (C)	Not Applicable	047: Advance Care Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Physical Therapy/ Occupational Therapy (C)	Not Applicable	134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 181: Elder Maltreatment Screen and Follow-Up Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

(C) Denotes a **change** to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets **newly** identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types



APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 10)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Plastic Surgery	Not Applicable	226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Podiatry (C)	Not Applicable	226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Preventive Medicine (N)	Not Applicable	001: Diabetes: Glycemic Status Assessment Greater Than 9% 024: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older 039: Screening for Osteoporosis for Women Aged 65 – 85 Years of Age 047: Advance Care Plan 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

(C) Denotes a change to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets newly identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types

APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 11)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Pulmonology	Not Applicable	047: Advance Care Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 236: Controlling High Blood Pressure
Radiation Oncology (C)	102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients 143: Oncology: Medical and Radiation – Pain Intensity Quantified 144: Oncology: Medical and Radiation – Plan of Care for Pain 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 508: Adult COVID-19 Vaccination Status	226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Skilled Nursing Facility (C)	Not Applicable	047: Advance Care Plan 181: Elder Maltreatment Screen and Follow-Up Plan 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

(C) Denotes a **change** to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets **newly** identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types

APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 12)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Speech Language Pathology	Not Applicable	134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 181: Elder Maltreatment Screen and Follow-Up Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Thoracic Surgery	Not Applicable	047: Advance Care Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Urgent Care (N)	Not Applicable	226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Urology (C)	Not Applicable	047: Advance Care Plan 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

(C) Denotes a change to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets newly identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types

APPENDIX B: SPECIALTY MEASURE SETS WITH FEWER THAN 6 MEASURES (TABLE 13)

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Vascular Surgery	Not Applicable	047: Advance Care Plan 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 236: Controlling High Blood Pressure 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

(C) Denotes a change to the measures available in an existing specialty set with fewer than 6 measures

(N) Denotes specialty sets newly identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types