ANATOMY IT

2025 Top MIPS Final Changes

Below is a quick rundown of some major finalized MIPS changes relevant to what we use in our specialties. Most finalized changes will be effective in 2025, unless otherwise specified. Names of measures and activities are abbreviated.

Overall Top Final Changes:

- Avoid the penalty threshold: maintained 75 pts in 2025.
- Significant changes to Improvement Activity (IA) and Cost measure scoring.
- MVPs: Six new MVPs finalized, including for Complete Ophthalmologic Care and Dermatology.
- *New Performance Year 2024:* category reweighting when data is inaccessible and unusable for submission because the clinician-delegated third party intermediary (e.g., registry) did not submit.
- *Previously Finalized to Begin in 2025:* health IT vendors will no longer be able to submit MIPS on behalf of clinicians and groups unless they register and are approved as a Qualified Registry or a Qualified Clinical Data Registry.

Top Final Changes by Category:

Quality (30%)	• Changes to existing measures, including clarifications and removals. • Data completeness threshold maintained at 75% (through 2028).
PI (25%)	• *Starting 2024:* clinicians and groups with multiple PI submissions will be assigned the highest of the PI category scores, rather than a zero the PI category.
IA (15%)	• Scoring Change: removing IA weighting; instead requiring two IAs. *Exception:* only one IA for all MVP participants and for MIPS participants with any of the following special statuses: small practice, rural, HPSA, non-patient facing. • Two new IAs, none are relevant to our specialists. • One change to an existing IA (IA_ERP_6: COVID-19 Vaccine for Practice Staff). • Four removals (including IA_EPA_1: 24/7 Patient Access); see blog for details.
Cost (30%)	• Cataract Cost Measure: 1. Significant decrease in number of exclusion codes; 2. New costs include: Dextenza, IHEEZO, expanded list of services (e.g., ED). • Six new measures • Rheumatoid Arthritis episode-based cost measure modified to no longer include ophthalmic Part D medications, drastically reducing likelihood of attribution to ophthalmologists. • *Starting 2024:* measure scoring change: set measure median at 7.5 points; remaining deciles determined using standard deviations from the median, decreasing the likelihood of inappropriately low measure scores.
MVP	• New MVPs: comprehensive ophthalmologic care, dermatology, surgical care, GI, pulmonology, urology. • Quality: CMS will calculate all population health measures and only apply highest scoring measure; population health measure selection will no longer be required for MVP registration.

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Quality Measure Final Changes:

alphabetical by specialty followed by generally applicable and general surgical measures

All measure changes were finalized as proposed

Dermatology

ID	Name	Measure Specific
137	Melanoma: Continuity of Care – Recall System	-Removed from MIPS because it is duplicative of the new measure Melanoma: Tracking and Evaluation of Recurrence.
176	TB Screening Prior to 1st Course of Biologic/Immune Response Modifier	-Added new biosimilar medications to the denominator. CMS will include the list of additional biosimilar medications in the measure specifications that will be posted mid-December 2024.
485	Psoriasis – Improvement in Patient-Reported Itch Severity	-Added clarification for denominator: the initial (index) encounter is the patient's first visit during the performance period. Each visit after the initial (index) visit during the performance period will be deemed a follow-up visit used to determine the outcome of the measure.
486	Dermatitis – Improvement in Patient-Reported Itch Severity	-Added clarification for denominator: the initial (index) encounter is the patient's first visit during the performance period. Each visit after the initial (index) visit during the performance period will be deemed a follow-up visit used to determine the outcome of the measure.
509	Melanoma: Tracking and Evaluation of Recurrence	-New MIPS CQM measure. -Evaluates: Percentage of patients who had an excisional surgery for melanoma or melanoma *in situ* with initial AJCC staging of 0, I, or II, in the past 5 years in which the operating clinician examines and/or diagnoses the patient for recurrence of melanoma. -Two performance rates to submit.

Ophthalmology

ID	Name	Measure Specific
19	Diabetic Retinopathy: Communication with Managing Physician	-MIPS CQM: Removal from MIPS as it is at the end of topped-out lifecycle. -eCQM update: The communication of results to the PCP providing ongoing care of a patient's diabetes *must include* the level of severity of diabetic retinopathy and presence or absence of macular edema.
117	Diabetes Eye Exam	Denominator exclusion updated (MIPS CQM and eCQM): Removed the encounter requirement for frailty exclusion. *Update*: any patient 66+ years of age with a dx of advanced illness during the performance period or the year prior is excluded from the denominator.
137	Melanoma: Continuity of Care – Recall System	-Removed from MIPS because it is duplicative of the new measure Melanoma: Tracking and Evaluation of Recurrence.
384	Adult Primary RRD Surgery: No Return to the OR Within 90 Days of Surgery	-Clarification on surgical dates: only surgeries performed Jan 1 - Sept 30 (including those on Sept 30) are included; allows a 90-day post-op period. -Clarification on what qualifies as a return to the OR: any procedure that is related to complications from the denominator procedures (any procedure related to complications from 67107, 67108, or 67110).
500 and 501	Acute Posterior Vitreous Detachment (PVD) Measures	-Denominator revisions: 1. *removed* coding for non-acute disorders related to PVD, and 2. *added* coding for acute PVD. This is to ensure that the intended patient population is identified by making the denominator specific to acute PVD.

Orthopedic Surgery

ID	Name	Measure Specific
178	Rheumatoid Arthritis (RA): Functional Status Assessment	-Denominator (patient population) change: now requires the patient to have had 2+ RA encounters. Specifically, the two visits must occur 90+ days apart with 1+ encounter with an RA diagnosis occurring during the performance period and an additional encounter with an RA diagnosis occurring in the current or prior performance period.
180	RA: Glucocorticoid Management	-Same change as measure 178 above.
182	Functional Outcome Assessment	-"Functional Outcome Assessment" Definition Revision: added option: for patients unable to complete questionnaire, a standardized clinical assessment tool may be used to measure patient's limitations.
376	Functional Status Assess. for Total Hip Replacement	-Denominator population change: the outpatient encounter must be between *August (instead of November)* of the year prior to the measurement period and the end of the measurement period.
418	Osteoporosis Management in Women Who Had a Fracture	-Numerator change: bone mineral density test or osteoporosis drug prescription must be in the *180 days* post-fracture (previously 6 months). *Note:* Denominator unchanged: includes fractures from 6 months prior to performance period (July 1) through June 30 of performance period. -Denominator exclusion updated: Removed frailty encounter requirement. *Update*: excludes any patient 66+ years of age with a dx of advanced illness during the performance period or the year prior.
470	Functional Status After Primary Total Knee Replacement	-Added clarification: only the Oxford Knee Score (OKS) or Knee injury/Osteoarthritis Outcome Score Joint Replacement (KOOS, JR.) can be used for the purposes of this measure. -This is how we have used this measure; no change for our clients.

Otolaryngology

ID	Name	Measure Specific
277	Sleep Apnea: Severity Assess.	-Denominator exclusion added: patients previously diagnosed with OSA and severity assessed by another provider.
331	Antibiotic Prescribed for Acute Viral Sinusitis (AVS) [Overuse]	-Added clarification on definition of "new occurrence": Each unique occurrence starts with onset of symptoms and concludes with symptom resolution or after 90 days if resolution not documented. If multiple encounters are documented within an occurrence, submit the most recent encounter. Occurrences cannot overlap.
464	OME: Systemic Antimicrobials	-Added clarification on definition of "new occurrence": same as measure 331 above.

Physical Therapy and Occupational Therapy

ID	Name	Measure Specific
182	Functional Outcome Assessment	-"Functional Outcome Assessment" Definition Revision: added option: for patients unable to complete questionnaire, a standardized clinical assessment tool may be used to measure patient's limitations.
281	Dementia: Cognitive Assessment	-Clarification: diagnosis of dementia must be present *prior* to the cognitive assessment. Only cognitive assessments done *after* dementia diagnosis count toward numerator.
282, 286, and 288	Dementia: Functional Status; Safety Screening; Caregiver Support	-Denominator coding updates: added coding for speech language pathology and nuclear medicine to these three dementia measures (both 286 and 288 are in the PT/OT specialty measure set, as is 281 above).
291	Assessment (Cognitive) for Parkinson's Pts.	-Denominator coding updates: added coding for PT, OT, behavioral health, and neuropsychiatry. (291 is in the PT/OT specialty measure set).

Podiatry

ID	Name	Measure Specific
418	Osteoporosis Management in Women Who Had a Fracture	-Numerator change: bone mineral density test or osteoporosis drug prescription must be in the *180 days* post-fracture (previously 6 months). *Note:* Denominator unchanged: includes fractures from 6 months prior to performance period (July 1) through June 30 of performance period. -Denominator exclusion updated: Removed frailty encounter requirement. *Update*: excludes any patient 66+ years of age with a dx of advanced illness during the performance period or the year prior.

General/Other

ID	Name	Measure Specific
1	Diabetes HbA1C	-Numerator revision: updated to include glucose management indicators (GMI) to acceptable methods for monitoring glycemic status of diabetic patients. -Denominator exclusion updated: Removed frailty encounter requirement. *Update*: excludes any patient 66+ years of age with a dx of advanced illness during the performance period or the year prior.
130	Documentation of Current Meds	-Removal of patient age criteria. All patients, regardless of age, must have a list of their current medications documented in their medical record (including dosage, route, or frequency). -Modification of timing of numerator action: to allow for quality action to occur on the encounter *day* rather than only during the encounter. -Denominator coding update: added coding for pediatric audiology.
155	Falls: Plan of Care	-Claims: Removal from MIPS as it is at the end of the topped out lifecycle.
181	Elder Maltreat. Screen	-Denominator coding updates: added coding for emergency department.
182	Functional Outcome Assessment	-Numerator revision: added option: “If a patient is unable to complete a questionnaire, a standardized clinical assessment tool may be used to measure a patient's limitations.” Previous measure only allowed patient completed questionnaires.
236	Controlling High BP	-Denominator exclusion updated: Removed frailty encounter requirement. *Update*: excludes any patient 66+ years of age with a dx of advanced illness during the performance period or the year prior.
238	Use of High-Risk Meds *(Inverse Measure)*	-Updated list of high-risk medications to align with 2023 AGS Beers Criteria. -Added clarification that the medications found within a single row of table one (within the specification) represent a unique group or drug class. Therefore, two orders from a single table 1 row count toward the numerator and lower your score.
317	Screening for High BP	-Removed the minimum timeframe for follow-up screenings for patients with elevated BP readings for all collection types, allowing clinician discretion to recommend a follow-up plan based on the patient’s current health status.
374	Closing Referral Loop	-Clarification on the report sent to the referring clinician: In addition to the previously outlined requirements, if a patient no-shows or does not attend an appointment, this must be included in the documentation.
493	Adult Immunization Status	-Updated age range for pneumococcal vaccine component: lowered minimum age from 60 to 19 years. Aligns with updated ACIP guidance to vaccinate all adults with certain underlying medical conditions. -Measure will continue to be scored as a weighted average of the components, rather than switching (as previously finalized) to an all-or-nothing performance for each patient in 2025.
498	Connection to Community Service Provider	-Denominator coding updates: added coding for various specialties including some relevant our clients: Ophthalmology, Otolaryngology, Physical Therapy/Occupational Therapy.

503	Gains in Patient Activation Measure (PAM)	-Revised the multiple components of this measure to allow re-administration of the PAM® survey no less than 4 months after the baseline survey is administered as opposed to 6 months. -Lowered the minimum performance threshold for collected follow-up PAM® surveys from 50 percent to 25 percent and removed patients who were missing more than 3 responses on the PAM-10® surveys or more than 4 responses on the PAM-13® surveys. -Revised measure denominators to require two qualifying visits for patient inclusion (rather than 1). -Added denominator exclusion for all denominators: patients who died during the performance period.
508	Adult COVID-19 Vaccination Status	-New MIPS CQM measure. -Evaluates: Percentage of patients aged 18 years and older seen for a visit during the performance period that are up-to-date on their COVID-19 vaccinations as defined by CDC recommendations.

General Surgery-Specific Measures

ID	Name	Measure Specific
322	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preop Eval in Low-Risk Surgery Patients	-Added multigated acquisition scan (MUGA) to the list of cardiac stress imaging for this measure.