ANATOMY IT

2026 Top MIPS Proposed Changes

Below is a quick rundown of some major proposed MIPS changes relevant to what we use in our specialties. Most proposed changes would be effective in 2026, unless otherwise specified. Names of measures and activities are abbreviated.

Overall Top Proposed Changes:

- Avoid the penalty threshold: maintained 75 pts in 2026.
- The rule reflects a deprioritization of health equity and social determinants of health, while increasing emphasis on non-SDOH related nutrition, disease prevention, and opioid avoidance.
- MVPs: Six new MVPs proposed, including the new Podiatry MVP.
- Significant proposed change to the Total Per Capita Cost (TPCC) measure would prevent groups that would otherwise be excluded from TPCC due to their specialty from being picked up due to the classification of their advanced practice nonphysician providers as primary care providers.
- Proposed change in implementation of new cost measures: new cost measures would not be counted towards the MIPS score for two years, to allow for testing and gathering of information.
- Several requests for information (RFIs) for future rulemaking. We will cover these RFIs separately.

Top Proposed Changes by Category:

Quality (30%)	• Changes to existing measures, including clarifications and removals. • Data completeness threshold maintained at 75% (through 2028). • Additional measures will benefit from the topped out flat benchmarking (see Quality Category, Measure Scoring section for the policy finalized last year). • Health equity measures will no longer be automatically high priority.
PI (25%)	• *For 2025:* suppress (not score) of eCR measure due to CDC's temporary pause in onboarding • Security Risk Analysis (SRA): proposal to add second attestation; must attest "yes" to both: 1. completing an SRA, and 2. Implementing security measures. • SAFER Guide Attestation: Require use of new 2025 SAFER Guide starting in 2026. • New Proposed PI Bonus Measure *Option*: "Public Health Reporting Using TEFCA"
IA (15%)	• Three new IAs, including one that requires the development of a new data-collection field within patient safety reporting systems for AI-attributable events. • Seven changes to existing IAs (predominantly measure ID changes). • Eight removals: see blog for details.
Cost (30%)	• Change in attribution methodology for TPCC: exclude NPs/PAs/CCNSs if they are part of a group where all other clinicians are excluded based on specialty. • Change in introduction of new cost measures: new cost measures would not be counted towards the MIPS score for two years, to allow for testing.
MVP	• New MVPs: diagnostic radiology, interventional radiology, neuropsychology, pathology, podiatry, vascular surgery • Proposed modification of definition and determination of a multispecialty group: self-report specialty mix during MVP registration instead of basing this on two-digit specialty codes. • Proposal to exempt small multispecialty practices from mandatory subgrouping.

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Quality Measure Proposed Changes:

alphabetical by specialty followed by generally applicable and general surgical measures

Dermatology

ID	Name	Measure Specific
176	TB Screening Prior to 1st Course of Biologic/Immune Response Modifier	-Update to add new medications to denominator: Adalimumab-ryvk (Simlandi), Rituximab (Rituxan), Tocilizumab-aazg (Tyenne), Tocilizumab-bavi (Tofidence), Ustekinumab (Pyzchiva), Ustekinumab (Selarsdi), and Ustekinumab (Wezlana). -Revision of language in denominator instructions to clarify that medication list is not exhaustive, and that any medication requiring TB testing prior to treatment should be included.

Ophthalmology

ID	Name	Measure Specific
12	POAG Optic Nerve Eval	-Proposal to revise language in measure description and numerator to "during the measurement period" from "within 12 months."
117	Diabetes Eye Exam	-MIPS CQM: Removal from MIPS as it is at the end of topped-out lifecycle. -Denominator exclusion update: exclude patients missing both eyes. -Numerator revision: allow for autonomous eye exam to meet the numerator requirement.
141	POAG: Reduction of IOP by 20% OR Documentation of a Plan of Care	-Numerator definition update: add timing for documenting the plan of care.
191	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	-Denominator exclusion update for eCQM: include list of diagnoses that qualify as significant ocular conditions.
389	Cataract Surgery: Difference Between Planned and Final Refraction	-Update to numerator note: Added: "It would be expected that the planned (target) refraction be assessed and documented within 90 days prior to the denominator eligible procedure."
419	Overuse of Imaging for the Evaluation of Primary Headache	-Proposed for removal because the quality action being measured has become a standard of care, based upon MIPS performance data, and thus has limited opportunity to improve clinical outcomes.
500 and 501	Acute Posterior Vitreous Detachment (PVD) Measures	-Proposal to update measure submission frequency to once per performance period, as simultaneous or very close-in-time bilateral PVDs are rare. If this is finalized, a new benchmark would be used for scoring since previous performance data would not be comparable.

Orthopedic Surgery

ID	Name	Measure Specific
357	Surgical Site Infection (SSI)	-Updated instructions: Added: "All sites of the primary procedure and integral procedures performed during that trip to the operating room should be evaluated as part of this measure for possible wound occurrences. If more than one SSI is observed, assign the SSI at the deepest level (superficial, deep or organ/space) that occurs within a 30-day postoperative timeframe."

376	Functional Status Assess. for Total Hip Replacement	-Denominator exclusion update: Exclude patients with one or more specific lower body fractures indicating trauma in the 48 hours before or at the start of the total hip arthroplasty.
418	Osteoporosis Management in Women Who Had a Fracture	-Proposal to revise lists of tests for measuring BMD by removing CT bone density axial and ultrasonography for densitometry as meeting performance.
480	Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	-Updated denominator exclusion: Removed COVID exclusion.

Otolaryngology

ID	Name	Measure Specific
419	Overuse of Imaging for the Evaluation of Primary Headache	-Proposed for removal because the quality action being measured has become a standard of care, based upon MIPS performance data, and thus has limited opportunity to improve clinical outcomes.

Physical Therapy and Occupational Therapy

ID	Name	Measure Specific
281	Dementia: Cognitive Assessment	-Clarify timing of routine assessment and review of results: at least once within the 12 months preceding a dementia encounter during the measurement period.

Podiatry

ID	Name	Measure Specific
418	Osteoporosis Management in Women Who Had a Fracture	-Proposal to revise lists of tests for measuring BMD by removing CT bone density axial and ultrasonography for densitometry as meeting performance.

General/Other

ID	Name	Measure Specific
47	Advance Care Plan	-Proposal to remove Medicare Part B collection type, as it is at the end of the topped out lifecycle.
130	Documentation of Current Meds	-eCQM denominator exception update: Removed: Medical Reason value set and replaced with “Acute Health Crisis” direct reference code (DRC).
134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	-eCQM: Revise guidance and numerator to clarify that pharmacological interventions include prescribed or active depression medications. -Revise guidance for determining appropriate plan of care in instances where screening tool doesn’t adequately establish depression dx. -Add: guidance to clarify instances of multiple screenings. -eCQM numerator update: Added: “Or an active depression medication overlaps the date of the qualifying encounter.”
374	Closing Referral Loop	-eCQM guidance update: Added: “A procedural report received from a specialist for an exam or procedure conducted (e.g., diabetic eye exam, colonoscopy) can satisfy the numerator requirement and successfully close the referral loop. A separate consultant note or consultant report is not required to close the referral loop in these circumstances.”

		-eCQM numerator update: includes patients with a referral on or before October 31, for which the referring clinician received a report from the first clinician to whom the patient was referred.
419	Overuse of Imaging for the Evaluation of Primary Headache	-Proposed for removal because the quality action being measured has become a standard of care, based upon MIPS performance data, and thus has limited opportunity to improve clinical outcomes.
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	-Denominator exclusion update: *Remove*: Patients assigned to clinician who achieve Qualifying Advanced Alternative Payment Model Participant (QP) status and therefore do not participate in MIPS.
487	Screening for Social Drivers of Health	-Proposed for removal because it is a process measure that no longer addresses a priority area and would no longer be considered a high-priority measure.
493	Adult Immunization Status	-Added 5th performance rate for hep B series. If finalized, a new benchmark would be used for scoring since performance data from previous years would not be comparable.
498	Connection to Community Service Provider	-Proposed for removal because it is a process measure that no longer addresses a priority area and would no longer be considered a high-priority measure.
503	Gains in Patient Activation Measure (PAM)	-Proposed removal of Submission Criteria 4 and Performance Rate 3. -Denominator exclusion update: Added: Diagnosis of Delirium and Psychoactive substance abuse.
508	Adult COVID-19 Vaccination Status	-Proposed for removal because it is a process measure, and CMS seeks to align MIPS with other Medicare programs.

General Surgery-Specific Measures

ID	Name	Measure Specific
322	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preop Eval in Low-Risk Surgery Patients	-Proposed for removal because the quality action being measured has become a standard of care, based upon MIPS performance data, and thus has limited opportunity to improve clinical outcomes.