



## 2025 Truncated and Suppressed Merit-based Incentive Payment System (MIPS) Quality Measures List

### MIPS Quality Measures Identified for Truncation or Suppression for 2025 Performance Period:

- [Q491: Mismatch Repair \(MMR\) or Microsatellite Instability \(MSI\) Biomarker Testing Status](#). See the MIPS Quality Measures Identified for Truncation table below for more information.
- [Q389: Cataract Surgery: Difference Between Planned and Final Refraction](#). See the MIPS Quality Measures Identified for Suppression table below for more information.
- [Q494: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography \(CT\) in Adults \(Clinician Level\)](#). See the MIPS Quality Measures Identified for Suppression table below for more information.

### Policies on Truncation and Suppression of MIPS Quality Measures

In the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Final Rule, the Centers for Medicare & Medicaid Services (CMS) established truncation and suppression policies for MIPS quality measures. This document addresses the methodology of the annual ICD-10 review process and includes two tables that list measures with truncated timeframes for measure performance (Table 1) or have been suppressed (Table 2) for the 2025 MIPS performance period.

#### ICD-10 Review Process

CMS established an annual review process to identify and analyze MIPS quality measures that are significantly impacted by the ICD-10 coding changes made during the 2025 performance period. ICD-10 updates are effective annually on October 1. However, the 2025 quality measure specifications can't be updated to account for such coding changes until the 2026 performance period. The criteria used to determine whether a MIPS quality measure is significantly impacted by ICD-10 coding changes are as follows:

- Coding updates that lead to changes in measure scope or intent will be considered significant changes since such changes could affect the applicability of the historical benchmark.
- Clinical guideline changes, new products, or procedures reflected in ICD-10 code updates.
- Coding updates due to feedback received from measure developers and stewards.

If a MIPS quality measure is significantly impacted by ICD-10 coding changes, then the MIPS quality measure will be truncated or, in the case of eQMs, suppressed. The assessment of performance for the affected MIPS

quality measure will be based on the first 9 months (January through September) of the 12-month performance period for the 2025 performance period ([42 CFR 414.1380\(b\)\(1\)\(vii\)\(A\)](#)). For more information regarding truncation and suppression of MIPS quality measures due to annual ICD-10 coding changes, please review the [2025 MIPS Quality Measures Impacted by ICD-10 Updates \(PDF, 465 KB\)](#) document on the [QPP Resource Library](#).

Based on an analysis of the ICD-10 coding changes effective October 1, 2025, one MIPS quality measure (see Table 1) was identified as being significantly impacted by ICD-10 coding changes and, as a result, this MIPS quality measure will be truncated for the 2025 performance period.

### Truncation Policy

For each MIPS quality measure that is submitted, and if applicable, impacted by significant changes or errors prior to the start of the 2025 data submission period (January 2, 2026 through March 31, 2026), performance will be based on data for the first 9 consecutive months of the 2025 performance period (January 1, 2025 through September 30, 2025) (42 C.F.R. § 414.1380(b)(1)(vii)(A)). Examples included, but are not limited to, impactful denominator International Classification of Diseases, Tenth Revision (ICD-10) updates or issues such as identified error with quality data codes (QDCs) that are able to be remedied by CMS within the first three months of the calendar year.

**Table 1: MIPS Quality Measures Identified for Truncation**

Quality Measure Number/Title	Collection Type Impacted	Truncation Rationale
<p><b>Measure 491:</b> Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status</p>	<p>MIPS CQM</p>	<p><b>ICD-10 Code Updates:</b> ICD-10 coding changes significantly impacted the coding for the last 3 months of the 2025 performance period (October through December) leading to data that may not be comparable to data collected during the first 9 consecutive months of the 2025 performance period (January through September).</p> <p><b>Truncation Rationale:</b> In order to stabilize measure data for the 2025 performance period when a measure is impacted by ICD-10 coding changes made during the 2025 performance period, performance is truncated and based on data for the first 9 consecutive months of the 2025 performance period (January through September).</p>

## Suppression Policy

Beginning with the 2019 MIPS performance period, for each measure that a MIPS eligible clinician submits that is significantly impacted by clinical guideline changes or other changes that CMS believes may result in patient harm or misleading results, the total available measure achievement points are reduced by 10 points. 42 C.F.R. § 414.1380(b)(1)(vii)(A).

If CMS determines that the significant changes or errors may result in patient harm or misleading results, the MIPS quality 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). Examples include, but are not limited to,:

- Clinical guideline changes, new products, or procedures that do not align with the current measure's intent.
- Feedback on a measure received from measure developers and stewards related to identified errors within the quality measure specification.
- Identified analytic issues within the quality measure.

**Note:** Each administrative claims measure that doesn't have a benchmark or meet the case minimum requirement 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)(i)(A)(2)(ii)).

**Table 2: MIPS Quality Measures Identified for Suppression**

Quality Measure Number/Title	Collection Type Impacted	Suppression Rationale
<b>Measure 389:</b> Cataract Surgery: Difference Between Planned and Final Refraction	MIPS CQM	<p><b>Quality Measure Implementation Resulting in Misleading Results:</b> The current measure does not indicate a timeframe for capturing the planned (target) refraction; however, some third party intermediaries have implemented a restricted timeframe only including planned (target) refractions assessed and documented in the 90 days preceding the cataract surgery procedure. This leads to each patient with a target refraction documented outside of the 90-day pre-operative window being reported as a 'Performance Not Met'. This revised workflow creates a more constricted numerator and holds the clinician to a more stringent standard than what is specified.</p> <p><b>Suppression Rationale:</b> Due to the inconsistency in data reported for this measure, and differing standards being implemented across submissions, CMS determined that measure implementation across reporters may have significant errors that may result in misleading results.</p>

Quality Measure Number/Title	Collection Type Impacted	Suppression Rationale
<p><b>Measure 494:</b> Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults</p>	<p>eCQM</p>	<p><b>Quality Measure Implementation Resulting in Misleading Results:</b> The current measure requires use of translation software to translate measure components into data elements that can be ingested by the eCQM. Differing software may lead to variations in data collected.</p> <p><b>Suppression Rationale:</b> Due to the potential inconsistency in data reported for this measure, and differing translation software being applied across submissions, CMS determined that measure implementation across reporters may have significant errors that may result in misleading results.</p>

## Where to Go for Help

Contact the Quality Payment Program (QPP) Service Center by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), by [creating a QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday-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.

## Version History

Date	Change Description
3/13/2026	Updated for PY 2025.
3/20/2024	Original version