

2023 Merit-based Incentive Payment System (MIPS) Quality Performance Category Data Validation Information

For the 2023 performance period, please refer to the quality measure specifications and corresponding supporting documents within a collection type for the criteria used to determine the appropriate patient population (denominator) and quality action (numerator) for each selected quality measure. The measure specifications and supporting documents are the best resources to use to validate data related to each quality measure.

Supportive medical record and coding (Healthcare Common Procedure Coding System (HCPCS); Current Procedural Terminology (CPT); International Classification of Diseases, Tenth Revision (ICD-10); etc.) documentation may be requested by the Centers for Medicare & Medicaid Services (CMS) to support data validation. Applicable coding for each measure is provided in the [2023 Medicare Part B Claims Measure Specifications and Supporting Documents \(ZIP\)](#), [2023 Clinical Quality Measure \(CQM\) Specifications and Supporting Documents \(ZIP\)](#), and [2023 Electronic Clinical Quality Measure \(eCQM\) Specifications](#) (click on the “Title” of an eCQM and then select the “Specifications and Data Elements” tab).

For questions related to the quality performance category, please contact the Quality Payment Program Service Center 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 a.m. and after 2 p.m. ET.

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

