



## 2024 Truncated and Suppressed Merit-based Incentive Payment System (MIPS) Quality Measures List

### 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 outlines the annual International Classification of Diseases, Tenth Revision (ICD-10) review process, which can lead to the truncation or suppression of measures affected by coding changes, and includes two tables listing measures that are truncated (shortened timeframe for measure performance) (see [Table 1](#)) and suppressed (see [Table 2](#)) for the 2024 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 2024 performance period. ICD-10 updates are effective annually on October 1. However, the 2024 quality measure specifications cannot be updated to account for such coding changes until the 2025 performance period. The criteria used to determine whether a MIPS quality measure is significantly impacted by ICD-10 coding changes are as follows:

- Changes in measure scope or ability to successfully report as reflected in ICD-10 code updates that cause the last three months of data to be incongruent with the first nine months of data.

If a MIPS quality measure is significantly impacted by ICD-10 coding changes, then the MIPS quality measure will be truncated or suppressed (case applicable to the eQIM collection type). The assessment of performance for the affected MIPS quality measure will be based on the first nine months (January through September) of the 12-month performance period for the 2024 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 [2024 MIPS Quality Measures Impacted by ICD-10 Updates \(PDF, 269KB\)](#) document on the [QPP Resource Library](#).

Based on an analysis of the ICD-10 coding changes effective October 1, 2024, one MIPS quality measures (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 2024 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 2024 data submission period (January 2, 2025 through March 31, 2025), performance will be based on data for the first nine consecutive months of the 2024 performance period (January 1, 2024 through September 30, 2024) (42 C.F.R. § 414.1380(b)(1)(vii)(A)). Significant changes or errors means changes to or errors in a measure that are outside the control of the clinician and its agents. Significant changes or errors include, but are not limited to, changes to codes (such as ICD-10, Current Procedural Terminology (CPT), or Healthcare Common Procedure Coding System (HCPCS) codes) or the active status of codes, the inadvertent omission of codes or inclusion of inactive or inaccurate codes, or changes to clinical guidelines or measure specifications.

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

Quality Measure Number/Title	Collection Type Impacted	Truncation Rationale
<b>Measure 185:</b> Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	MIPS CQM	<b>ICD-10 Code Updates:</b> ICD-10 coding changes significantly impacted the coding for the last three months of the 2024 performance period (October through December) leading to data that may not be comparable to data collected during the first nine consecutive months of the 2024 performance period (January through September).  <b>Truncation Rationale:</b> In order to stabilize measure data for the 2024 performance period, performance will be truncated and based on data for the first nine consecutive months of the 2024 performance period (January through September).

## Suppression Policy

For each measure that a MIPS eligible clinician submits that is impacted by significant changes or errors that CMS determines 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)). Significant changes or errors means changes to or errors in a measure that are outside the control of the clinician and its agents. Significant changes or errors include, but are not limited to, changes to codes (such as ICD-10, Current Procedural Terminology (CPT), or Healthcare Common Procedure Coding System (HCPCS) codes) or the active status of codes, the inadvertent omission of codes or inclusion of inactive or inaccurate codes, or changes to clinical guidelines or measure specifications.

**Note:** Each administrative claims measure that does not 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 some clinicians 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
<b>Measure 488:</b> Kidney Health Evaluation	eCQM	<p><b>Quality Measure Implementation Resulting in Misleading Results:</b> The current eCQM logic requires a numeric value to be recorded for the urine albumin-to-creatinine ratio (uACR) result to be recognized for the numerator. When the urine albumin level is below detectable limits the uACR result recorded by many laboratory information systems is “unable to calculate”. Because this result is a non-numeric value, these cases are counted as not meeting measure performance even though the appropriate testing has been performed in accordance with guideline recommendations and the measure specification.</p> <p><b>Suppression Rationale:</b> Due to the inability to accurately capture the quality action and the misalignment between the measure narrative and logic, CMS determined that this measure has 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
3/19/2025	Original version