

## 2025 Measure Set Review (MSR): 00741-01-E-MIPS Preliminary Assessment

### I. Measure Overview<sup>1</sup>

CMIT ID	Title
Link to CMIT measure record: <a href="#">00741-01-E-MIPS</a>	Urinary Symptoms Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia
Measure Steward	CMS Program
Large Urology Group Practice Association	Merit-based Incentive Payment System Link: <a href="#">Quality Payment Program Overview - QPP</a>

CBE Endorsement Status	CBE Endorsement History
Not Endorsed	Never Submitted

Measure Overview
<p><b>Rationale for Use:</b> Benign prostatic hyperplasia (BPH) is one of the most common conditions affecting older men, with a prevalence of 50% by age 60 years and 90% by the ninth decade of life. The enlarged gland had been proposed to contribute to the overall lower urinary tract symptoms (LUTS) complex. Although LUTS secondary to BPH is not often a life-threatening condition, the impact of LUTS/BPH on quality of life can be significant. The American Urological Association Symptom Index (AUA-SI) and the International Prostate Symptom Score (IPSS) were developed to measure outcomes in studies of different treatments for BPH. The IPSS uses the same questions as the AUA-SI but also adds a disease-specific quality of life question. The IPSS was adopted in 1993 by the World Health Organization. It is a reproducible, validated index designed to determine disease severity and response to therapy. The assessment includes three urinary storage symptom questions—frequency, nocturia, and urgency—and four voiding symptom questions: feeling of incomplete emptying, intermittency, straining, and a weak stream. It also includes a secondary question: “If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?”</p>
<p><b>CMS-Provided Rationale for Use in Program:</b> Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia is an outcome measure that was added to MIPS because it represents a CMS priority of patient-reported outcomes, as this measure evaluates the patient's response regarding their urinary symptoms associated with the diagnosis of benign prostatic hyperplasia (BPH). Clinicians can use results in evaluating whether the patient's symptoms have improved during the 6 to 12 months after diagnosis and treatment of this condition. While this measure has had low adoption in MIPS, it was finalized for PY2025 in the Optimal Care for Patients with Urologic Conditions MVP, which could increase adoption as a specialty-specific measure.</p>
<p><b>Description:</b> Percentage of patients with an office visit within the measurement period and with a new diagnosis of clinically significant Benign Prostatic Hyperplasia who have International Prostate Symptoms Score (IPSS) or American Urological Association (AUA) Symptom Index (SI) documented at</p>

<sup>1</sup> The information in this PA is sourced from the [CMS Measures Inventory Tool \(CMIT\)](#) and the [PQM Submission Tool and Repository \(STAR\) Measure Database](#). This document reflects the content available as of September 2025. Version 1.0 | September 2025 | *The analyses upon which this publication (or document) is based were performed under Contract Number 75FCMC23C0010, entitled, “National Consensus Development and Strategic Planning for Health Care Quality Measurement,” sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

Measure Overview	
time of diagnosis and again 6-12 months later with an improvement of 3 points.	
<b>Numerator:</b> Patients with a documented improvement of at least 3 points in their urinary symptom score during the measurement period	
<b>Exclusions:</b> None	
<b>Denominator:</b> Male patients with an initial diagnosis of benign prostatic hyperplasia 6 months prior to, or during the measurement period, and a urinary symptom score assessment within 1 month of initial diagnosis and a follow-up urinary symptom score assessment within 6-12 months, who had a qualifying visit during the measurement period.	
<b>Exclusions:</b> Patients with urinary retention that starts within 1 year of initial BPH diagnosis. Patients with an initial BPH diagnosis that starts during, or within 30 days of hospitalization. Patients with a diagnosis of morbid obesity, or with a BMI Exam => 40 before the follow up urinary symptom score.	
<b>CMS Program History:</b> In Merit-based Incentive Payment System program since 2020.	<b>Cascade of Meaningful Measures Priority:</b> Wellness and Prevention, Person-Centered Care
<b>Measure Type:</b> Patient-Reported Outcome-Based Performance Measure (PRO-PM)	<b>Is the Measure Digital or an Electronic Clinical Quality Measure (eCQM)?</b> Yes
<b>Level(s) of Analysis/Measured Entity:</b> Clinician Group or Clinical Practice	<b>Care Setting(s):</b> Ambulatory: Office-Based Care
<b>Does the Measure Fill a Statutorily Required Category for the Program?</b> No	<b>Is the Measure Included in Upcoming Rulemaking?</b> No

## II. Measure Performance in Program

For this measure, the MSR evaluation and analysis team reviewed the past 3 years of publicly available data:

- The file 2022\_puf.csv in [Quality Payment Program Experience.zip](#) (referred to as PY2022 in this assessment)
- [QPP Experience 2021.zip](#) (referred to as PY2021 in this assessment)
- [QPP Experience 2020.zip](#) (referred to as PY2020 in this assessment)

Only 12 entities reported on this measure for PY2022, and the quality measure score was the same (3 out of 10) for all of them. No entities reported on this measure for PY2020 or PY2021.

Due to the limited data, data analysis cannot be performed for this measure.

### III. Evaluation Criteria

#### Meaningfulness

Importance
<p><b>Guiding Questions:</b> Does the evidence show that the focus of the measure is linked to meaningful outcomes for patients and health care organizations? Do the data demonstrate that using this measure within the quality program results in benefits that outweigh any associated burdens or costs?</p> <p>Current clinical literature confirms that the prevalence of benign prostatic hyperplasia increases with age and can significantly impair quality of life due to symptoms such as nocturia, urgency, and weak stream.<sup>2</sup> Literature confirms that a 3-point improvement in the American Urological Association support using the American Urological Association Symptom Index (AUA-SI) or International Prostate Symptom Score (IPSS) is generally considered clinically meaningful, indicating a noticeable improvement in symptoms for the patient. Current guidelines from the American Urological Association support using the AUA-SI to monitor symptom progression with follow-up in 6-12 months.<sup>3</sup></p> <p>Data for this measure are limited, with no reporting entities for PY2020 and PY2021 and only 12 entities had a quality measure score in PY2022. Lack of data indicates that more information may be needed to fully assess this measure's importance within MIPS.</p> <p><b>Committee Member Considerations:</b> Based on reviewing measure performance and professional and personal experiences, committee members should consider the balance of implementation costs or burdens with the benefit of measure use within MIPS. Committee members will have a chance to share these thoughts with the broader committee via Pre-Meeting Initial Evaluation (PIE) Forms and group discussion.</p>
<p><b>Staff Rating:</b> Insufficient Information Available</p>

Conformance
<p><b>Guiding Question:</b> Do measure components and specifications align with the measure intent and target population?</p> <p>The intent of this measure is to ensure patents diagnosed with benign prostatic hyperplasia are assessed using either the American Urological Association Symptom Index (AUA-SI) or the International Prostate Symptom Score (IPSS) to assess outcomes and quality of life and show an improvement of at least 3 points. The specifications align with this intent: the numerator includes patients with a documented improvement of at least 3 points in their urinary symptom score during the measurement period. The denominator includes male patients with an initial diagnosis of benign prostatic hyperplasia 6 months prior to, or during the measurement period, and a urinary symptom score assessment within 1 month of initial diagnosis and a follow-up urinary symptom score assessment within 6-12 months. This measure supports the MIPS objective to improve beneficiary population health and advance the use of healthcare information between allied providers and patients.</p> <p><b>Committee Member Considerations:</b> Committee members should review the list of active measures</p>

<sup>2</sup> Glaser, A.P., Smith, A.R., Maglaque, D. et al. (2024). Enhanced clinical decisions for management of benign prostatic hyperplasia using patient-reported outcomes: protocol for a prospective observational study. *BMC Urol* 24, 110

<sup>3</sup> Sandhu, J. S., Bixler, B. R., Dahm, P., Goueli, R., Kirkby, E., Stoffel, J. T., & Wilt, T. J. (2024). Management of lower urinary tract symptoms attributed to benign prostatic hyperplasia (BPH): AUA guideline amendment 2023. *The Journal of Urology*, 211(1), 11-19.

### Conformance

within relevant specialty sets in the appendix and consider this measure's alignment with the group. The [appendix](#) lists all active measures reported in relevant MIPS specialty sets.

**Staff Rating:** Met

### Feasibility

**Guiding Question:** Are the tools, processes, and people necessary to implement and report on the measure reasonably available for measured entities in the CMS program?

Data elements<sup>4</sup> required for this eCQM are captured in electronic health records as part of routine assessment and care after diagnosis of benign hyperplasia. Currently, telehealth encounters are not eligible for this measure because the measure requires a clinical action that cannot be conducted via telehealth. While this measure presents some feasibility challenges, such as being limited to in-person encounters, the tools and processes required are generally available for the entities participating in MIPS.

**Committee Member Considerations:** Committee members with experience implementing this or similar measures in ambulatory care settings should reflect on potential challenges to feasibility of data collection and reporting.

**Staff Rating:** Met

### Validity

**Guiding Question:** Do the data and/or logic support the idea that the measured entity can improve their performance on the measure?

A measured entity could improve performance on this measure through timely documentation of both initial and follow-up urinary symptom scores using the recommended tools for patients newly diagnosed with benign prostatic hyperplasia (BPH), and by implementing effective clinical interventions—such as medication management, lifestyle modifications, or specialist referrals—that lead to a documented improvement of at least 3 points in the symptom score within 6 to 12 months. However, due to a limited amount of data reported, it is difficult to demonstrate whether entities can meaningfully improve performance on this measure.

**Committee Member Considerations:** Committee members with experience implementing this or similar measures in ambulatory care settings should reflect on potential methods to document patient improvement of at least 3 points in their urinary symptom score.

**Staff Rating:** Insufficient Information Available

### Reliability

Data are insufficient to estimate the reliability of this measure. Reliability cannot be calculated without denominators, and QPP data do not include denominators.

<sup>4</sup> eCQM Resource Center. Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia. Accessed June 24, 2025. [https://ecqi.healthit.gov/ecqm/ec/2025/cms0771v6?qt-tabs\\_measure=measure-information](https://ecqi.healthit.gov/ecqm/ec/2025/cms0771v6?qt-tabs_measure=measure-information).

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Reliability
<b>Guiding Question:</b> Does the evidence show that changes in measure performance are due to improvements in quality of care? In other words, do the data demonstrate that variation in measure performance is linked to changes made to processes or behaviors to improve care?
Available data are insufficient to estimate reliability for this measure within MIPS.
<b>Staff Rating:</b> Insufficient Information Available

Usability
<b>Guiding Questions:</b> Are there any known barriers or facilitators that determine whether the person or entity could improve on the measure focus? Are these barriers addressable?
Based on the limited information available, the measure appears to be integrated into existing reporting processes and is generally understood by participating entities. No significant barriers to use or improvement have been identified, although unreported challenges may exist.
<b>Committee Member Considerations:</b> Based on professional/personal experiences, committee members should consider any barriers to using this measure for certain measured entities as well as any potential facilitators that might promote usability within MIPS.
<b>Staff Rating:</b> Met

## Data Stream Parsimony

Data Stream Parsimony
<b>Guiding Question:</b> Does the data flow required for the measure promote non-burdensome data collection and reporting?
The measure uses data elements that are already routinely collected in the electronic health record (EHR) but may require additional manual data entry or special data collection processes for some EHR configurations. Electronic reporting further streamlines the process and minimizes staff burden.
<b>Committee Member Considerations:</b> Based on professional/personal experiences, committee members should reflect on any additional barriers to the clinical data flow that collection may add as well as potential mitigation strategies.

## Patient Journey

Patient Health Journey
<b>Guiding Question:</b> Does the measure address the appropriate aspects of care to align with the patient health care journey?
By engaging the patient in completion of the IPSS or AUA-SI questionnaire during multiple time periods, the measure targets an appropriate window in the patient's care journey by evaluating symptoms and identifying improvements in a reasonable timeframe following BPH diagnosis, facilitating treatment effectiveness monitoring and informed shared decision-making.
<b>Committee Member Considerations:</b> Based on professional/personal experiences, committee members should consider if the measure identifies an appropriate and critical time to assess continued

### Patient Health Journey

patient improvement of at least 3 points in their urinary symptom score. Reflect on if this timepoint is meaningful to patients and any potential barriers or burdens associated with this timepoint in the care journey.



## Appendix: Active Measures in the Merit-based Incentive Payment System

Use in the MIPS
<p>This measure is in the following traditional MIPS specialty sets:</p> <ul style="list-style-type: none"> <li>Family Medicine</li> <li>Internal Medicine</li> <li>Geriatrics</li> <li>Urology</li> </ul> <p>This measure is in the following MIPS Value Pathways:</p> <ul style="list-style-type: none"> <li>Optimal Care for Patients with Urologic Conditions. View this measure pathway at <a href="#">Explore MIPS Value Pathways (MVPs) - M1423 - QPP</a></li> </ul>

Measures in the MIPS Family Medicine Specialty Set	
CMIT ID	Measure Title
00018-01-C-MIPS	Adherence to Antipsychotic Medications For Individuals with Schizophrenia
01608-01-C-MIPS	Adult COVID-19 Vaccination Status
00026-01-C-MIPS	Adult Immunization Status
00033-01-C-MIPS	Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
00034-01-C-MIPS	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
00037-01-C-MIPS	Advance Care Plan
00050-01-C-MIPS	Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood
00058-01-C-MIPS	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
00063-03-E-MIPS	Antidepressant Medication Management
00072-02-E-MIPS	Appropriate Testing for Pharyngitis
00074-01-C-MIPS	Appropriate Treatment for Upper Respiratory Infection (URI)
00082-01-C-MIPS	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
00084-01-C-MIPS	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
00158-01-C-MIPS	CAHPS for MIPS Clinician/Group Survey
00100-01-C-MIPS	Cardiac Rehabilitation Patient Referral from an Outpatient Setting
00118-03-E-MIPS	Cervical Cancer Screening
00133-01-C-MIPS	Closing the Referral Loop: Receipt of Specialist Report
00141-01-C-MIPS	Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older

Measures in the MIPS Family Medicine Specialty Set	
CMIT ID	Measure Title
01803-01-C-MIPS	Connection to Community Service Provider
00164-01-C-MIPS	Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)
00167-01-C-MIPS	Controlling High Blood Pressure
00167-04-E-MIPS	Controlling High Blood Pressure
00178-01-C-MIPS	Coronary Artery Disease (CAD): Antiplatelet Therapy
00179-01-C-MIPS	Coronary Artery Disease (CAD): Beta-Blocker Therapy Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction
00190-05-E-MIPS	Depression Remission at Twelve Months
00199-01-C-MIPS	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation
00203-03-E-MIPS	Diabetes: Eye Exam
00204-01-C-MIPS	Diabetes: Glycemic Status Assessment Greater Than 9%
00204-03-E-MIPS	Diabetes: Glycemic Status Assessment Greater Than 9%
00219-01-C-MIPS	Documentation of Current Medications in the Medical Record
00228-01-C-MIPS	Elder Maltreatment Screen and Follow-Up Plan
00255-02-C-MIPS	Falls: Plan of Care
00257-01-C-MIPS	Falls: Screening for Future Fall Risk
00274-01-C-MIPS	Functional Outcome Assessment
00282-05-E-MIPS	Functional Status Assessments for Heart Failure
01212-02-C-MIPS	Gains in Patient Activation Measure (PAM) Scores at 12 Months
00305-02-C-MIPS	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
00306-01-C-MIPS	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
00319-01-C-MIPS	Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis
00324-02-E-MIPS	HIV Screening
00325-01-C-MIPS	HIV Viral Suppression
00377-01-C-MIPS	Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder
00363-01-C-MIPS	Immunizations for Adolescents
00394-03-E-MIPS	Initiation and Engagement of Substance Use Disorder Treatment
01713-01-C-MIPS	Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk



Measures in the MIPS Family Medicine Specialty Set	
CMIT ID	Measure Title
00405-01-C-MIPS	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
00989-01-E-MIPS	Kidney Health Evaluation
00464-01-C-MIPS	Non-Recommended Cervical Cancer Screening in Adolescent Females
00476-05-E-MIPS	One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation
00478-01-C-MIPS	Optimal Asthma Control
00484-01-C-MIPS	Osteoporosis Management in Women Who Had a Fracture
00486-01-C-MIPS	Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use
01004-01-C-MIPS	Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)
00672-02-C-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
00672-07-E-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
00597-02-C-MIPS	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
01146-02-C-MIPS	Preventive Care and Wellness (composite)
01692-01-C-MIPS	Reduction in Suicidal Ideation or Behavior Symptoms
00674-01-C-MIPS	Screening for Osteoporosis for Women Aged 65-85 Years of Age
01664-01-C-MIPS	Screening for Social Drivers of Health
00701-05-C-MIPS	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
00732-01-C-MIPS	Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy
00739-01-C-MIPS	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
00740-01-C-MIPS	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
00741-01-E-MIPS	<i>Urinary Symptoms Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia</i>
00744-03-E-MIPS	Use of High-Risk Medications in Older Adults

Measures in the MIPS Internal Medicine Specialty Set	
CMIT ID	Measure Title
00018-01-C-MIPS	Adherence to Antipsychotic Medications For Individuals with Schizophrenia
01608-01-C-MIPS	Adult COVID-19 Vaccination Status
00026-01-C-MIPS	Adult Immunization Status

Measures in the MIPS Internal Medicine Specialty Set	
CMIT ID	Measure Title
00033-01-C-MIPS	Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
00034-01-C-MIPS	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
00037-01-C-MIPS	Advance Care Plan
00050-01-C-MIPS	Ambulatory Palliative Care Patients Experience of Feeling Heard and Understood
00058-01-C-MIPS	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
00063-03-E-MIPS	Antidepressant Medication Management
00082-01-C-MIPS	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
00084-01-C-MIPS	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
00158-01-C-MIPS	CAHPS for MIPS Clinician/Group Survey
00100-01-C-MIPS	Cardiac Rehabilitation Patient Referral from an Outpatient Setting
00118-03-E-MIPS	Cervical Cancer Screening
00133-01-C-MIPS	Closing the Referral Loop: Receipt of Specialist Report
00141-01-C-MIPS	Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older
01803-01-C-MIPS	Connection to Community Service Provider
00164-01-C-MIPS	Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)
00167-01-C-MIPS	Controlling High Blood Pressure
00167-04-E-MIPS	Controlling High Blood Pressure
00178-01-C-MIPS	Coronary Artery Disease (CAD): Antiplatelet Therapy
00179-01-C-MIPS	Coronary Artery Disease (CAD): Beta-Blocker Therapy Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction
00190-05-E-MIPS	Depression Remission at Twelve Months
00199-01-C-MIPS	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation
00203-03-E-MIPS	Diabetes: Eye Exam
00204-01-C-MIPS	Diabetes: Glycemic Status Assessment Greater Than 9%
00204-03-E-MIPS	Diabetes: Glycemic Status Assessment Greater Than 9%
00219-01-C-MIPS	Documentation of Current Medications in the Medical Record
00228-01-C-MIPS	Elder Maltreatment Screen and Follow-Up Plan
00255-02-C-MIPS	Falls: Plan of Care
00257-01-C-MIPS	Falls: Screening for Future Fall Risk

Measures in the MIPS Internal Medicine Specialty Set	
CMIT ID	Measure Title
00282-05-E-MIPS	Functional Status Assessments for Heart Failure
01212-02-C-MIPS	Gains in Patient Activation Measure (PAM) Scores at 12 Months
00305-02-C-MIPS	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
00306-01-C-MIPS	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
00319-01-C-MIPS	Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis
00324-02-E-MIPS	HIV Screening
00325-01-C-MIPS	HIV Viral Suppression
00377-01-C-MIPS	Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder
00394-03-E-MIPS	Initiation and Engagement of Substance Use Disorder Treatment
01713-01-C-MIPS	Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk
00405-01-C-MIPS	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
00989-01-E-MIPS	Kidney Health Evaluation
00464-01-C-MIPS	Non-Recommended Cervical Cancer Screening in Adolescent Females
00476-05-E-MIPS	One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation
00478-01-C-MIPS	Optimal Asthma Control
00484-01-C-MIPS	Osteoporosis Management in Women Who Had a Fracture
01004-01-C-MIPS	Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)
00672-02-C-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
00672-07-E-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
00597-02-C-MIPS	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
01146-02-C-MIPS	Preventive Care and Wellness (composite)
00674-01-C-MIPS	Screening for Osteoporosis for Women Aged 65-85 Years of Age
01664-01-C-MIPS	Screening for Social Drivers of Health
00683-02-C-MIPS	Sleep Apnea: Assessment of Adherence to Obstructive Sleep Apnea (OSA) Therapy.
00684-01-C-MIPS	Sleep Apnea: Severity Assessment at Initial Diagnosis
00701-05-C-MIPS	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Measures in the MIPS Internal Medicine Specialty Set	
CMIT ID	Measure Title
00732-01-C-MIPS	Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy
00740-01-C-MIPS	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
00739-01-C-MIPS	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
00741-01-E-MIPS	<i>Urinary Symptoms Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia</i>
00744-03-E-MIPS	Use of High-Risk Medications in Older Adults

Measures in the MIPS Geriatrics Specialty Set	
CMIT ID	Measure Title
01608-01-C-MIPS	Adult COVID-19 Vaccination Status
00026-01-C-MIPS	Adult Immunization Status
00777-02-C-MIPS	Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy
00037-01-C-MIPS	Advance Care Plan
00050-01-C-MIPS	Ambulatory Palliative Care Patients Experience of Feeling Heard and Understood
01803-01-C-MIPS	Connection to Community Service Provider
00185-04-E-MIPS	Dementia: Cognitive Assessment
00186-01-C-MIPS	Dementia: Education and Support of Caregivers for Patients with Dementia
00187-01-C-MIPS	Dementia: Functional Status Assessment
00188-01-C-MIPS	Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia
00190-05-E-MIPS	Depression Remission at Twelve Months
00219-01-C-MIPS	Documentation of Current Medications in the Medical Record
00228-01-C-MIPS	Elder Maltreatment Screen and Follow-Up Plan
00255-02-C-MIPS	Falls: Plan of Care
00257-01-C-MIPS	Falls: Screening for Future Fall Risk
01212-02-C-MIPS	Gains in Patient Activation Measure (PAM) Scores at 12 Months
00989-01-E-MIPS	Kidney Health Evaluation
00672-02-C-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
01146-02-C-MIPS	Preventive Care and Wellness (composite)
00674-01-C-MIPS	Screening for Osteoporosis for Women Aged 65-85 Years of Age

Measures in the MIPS Geriatrics Specialty Set	
CMIT ID	Measure Title
01664-01-C-MIPS	Screening for Social Drivers of Health
00739-01-C-MIPS	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
00740-01-C-MIPS	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
00741-01-E-MIPS	<i>Urinary Symptoms Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia</i>
00744-03-E-MIPS	Use of High-Risk Medications in Older Adults

Measures in the MIPS Urology Specialty Set	
CMIT ID	Measure Title
00037-01-C-MIPS	Advance Care Plan
00091-02-E-MIPS	Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy
00158-01-C-MIPS	CAHPS for MIPS Clinician/Group Survey
00133-01-C-MIPS	Closing the Referral Loop: Receipt of Specialist Report
01803-01-C-MIPS	Connection to Community Service Provider
00219-01-C-MIPS	Documentation of Current Medications in the Medical Record
01212-02-C-MIPS	Gains in Patient Activation Measure (PAM) Scores at 12 Months
01193-02-E-MIPS	Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer
00989-01-E-MIPS	Kidney Health Evaluation
00502-01-C-MIPS	Patient-Centered Surgical Risk Assessment and Communication
00541-01-C-MIPS	Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score - better)
00543-01-C-MIPS	Percentage of Patients Who Died from Cancer Receiving Systemic Cancer-Directed Therapy in the Last 14 Days of Life
00672-02-C-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
00672-07-E-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
00595-01-C-MIPS	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
00596-10-C-MIPS	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
00597-02-C-MIPS	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
00607-01-C-MIPS	Proportion of Patients Sustaining a Bladder or Bowel Injury at the time of any

Measures in the MIPS Urology Specialty Set	
CMIT ID	Measure Title
	Pelvic Organ Prolapse Repair
00614-01-C-MIPS	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
01664-01-C-MIPS	Screening for Social Drivers of Health
00739-01-C-MIPS	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
00740-01-C-MIPS	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
00741-01-E-MIPS	<i>Urinary Symptoms Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia</i>
00744-03-E-MIPS	Use of High-Risk Medications in Older Adults