Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate

2026 Performance Year

Pathology

MVP Candidate Feedback Process

The MVP Candidate Feedback Process is an opportunity for the general public to participate in the MVP development process and provide feedback on MVP candidates before they're potentially proposed in rulemaking. Learn more about the MVP Candidate Feedback Process on the Quality Payment Program (QPP) website.

The 2026 MVP Candidate Feedback Period ended on January 24, 2025.

This document contains feedback we received during the 45-day MVP Candidate Feedback Period for the Pathology MVP. If you would like to review the activities and measures in a particular MVP, you may review them on the Quality Payment Program website at https://qpp.cms.gov/

Note: This document is for 2026 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2025 performance year. Centers for Medicare & Medicaid Services (CMS) will indicate finalized MVPs exclusively through the Calendar Year (CY) 2026 Medicare Physician Fee Schedule (PFS) Final Rule.

Review the MVP candidate details, and feedback received from the general public below.

Pathology MVP Feedback Received

Below is the feedback we received during the 45-day MVP Candidate Feedback Period for the Pathology MVP. We didn't include feedback considered out of scope to the draft 2026 MVP candidate.

Feedback: One commenter cited the majority of improvement activities, and the single cost measure included in this MVP have little to do with the practice of pathology by community and/or hospital-based pathologists.

Feedback: One commenter was concerned with the number of Qualified Clinical Data Registry (QCDR) measures included in this MVP, many of which didn't have a benchmark. The commenter was further concerned that the MIPS quality measures included are all 7-point cap measures.

Feedback: One commenter supported the inclusion of QCDR measures and the Medicare Spending Per Beneficiary (MSPB) Clinician cost measure. The commenter also recommended the addition of IA_CC_19: Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes.

Feedback: One commenter recommended the inclusion of the following QCDR measures in this MVP: CAP22: Biopsy Reporting to Clinician and CAP38: Prostate Cancer Reporting Complete Analysis. The commenter expressed concerns for including QMM21: Incorporating results of concurrent studies into Final Reports for Bone Marrow Aspirate of patients with Leukemia, Myelodysplastic syndrome, or Chronic Anemia; QMM22: Molecular Testing Recommended on Fine Needle Aspirations (FNA) of Thyroid Nodule(s) with Bethesda Category 3 or 4 Cytology Diagnosis; and QMM29: Use of Appropriate Classification System for Lymphoma Specimen as they cited it would be difficult for pathologists in a single specialty practice to meet the case minimum.

Feedback: One commenter recommended the addition of the following improvement activities to this MVP: IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop; IA_CC_2: Implementation of improvements that contribute to more timely communication of test results; and IA_PSPA_19: Implementation of formal quality improvement methods, practice changes, or other practice improvement processes.

Feedback: A couple commenters expressed concern that this MVP didn't include electronic clinical quality measure (eCQM) options. One commenter recommended the inclusion of the following MIPS quality measures: Q374: Closing the Referral Loop: Receipt of Specialist Report; Q309: Cervical Cancer Screening; Q481: Intravesical Bacillus-Calmette-Guerin for Non-Muscle Invasive Bladder Cancer; Q238: Use of High-Risk Medications in Older Adults; and Q130: Documentation of Current Medications in the Medical Record.