Quality Payment
PROGRAM

MIPS Value Pathways

Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate – 2025 Performance Year

Surgical Care MVP

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.

Note: This document is for 2025 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2024 performance year.

MVP Candidate Feedback Instructions

Review the measures and activities included in TABLE 1: Surgical Care MVP below.

MVP candidate feedback should be submitted to PIMMSMVPSupport@gdit.com for Centers for Medicare & Medicaid Services (CMS) consideration between December 15, 2023, and 11:59 p.m. ET on January 29, 2024.

Please include the following information in the email:

- **Subject Line:** Draft 2025 MVP Candidate Feedback
- **Email Body:** Your feedback for consideration and public posting. Please indicate the MVP name to which your feedback relates.

CMS won't post feedback that is considered unrelated to the draft 2025 MVP candidates.

TABLE 1: Surgical Care MVP

Quality	Improvement Activities	Cost
Q047: Advance Care Plan (Medicare Part B Claims, MIPS CQM) High Priority	**IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High Weight)	**Colon and Rectal Resection**
Q164: Coronary Artery Bypass Graft (CABG): Prolonged Intubation (MIPS CQM) High Priority, Outcome	**IA_BE_12: Use evidence-based decision aids to support shared decision-making** (Medium Weight)	**Femoral or Inguinal Hernia Repair**
Q167: Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure (MIPS CQM) High Priority, Outcome	**IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop** (Medium Weight)	**Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels**
Q168: Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration (MIPS CQM) High Priority, Outcome	**IA_CC_15: PSH Care Coordination** (High Weight)	**Lumpectomy, Partial Mastectomy, Simple Mastectomy**
Q264: Sentinel Lymph Node Biopsy for Invasive Breast Cancer (MIPS CQM)	**IA_CC_17: Patient Navigator Program** (High Weight)	**Medicare Spending Per Beneficiary (MSPB) Clinician**
Q354: Anastomotic Leak Intervention (MIPS CQM) High Priority, Outcome	**IA_CC_18: Relationship-Centered Communication** (Medium Weight)	**Non-Emergent Coronary Artery Bypass Graft (CABG)**
Q355: Unplanned Reoperation within the 30 Day Postoperative Period (MIPS CQM) High Priority, Outcome	**IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High Weight)	
Q357: Surgical Site Infection (SSI) (MIPS CQM) High Priority, Outcome	**IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation**	
Q358: Patient-Centered Surgical Risk Assessment and Communication (MIPS CQM) High Priority	**IA_PM_11: Regular review practices in place on targeted patient population needs** (Medium Weight)	
Q445: Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG) (MIPS CQM) High Priority, Outcome	**IA_PSPA_8: Use of Patient Safety Tools** (Medium Weight)	
Q459: Back Pain After Lumbar Surgery (MIPS CQM) High Priority, Outcome	**IA_PSPA_27: Invasive Procedure or Surgery Anticoagulation Medication Management** (Medium Weight)	
Q461: Leg Pain After Lumbar Surgery (MIPS CQM) High Priority, Outcome		
Q471: Functional Status After Lumbar Surgery (MIPS CQM) High Priority, Outcome		
Q487: Screening for Social Drivers of Health (MIPS CQM) High Priority		

TABLE 2: Foundational Layer

The Foundational Layer is the same for every MVP.

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims) **Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims)	• Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information **AND** • Support Electronic Referral Loops By Receiving and Reconciling Health Information **OR** • Health Information Exchange (HIE) Bi-Directional Exchange **OR** • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review Attestation