Quality Payment PROGRAM

2026 Merit-based Incentive Payment System (MIPS) Quality Measures Impacted by International Classification of Diseases, Tenth Revision (ICD-10) Coding Updates Effective October 1, 2026

MIPS Quality Measures Identified for Suppression or Truncation Due to Coding Updates for 2026 Performance Period:

- None

What is the Policy for Identifying Impacted Quality Measures?

The ICD-10 code updates are effective annually on October 1. However, the MIPS quality measure specifications cannot be updated to account for such ICD-10 code updates until the next MIPS performance period. In the Calendar Year (CY) 2018 Medicare Physician Fee Schedule (PFS) Final Rule, the Centers for Medicare & Medicaid Services (CMS) established an annual review process to identify and analyze MIPS quality measures that are significantly impacted by the ICD-10 coding changes during the performance period (82 FR 53714 through 53716).

In the CY 2024 Medicare PFS Final Rule, the policy was amended to eliminate one of the criteria used to evaluate MIPS quality measures significantly impacted by ICD-10 coding changes during the annual review process. Specifically, the identification of measures that have changes to a minimum of 10% of ICD-10 codes; such criterion was replaced with a more general criterion that allows CMS to assess MIPS quality measures on a case-by-case basis to determine whether or not ICD-10 coding changes are significant (88 FR 79368 through 79369).

The criteria used to determine whether a MIPS quality measure is significantly impacted by ICD-10 coding changes are as follows:

- Coding updates that lead to changes in measure scope or intent will be considered significant changes since such changes could affect the applicability of the historical benchmark.
- Clinical guideline changes, new products, or procedures reflected in ICD-10 code updates.
- Coding updates due to feedback received from measure developers and stewards.

To determine if a MIPS quality measure was significantly impacted by ICD-10 code updates for the 2026 performance period, we compared the ICD-10 codes listed in the posted 2026 measure specifications with the ICD-10 codes that were deleted or added during the annual ICD-10 code updates effective October 1 of the performance period. If a MIPS quality measure is significantly impacted by ICD-10 coding changes, the MIPS quality measure will be suppressed (the measure is excluded from a MIPS eligible clinician's total measure

achievement points and total available measure achievement points) or truncated (performance will be based on the first 9 months (January through September) of the 12-month performance period) for the performance period (42 CFR 414.1380(b)(1)(vii)(A)).

Which Quality Measures are Impacted for the 2026 Performance Period?

CMS has not identified any MIPS quality measures requiring performance data to be suppressed for the 2026 performance period or truncated for the last quarter of the 2026 performance period due to the annual ICD-10 code update.

Where Do I Go for Assistance?

For additional questions related to the analysis of the ICD-10 code updates and/or impacted MIPS quality measures, please contact the Quality Payment Program Service Center by emailing QPP@cms.hhs.gov, by creating a QPP Service Center ticket, or by calling 1-866-288-8292 (Monday through Friday 8 a.m. – 8 p.m. ET). 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
10/01/2026	Original version