

2024 Merit-based Incentive Payment System (MIPS) Quality Performance Category Data Validation Information

For the 2024 performance period, please refer to the quality measure specifications and corresponding supporting documents within a collection type for the criteria used to determine the appropriate patient population (denominator) and quality action (numerator) for each selected quality measure. The measure specifications and supporting documents are the best resources to use to validate data related to each quality measure.

Supportive medical record and coding (Healthcare Common Procedure Coding System (HCPCS); Current Procedural Terminology (CPT); International Classification of Diseases, Tenth Revision (ICD-10); etc.) documentation may be requested by the Centers for Medicare & Medicaid Services (CMS) to support data validation. Applicable coding for each measure is provided in the [2024 Medicare Part B Claims Measure Specifications and Supporting Documents \(ZIP, 10MB\)](#), [2024 MIPS Clinical Quality Measure \(CQM\) Specifications and Supporting Documents \(ZIP, 58MB\)](#), [2024 Electronic Clinical Quality Measure \(eCQM\) Specifications](#) (click on the “Title” of an eCQM and then select the “Specifications and Data Elements” tab), and [2024 Medicare Clinical Quality Measures for Accountable Care Organizations Participating in the Medicare Shared Savings Program \(Medicare CQM\) Specifications and Supporting Documents for Accountable Care Organizations Participating in the Medicare Shared Savings Program \(ZIP, 952KB\)](#).

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, create a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET).

- People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

