



2026 MIPS CLAIMS-BASED DATA REPORTING

If you are in a small practice (15 clinicians or fewer), you can report on quality measures data via claims for the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program (QPP) in 2026. Use the information below to help you use the claims-based option for reporting quality measures.

Claims-based Reporting 2026

Medicare Part B claims measures (QPP measures) can only be submitted via claims reporting by clinicians in a small practice, whether participating individually or as a group. If you are in a group of 16 or more, whether submitting as an individual or a group, you cannot submit quality measures using claims and must submit via direct upload, a Qualified Registry (QR) or a Qualified Clinical Data Registry (QCDR). The [Pathologists Quality Registry](#) is a CMS-approved QCDR.

The Medicare Part B Claims Measures for Pathologists

The CAP lists the Medicare Part B claims measures with their description, when the measure is applicable, denominator criteria instructions, and instructions on how to report quality activities on the [CAP website](#).

1. Barrett's Esophagus Pathology Reporting
2. Radical Prostatectomy Pathology Reporting
3. Lung Cancer Reporting (biopsy/cytology specimens)*
4. Lung Cancer Reporting (resection specimens)*
5. Melanoma Reporting*

*High priority measures

Note: Many measures available in the Pathologists Quality Registry cannot be reported through claims. For a complete list of measures in the registry, see the [Quality Measures webpage](#).

Example of a Claims-Based Report

The following example reports the Lung Cancer Reporting (Biopsy/Cytology Specimens) measure on a claim. For the measure's denominator, the diagnosis for primary non-small cell lung cancer is indicated in field 21 of the form and the CPT code for tissue exam by pathologist in line 1 of field 24. For the measure's numerator, the quality measure code is reported in line 2 to indicate performance was met.

21. Review applicable QPP measures related to ANY diagnosis listed in Item 21. Up to 8 diagnoses may be entered electronically

24D. Procedures, Services or Supplies -- CPT/HCPCS Modifier(s) as needed

QPP codes must be submitted with a line-item charge of \$0.01. Charge fields cannot be blank

Reporting code. Please see table of quality codes for reporting measures.

33a. The NPI of the billing provider is entered here. If a solo practitioner, then enter the individual NPI. If a group is billing, enter the NPI of the Group here. This field is required.

A nominal \$0.01 line item charge should be included. The beneficiary is not liable for this amount.

For group billing, the rendering NPI number of the individual eligible professional who performed the service will be used for each line-item in the quality calculation.

NUCC Instruction Manual av

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