



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

24. A. DATE(S) OF SERVICE From 03/05/19 To 03/05/19

25. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS G9418

26. PATIENT'S ACCOUNT NO. 0123456789

27. ACCEPT ASSIGNMENT TO THIRD PARTY PAYOR (checkmark)

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. The NPI is 0123456789

33b. APPROVED OMB-0938-1197 FORM 1500 (02-12)