

New Pathology MIPS Measure 491

At the beginning of this year, APS released a [White Paper](#) outlining what pathologists need to know for MIPS 2023. A key change to MIPS in 2023 is the addition of Measure 491 to the pathology quality set. This is the first new quality measure added for pathologists in many years and opens up the opportunity to score higher in a program that has had quality measures largely topped out for this specialty. Let's take a deeper dive on the reporting requirements for this new measure.

If a report is submitted that qualifies as a primary resection or biopsy for colorectal, gastroesophageal, endometrial, or small bowel carcinoma, Measure 491 asks that you include an impression of or recommendation for testing of mismatch repair (MMR) by immunohistochemistry (biomarkers MLH1, MSH2, MSH6 and PMS2), or microsatellite instability (MSI) by DNA-based testing status, or both.

Appropriate documentation to support the requirements of this quality measure should be included on the **original** pathology report. We are seeing that many cases do include the appropriate elements, but not until an amendment is sent to us. APS submits data routinely to our registries, making it imperative that the **documentation on the original report contain a reference to the intended testing**.

Example:

Anywhere on the original report, if MMR/MSI testing is likely to be or has already been performed, include a statement to indicate this.

“MMR/MSI testing will be performed as indicated for specimen A”

“MMR/MSI testing to follow in an amendment”

“MMR/MSI testing not recommended due to ____”

“MMR/MSI testing performed on previous specimen and not repeated”

MMR/MSI can be replaced with any of the following terms: Mismatch repair, microsatellite instability

It is not necessary to include results if the testing has not yet been performed. Statements such as the above indicating the impression of or recommendation for testing qualify the case as “met” per CMS guidance.

At APS, we strive to help guide all clients to the highest MIPS score, to avoid penalties and achieve any bonus possible through the program. Please be sure to share the requirements for Measure 491 with your group, as reporting on the measure is a logical next step in program participation. If you have additional questions about this new measure, please contact your Practice Manager.