

Performance Year 2022 Maximum Point Values for MIPS measures supported by AQUA

Measure ID	Measure Title	Maximum Point Values	Collection Type
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	10	eCQM
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	10	MIPS CQM
047	Advance Care Plan	10	MIPS CQM
048	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	10	MIPS CQM
050	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	10	MIPS CQM
102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	eCQM
102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	MIPS CQM
104	Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer	7, but would require perfect score to achieve all 7 points	MIPS CQM
110	Preventive Care and Screening: Influenza Immunization	10	eCQM
110	Preventive Care and Screening: Influenza Immunization	10	MIPS CQM
111	Pneumococcal Vaccination Status for Older Adults	10	eCQM
111	Pneumococcal Vaccination Status for Older Adults	10	MIPS CQM
112	Breast Cancer Screening	10	eCQM
112	Breast Cancer Screening	10	MIPS CQM
113	Colorectal Cancer Screening	10	eCQM
113	Colorectal Cancer Screening	10	MIPS CQM
117	Diabetes: Eye Exam	10	eCQM
117	Diabetes: Eye Exam	7, but would require perfect score to achieve all 7 points	MIPS CQM
119	Diabetes: Medical Attention for Nephropathy	10	eCQM
119	Diabetes: Medical Attention for Nephropathy	10, but would require perfect score to achieve all 10 points	MIPS CQM
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	10	eCQM
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	10, but would require perfect score to achieve all 10 points	MIPS CQM

Measure ID	Measure Title	Maximum Point Values	Collection Type
130	Documentation of Current Medications in the Medical Record	7, but would require almost perfect score to achieve all 7 points	eCQM
130	Documentation of Current Medications in the Medical Record	7, but would require perfect score to achieve all 7 points	MIPS CQM
134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	10	eCQM
134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	10, but would require perfect score to achieve all 10 points	MIPS CQM
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	eCQM
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	MIPS CQM
236	Controlling High Blood Pressure	10	eCQM
236	Controlling High Blood Pressure	10	MIPS CQM
265	Biopsy Follow-Up	7, but would require perfect score to achieve all 7 points	MIPS CQM
317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	eCQM
317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	MIPS CQM
318	Falls: Screening for Future Fall Risk	10	eCQM
357	Surgical Site Infection (SSI)	10, but would require perfect score to achieve all 10 points	MIPS CQM
358	Patient-Centered Surgical Risk Assessment and Communication	10, but would require perfect score to achieve all 10 points	MIPS CQM
370	Depression Remission at Twelve Months	10	eCQM
370	Depression Remission at Twelve Months	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	MIPS CQM
374	Closing the Referral Loop: Receipt of Specialist Report	10	eCQM
374	Closing the Referral Loop: Receipt of Specialist Report	10, but would require perfect score to achieve all 10 points	MIPS CQM
431	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	MIPS CQM
432	Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	MIPS CQM
433	Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	MIPS CQM

Measure ID	Measure Title	Maximum Point Values	Collection Type
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	10	eCQM
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	10, but would require perfect score to achieve all 10 points	MIPS CQM
462	Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	eCQM
476	Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	eCQM
481	Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	eCQM
AQUA14	Stones: Repeat Shock Wave Lithotripsy (SWL) Within 6 Months of Initial Treatment	10, but would require perfect score to achieve all 10 points	QCDR Measure
AQUA15	Stones: Urinalysis Performed Before Surgical Stone Procedures	10	QCDR Measure
AQUA16	Non-Muscle Invasive Bladder Cancer: Repeat Transurethral Resection of Bladder Tumor (TURBT) for T1 disease	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	QCDR Measure
AQUA18	Non-Muscle Invasive Bladder Cancer: Early Surveillance Cystoscopy for Non-Muscle Invasive Bladder Cancer	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	QCDR Measure
AQUA26	Benign Prostate Hyperplasia (BPH): Inappropriate Lab & Imaging Services for Patients with BPH	10, but would require perfect score to achieve all 10 points	QCDR Measure
AQUA8	Hospital admissions or infectious complications within 30 days of TRUS Biopsy	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	QCDR Measure
MUSIC10	Prostate Cancer: Confirmation testing in low risk active surveillance eligible patients	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	QCDR Measure
MUSIC11	Prostate Cancer: Follow-up testing for patients on active surveillance for at least 30 months	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	QCDR Measure
MUSIC4	Prostate Cancer: Active Surveillance/Watchful Waiting for Low Risk Prostate Cancer Patients	No historical benchmark, so 3 points unless a benchmark can be calculated using 2022 data	QCDR Measure

NOTES: AUA staff derived the maximum point values for each measure based on the decile values, topped-out indicator, and 7-point cap indicator provided by CMS in its 2/8/22 historical benchmark file. Note that benchmark values MAY change throughout the year. Although several measures are worth up to 10 points, providers will need almost perfect scores to achieve those 10 points. Providers should consider reporting on urologic-specific measures without a benchmark, as having a sufficient number of providers reporting on measures is the only way benchmark values can be derived. Recall that CMS uses the 6 highest-scoring measures to compute the MIPS scores, so reporting more than 6 measures, even when performance is not optimal, will not negatively impact your MIPS score.