

### Use of Internal Mammary Artery (IMA) in CABG Surgery

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*This measure is to be reported **each time** an isolated CABG procedure is performed during the reporting period.*

#### Measure description

Percentage of patients undergoing coronary artery bypass graft (CABG) surgery using an internal mammary artery (IMA)

#### What will you need to report each time an isolated CABG procedure is performed for this measure?

If you select this measure for reporting, you will report:

- Whether or not you performed an IMA graft

#### What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to perform an IMA graft, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason)

In these cases, you will need to indicate that the medical reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions.)

# Coronary Artery Bypass Graft (CABG)

## Use of Internal Mammary Artery (IMA) in CABG Surgery

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information			Billing Information
<b>Step 1 Is patient eligible for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
There is a CPT Procedure Code for CABG surgery.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
<b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
<b>IMA Graft</b>			
Performed	<input type="checkbox"/>	<input type="checkbox"/>	4110F
Not performed for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4110F-1P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4110F-8P (Internal mammary artery graft not utilized for primary, isolated coronary artery bypass graft procedure, reason not otherwise specified.)

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#### Coding Specifications

Codes required to document patient has had a CABG surgical procedure:

A CPT procedure code is required to identify patients to be included in this measure.

#### CABG CPT procedure codes

- 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536 (coronary artery bypass)

Quality codes for this measure (one of the following for every eligible patient):

#### CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 4110F:** Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure
- **CPT II 4110F-1P:** Documentation of medical reason(s) for not utilizing an internal mammary artery graft for primary, isolated coronary artery bypass graft procedure
- **CPT II 4110F-8P:** Internal mammary artery graft not utilized for primary, isolated coronary artery bypass graft procedure, reason not otherwise specified

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