

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) / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?

	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT Procedure Code for isolated CABG surgery. ¹	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
If No is checked for any of the above, STOP. Do not report a CPT category II code.			

Step 2 Does patient meet or have an acceptable reason for not meeting the measure?

IMA Graft	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
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 No is checked for all of the above, report 4110F-8P (Internal mammary artery graft not utilized for primary, isolated coronary artery bypass graft procedure, reason not otherwise specified.)

¹This measure does not include patients undergoing a repeat CABG surgery. This measure includes patients undergoing a CABG surgery using arterial and/or venous grafts only.