Use of Internal Mammary Artery (IMA) in CABG Surgery

PQRI Data Collection Sheet

				/ /	🗆 Male 🛛	Female
Patient's Name Practice Medical Record Number (MRN)			Birth Date (mm/dd/yyyy)	Gender		
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.				Verify date of birth on claim form.		
There is a CPT Procedure Code for isolated CABG surgery. $^{\rm 1}$				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 24 if <i>Yes</i> (or Service Line 24 of El	•	,
Performed				4110F		
Not performed for the following reason:Medical (eg, not indicated, contraindicated, other medical reason)						
				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.

PQRI 2008 Measure 43, Effective Date 01/01/2008

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