

Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery

Coding Specifications

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

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

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

CPT codes

- 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **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 performing an internal mammary artery graft for primary, isolated coronary artery bypass graft procedure (eg, not indicated, contraindicated, other medical reason)
- **CPT II 4110F-8P:** Internal mammary artery graft not performed for primary, isolated coronary artery bypass graft procedure, reason not otherwise specified

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Physician Quality Reporting System 2011 Measure 43, Effective Date 01/01/2011

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