

**Quality ID #168 (NQF 0115): Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration**  
– National Quality Strategy Domain: Effective Clinical Care  
– Meaningful Measure Area: Preventable Healthcare Harm

**2020 COLLECTION TYPE:**

**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**

Outcome – High Priority

**DESCRIPTION:**

Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason

**INSTRUCTIONS:**

This measure is to be submitted **each time** an isolated coronary artery bypass graft (CABG) procedure is performed during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide services for isolated CABG will submit this measure. This measure is intended to reflect the quality of the surgical services provided for isolated CABG or isolated reoperation CABG patients. Isolated CABG refers to CABG using arterial and/or venous grafts only.

**Measure Submission Type:**

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**

All patients undergoing isolated CABG surgery

**Denominator Criteria (Eligible Cases):**

All patients aged 18 years and older on date of surgery

**AND**

**Patient procedure during the performance period (CPT):** 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536

**OR**

**Patient procedure during the performance period (CPT):** 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536

**AND**

**Patient procedure during the performance period (CPT):** 33530

**NUMERATOR:**

Patients undergoing isolated CABG surgery who require a return to the OR during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason

**Numerator Instructions:**

**INVERSE MEASURE** - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better

clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

**Numerator Options:**

***Performance Met:***

Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason (**G8577**)

**OR**

***Performance Not Met:***

Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason (**G8578**)

**RATIONALE:**

In 2000, CABG surgery was performed on more than 350,000 patients at a cost of close to \$20 billion. Re-exploration after surgery is a serious complication that impacts length of stay, efficient use of resources, and increases risk for additional complications and death. As one of several major complications of cardiac surgery, repeat surgery is particularly worrisome for consumers and is an inefficient use of resources.

**CLINICAL RECOMMENDATION STATEMENTS:**

Re-exploration after surgery is a serious complication that impacts length of stay, efficient use of resources, and increases risk for additional complications and death. This measure is currently in use by approximately 65% of providers in the United States who perform cardiac surgery and report data to the Society of Thoracic Surgeons (STS) National Database.

**COPYRIGHT:**

This measure is owned by The Society of Thoracic Surgeons (STS). Copyright 2018

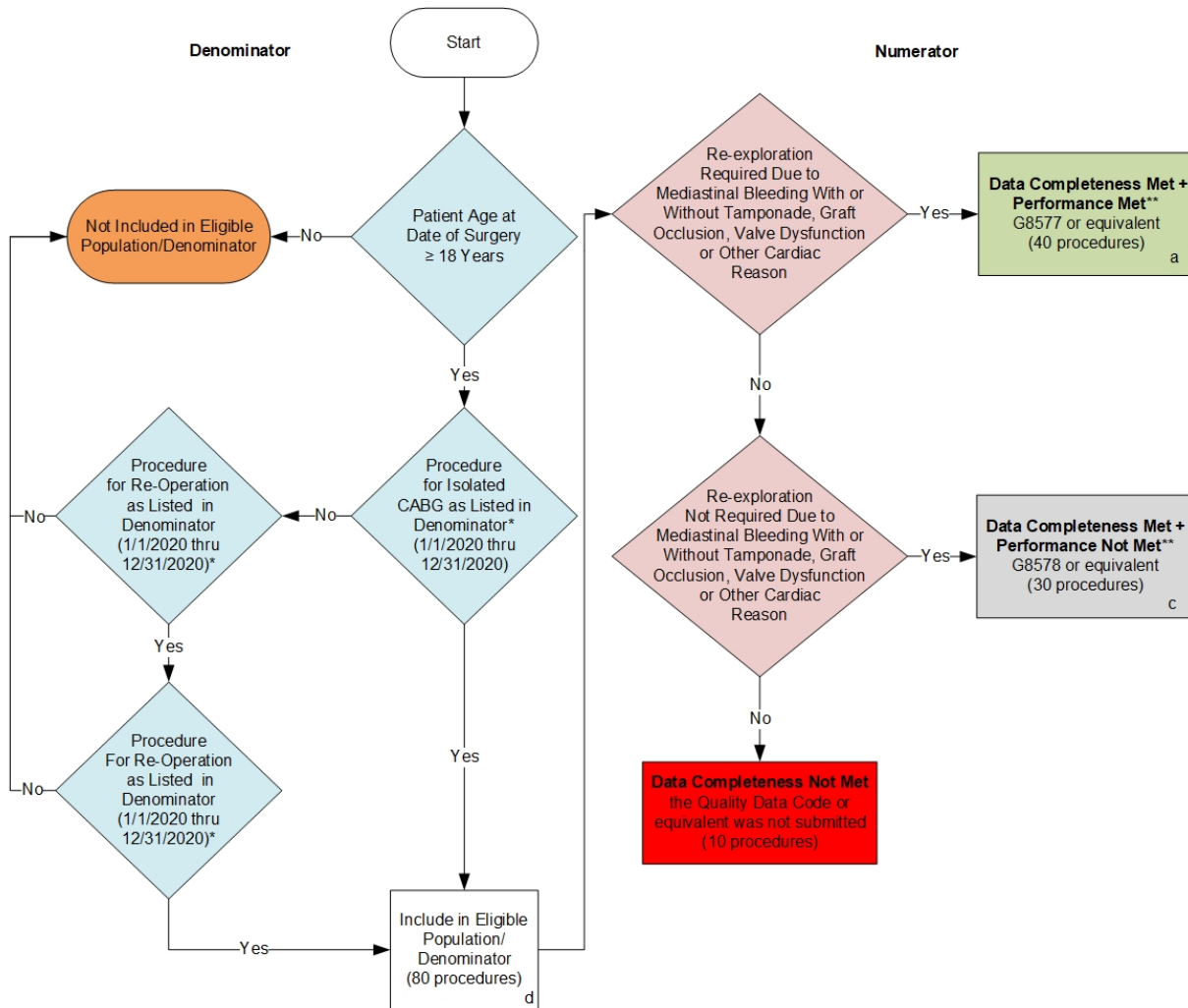
Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The American Medical Association (AMA), National Committee for Quality Assurance (NCQA), the Physician Consortium for Performance Improvement® (PCPI) and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specification.

CPT® contained in the Measure specifications is copyright 2004-2019 American Medical Association. G codes and associated descriptions included in these Measure specifications are in the public domain.

LOINC® copyright 2004-2019 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2019 International Health Terminology Standards Development Organization. All Rights Reserved. Use of SNOMED CT® is only authorized within the United States.

**2020 Clinical Quality Measure Flow for Quality ID #168 NQF #0115:  
Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration**

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure*



**SAMPLE CALCULATIONS:**

**Data Completeness Rate=**  

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate\*\*=**  

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.

\*\*A lower calculated performance rate for this measure indicates better clinical care or control

NOTE: Submission Frequency: Procedure

CPT only copyright 2019 American Medical Association. All rights reserved. The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v4

**2020 Clinical Quality Measure Flow Narrative for Quality ID #168 NQF #0115:  
Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration**

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure

A lower calculated performance rate for this measure indicates better clinical care or control.

1. Start with Denominator
2. Check Patient Age:
  - a. If Patient Age at Date of Surgery is greater than or equal to 18 Years equals No, do not include in Eligible Population. Stop Processing.
  - b. If Patient Age at Date of Surgery is greater than or equal to 18 Years equals Yes, proceed to check Procedure Performed.
3. Check Procedure Performed:
  - a. If Procedure for Isolated CABG as Listed in the Denominator equals No, proceed to check Procedure for Re-Operation as Listed in Denominator.
  - b. If Procedure for Isolated CABG as Listed in the Denominator equals Yes, include in Eligible Population.
4. Check Procedure for Re-Operation:
  - a. If Procedure for Re-Operation as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Procedure for Re-Operation as Listed in Denominator equals Yes, proceed to check Procedure for Re-Operation.
5. Check Procedure for Re-Operation:
  - a. If Procedure for Re-Operation as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Procedure for Re-Operation as Listed in the Denominator equals Yes, include in Eligible Population.
6. Denominator Population:
  - a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
7. Start Numerator
8. Check Re-Exploration Required Due to Mediastinal Bleeding With Or Without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason:
  - a. If Re-Exploration Required Due to Mediastinal Bleeding With Or Without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason equals Yes, include in Data Completeness Met and Performance Met.

- b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.
  - c. If Re-Exploration Required Due to Mediastinal Bleeding With or Without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason equals No, proceed to check Re-Exploration Not Required Due to Mediastinal Bleeding With Or Without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason.
9. Check Re-Exploration Not Required Due to Mediastinal Bleeding With or Without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason:
- a. If Re-Exploration Not Required Due to Mediastinal Bleeding With or Without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason equals Yes, include in Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Not Performance Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 procedures in the Sample Calculation.
  - c. If Re-Exploration Not Required Due to Mediastinal Bleeding With or Without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason equals No, proceed to check Data Completeness Not Met.
10. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness Rate=**  

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate\*\*=**  

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$