

Quality ID #168: Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:

Outcome – High Priority

- ***INVERSE MEASURE: LOWER SCORE – BETTER***

DESCRIPTION:

Percentage of patients aged 18 years and older undergoing isolated coronary artery bypass graft (CABG) surgery who require a return to the operating room (OR) for mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native vessel, graft or both), valve dysfunction, aortic reintervention or other cardiac reason during the current hospitalization.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted each time a denominator eligible procedure as defined in the denominator criteria is performed.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of surgical services provided for isolated CABG or isolated reoperation CABG patients. "Isolated CABG" refers to CABG using arterial and/or venous grafts only. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this procedure measure is submitted each time a procedure is performed during the performance period.

This is an inverse measure which means 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.

Telehealth:

NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. This measure is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries

that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. 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): 33509, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536

OR

Patient procedure during the performance period (CPT): 33509, 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 for mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native vessel, graft or both), valve dysfunction, aortic reintervention or other cardiac reason during the current hospitalization.

Numerator Options:

Performance Not Met:

Re-exploration not required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native vessel, graft or both), valve dysfunction, aortic reintervention, or other cardiac reason (G8578)

OR

Performance Met:

Re-exploration required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native vessel, graft or both), valve dysfunction, aortic reintervention, or other cardiac reason (G8577)

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.

REFERENCES:

There are no sources in the current document.

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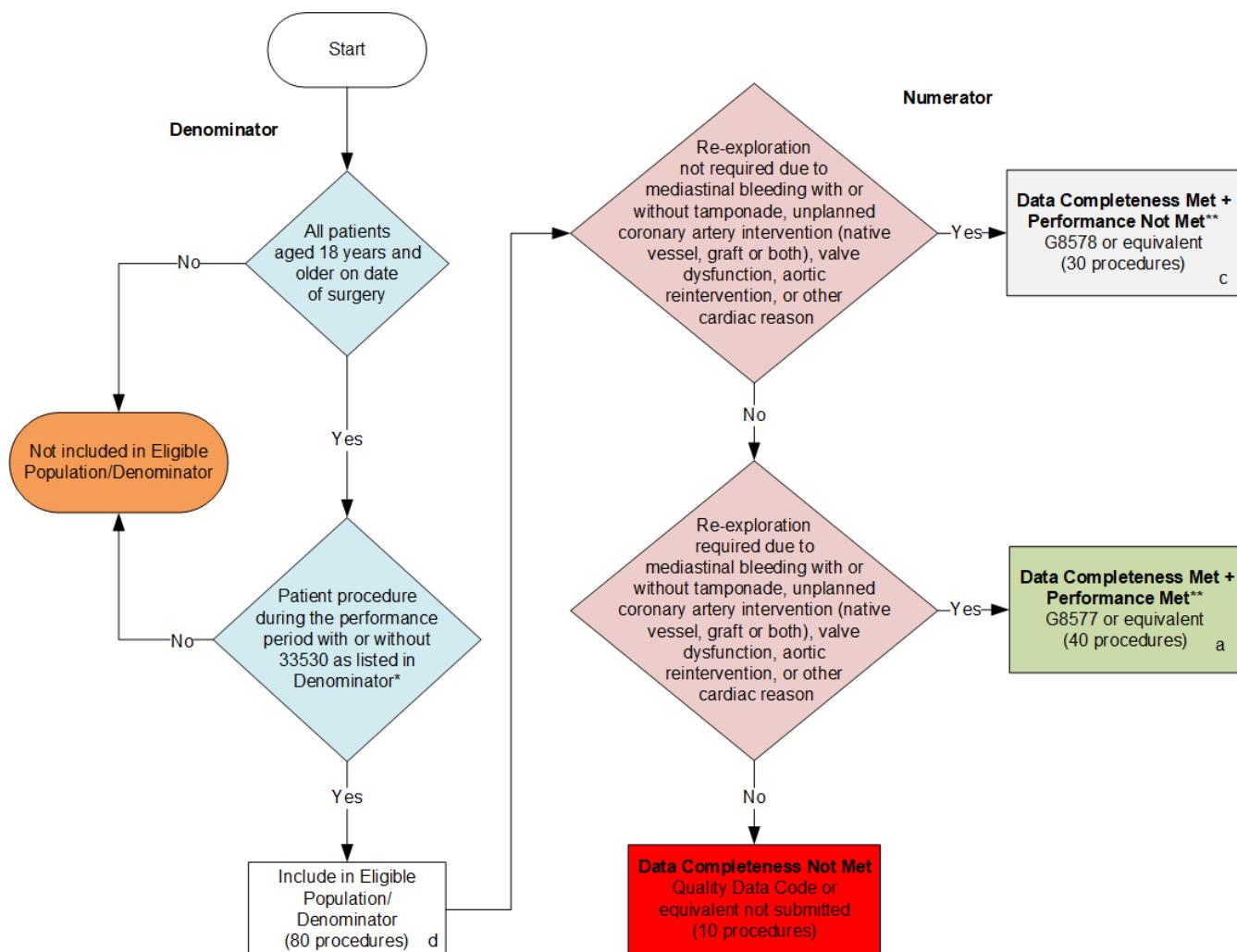
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**2026 Clinical Quality Measure Flow for Quality ID #168:
Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration
INVERSE MEASURE: LOWER SCORE - BETTER**

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

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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.

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2026 Clinical Quality Measure Flow Narrative for Quality ID #168:
Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration
INVERSE MEASURE: LOWER SCORE - BETTER

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

1. Start with Denominator
2. Check *All patients aged 18 years and older on date of surgery*:
 - a. If *All patients aged 18 years and older on date of surgery* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *All patients aged 18 years and older on date of surgery* equals Yes, proceed to check *Patient procedure during the performance period with or without 33530 as listed in Denominator**.
3. Check *Patient procedure during the performance period with or without 33530 as listed in Denominator**:
 - a. If *Patient procedure during the performance period with or without 33530 as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient procedure during the performance period with or without 33530 as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.
4. Denominator Population:
 - 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.
5. Start Numerator
6. Check *Re-exploration not required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native, vessel, graft, or both), valve dysfunction, aortic reintervention, or other cardiac reason*:
 - a. If *Re-exploration not required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native vessel, graft or both), valve dysfunction, aortic reintervention, or other cardiac reason* equals Yes, include in *Data Completeness Met and Performance Not Met***.
 - *Data Completeness Met and Performance Not 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.
 - b. If *Re-exploration not required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native, vessel, graft or both), valve dysfunction, aortic reintervention, or other cardiac reason* equals No, proceed to check *Re-exploration required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native, vessel, graft, or both), valve dysfunction, aortic reintervention, or other cardiac reason*.
7. Check *Re-exploration required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native vessel, graft, or both), valve dysfunction, aortic reintervention, or other cardiac reason*:
 - a. If *Re-exploration required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native, vessel, graft, or both), valve dysfunction, aortic reintervention, or other cardiac reason* equals Yes, include in *Data Completeness Met and Performance Met***.

- *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.
- b. If *Re-exploration required due to mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native, vessel, graft, or both), valve dysfunction, aortic reintervention, or other cardiac reason* equals No, proceed to check *Data Completeness Not Met*.

8. Check *Data Completeness Not Met*:

- 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 equals Performance Met (a equals 40 procedures) plus Performance Not Met (c equals 30 procedures) divided by Eligible Population / Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate^{**} equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures). All equals 40 procedures divided by 70 procedures. All equals 57.14 percent.

*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

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.