Quality ID #445 (NQF 0119): Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG)

- National Quality Strategy Domain: Effective Clinical Care
- Meaningful Measure Area: Risk Adjusted Mortality

2020 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Outcome - High Priority

DESCRIPTION:

Percent of patients aged 18 years and older undergoing isolated CABG who die, including both all deaths occurring during the hospitalization in which the CABG was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure

INSTRUCTIONS:

This measure is to be submitted a minimum of <u>once per performance period</u> for patients undergoing isolated CABG during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

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

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

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:

Number of patients undergoing isolated CABG who die, including both all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure

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: Patient died including all deaths occurring during the

hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure (G9812)

OR

Performance Not Met: Patient did not die within 30 days of the procedure or during

the index hospitalization (G9813)

RATIONALE:

Quality measurement and outcome analysis of this common cardiac procedure will drive process improvement for providers and assist patients with decision-making related to treatment of coronary disease.

CLINICAL RECOMMENDATION STATEMENTS:

Mortality is likely the single most important negative outcome that can be associated with a surgical procedure. Coronary artery bypass grafting is the most common cardiac surgery performed in the US.

COPYRIGHT:

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

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 AMA, NCQA, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures 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.