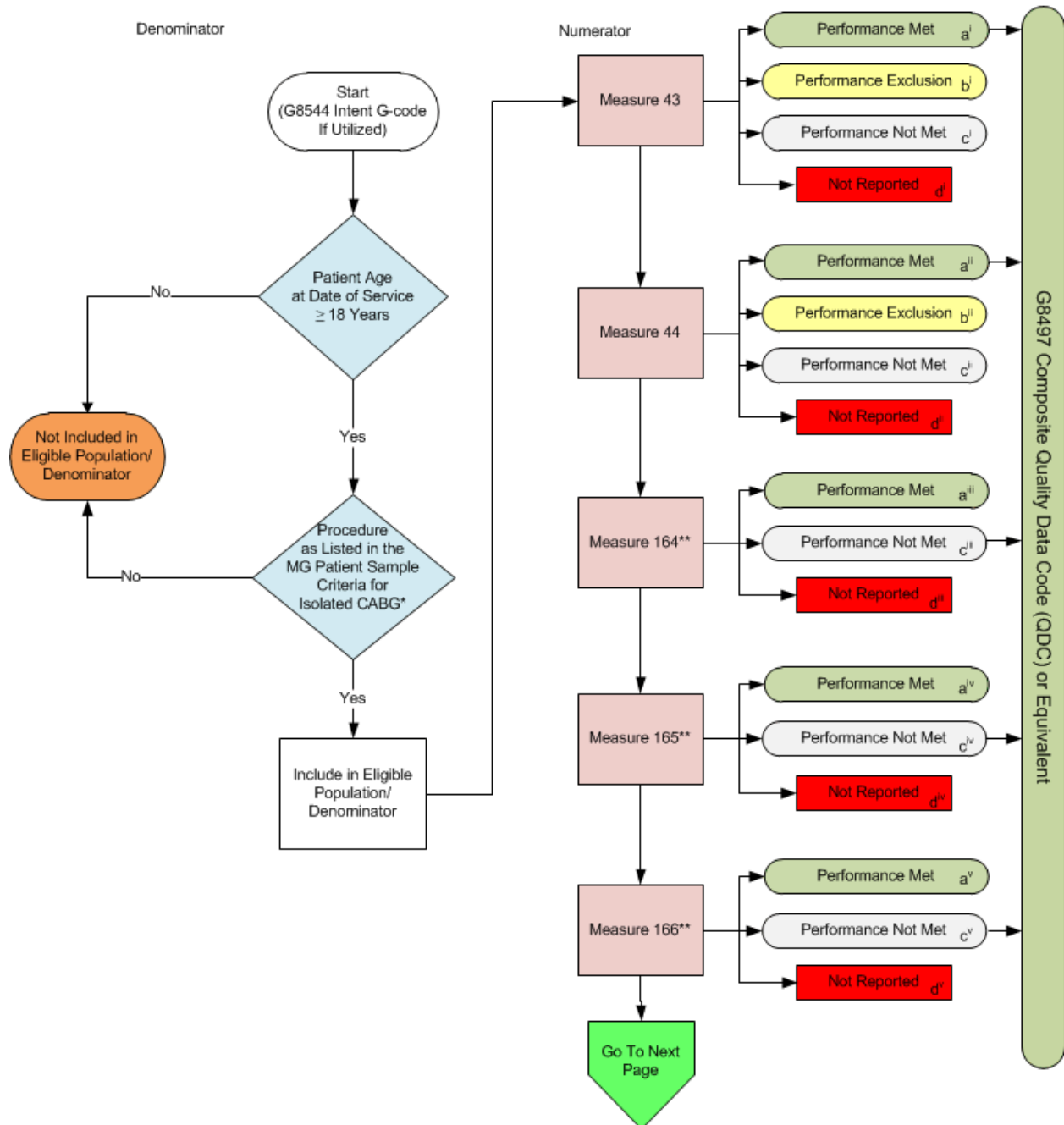


2015 Measures Group (MG) Flow Coronary Artery Bypass Graft (CABG)

Note: For Measure numerator details, please refer to the Measures Groups Specification Manual

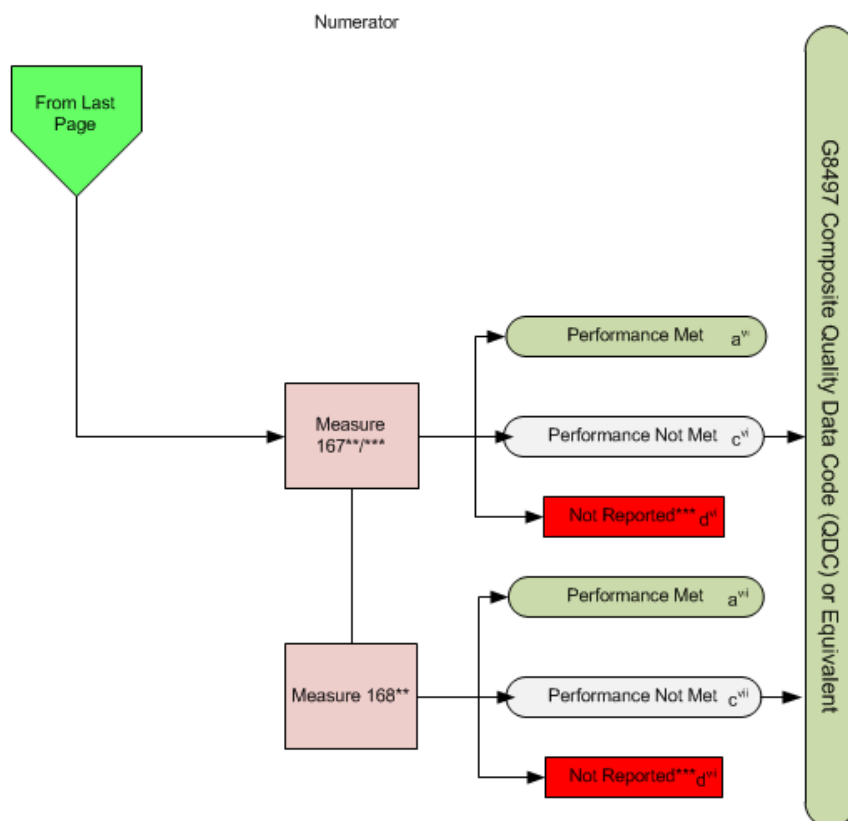


*See the posted 2015 Measures Groups Specification Manual for Patient Sample Criteria, specific coding and instructions to report this measures group.

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

2015 Measures Group (MG) Flow Coronary Artery Bypass Graft (CABG)

Note: For Measure numerator details, please refer to the Measures Groups Specification Manual



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

*** Measure #167 need only be reported when the patient does not have a documented history of renal failure or a baseline serum creatinine ≥ 4.0 mg/dL; see the 2015 Measures Groups Specification Manual for additional details.

2015 Measures Group (MG) Flow Coronary Artery Bypass Graft (CABG)

Scenarios for Reporting (Patient/Procedure) and Performance (Measure) Algorithms:

a= Performance Met; b=Performance Exclusion; c=Performance Not Met; d=Not Reported; e=Not Applicable

	<u>Measure 43</u> (i)	<u>Measure 44</u> (ii)	<u>Measure 164**</u> (iii)	<u>Measure 165**</u> (iv)	<u>Measure 166**</u> (v)	<u>Measure 167**/***</u> (vi)	<u>Measure 168**</u> (vii)
Patient X 40 Years, Isolated CABG	Met (a ⁱ)	Met (a ⁱ)	Not Met (c ⁱⁱ)	Not Met (c ^{iv})	Not Met (c ^v)	Not Met (c ^{vi})	Not Met (c ^{vii})
Patient Y 65 Years, History of Renal Failure, Isolated CABG	Exclusion (b ⁱ)	Met (a ⁱ)	Not Met (c ⁱⁱ)	Met (a ^{iv})	Met (a ^v)	Not Applicable (e ^{vi})	Met (a ^{vii})
Patient Z 55 Years, Isolated CABG	Not Met (c ⁱ)	Met (a ⁱ)	Met (a ⁱⁱ)	Not Reported (d ^{iv})	Met (a ^v)	Met (a ^{vi})	Met (a ^{vii})

Reporting Algorithm****

Patient X [aⁱ,aⁱⁱ,c^{iv},c^v,c^{vi},c^{vii}] + Patient Y [bⁱ,aⁱⁱ,cⁱⁱ,a^{iv},a^v,e^{vi},a^{vii}] + Patient Z [cⁱ,aⁱⁱ,aⁱⁱ,d^{iv},a^v,a^{vi},a^{vii}] = 1+1+0 = 2 of the Required 20 Patient Sample Reported

Performance Algorithms

Measure 43

Performance Met (1) = 1 = 50.00%
Reported QDC for eligible patient (3) – Performance Exclusion (1) 2

Measure 167

Performance Met (1) = 1 = 50.00%
Reported QDC for eligible patient (2) 2

Measure 44

Performance Met (3) = 3 = 100.00%
Reported QDC for eligible patient (3) – Performance Exclusion (0) 3

Measure 168

Performance Met (2) = 2 = 66.67%
Reported QDC for eligible patient (3) 3

Measure 164

Performance Met (1) = 1 = 33.33%
Reported QDC for eligible patient (3) 3

Measure 165*

Performance Met (1) = 1 = 50.00%
Reported QDC for eligible patient (2) 2

Measure 166

Performance Met (2) = 2 = 66.67%
Reported QDC for eligible patient (3) 3

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

*** Measure #167 need only be reported when the patient does not have a documented history of renal failure or a baseline serum creatinine ≥ 4.0 mg/dL; see the 2015 Measures Groups Specification Manual for additional details.

****Reporting of all measures contained in measures group, per eligible patient (procedure), equals one.

2015 Measures Group (MG) Flow Coronary Artery Bypass Graft (CABG)

Please refer to the specific section of the 2015 PQRS Measures Groups Specifications Manual to identify specific coding and instructions to report the CABG Measures Group Patient Sample Criteria (denominator), individual measures, and numerator options information for use in reporting this Measures Group.

1. Start with G8544 Intent G-code If Utilized
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years of age at Date of Service equals No, do not include in Eligible Population/Denominator. Stop Processing.
 - b. If the Age is greater than or equal to 18 years of age at Date of Service equals Yes, proceed to check Procedure Performed.
3. Check Procedure Performed:
 - a. If Procedure as Listed in the MG Patient Sample Criteria for Isolated CABG equals No, do not include in Eligible Population. Stop Processing.
 - b. If Procedure as Listed in the MG Patient Sample Criteria for Isolated CABG equals Yes, include in the Eligible Population/Denominator.
4. Denominator Population
 - a. Include in Eligible Population/Denominator is all eligible patients who meet the Patient Sample Criteria (denominator) for the Measures Group. For each measure within the measures group each numerator option is represented by a letter which is used in the Scenarios for Reporting and Performance Algorithms at the end of this document.
5. Start Numerator Options for Measures within the Measures Group
6. Composite Quality Data Code (QDC) G8497 has been created for registries that utilize claims data. This QDC may be reported in lieu of individual QDCs when all quality clinical actions for all applicable measures within the group have been performed for this patient.
7. Measure 43
 - a. Numerator option Performance Met has an arrow pointing to G8497 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱ.
 - b. Numerator option Performance Exclusion is represented by letter bⁱ.
 - c. Numerator option Performance Not Met is represented by letter cⁱ.
 - d. Numerator option Not Reported is represented by letter dⁱ.
8. Measure 44
 - a. Numerator option Performance Met has an arrow pointing to G8497 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱⁱ.
 - b. Numerator option Performance Exclusion is represented by letter bⁱⁱ.
 - c. Numerator option Performance Not Met is represented by letter cⁱⁱ.
 - d. Numerator option Not Reported is represented by letter dⁱⁱ.
9. Measure 164

- a. Measure #164 is an inverse measure. A lower calculated performance rate for this measure indicates better clinical control and care.
- b. Performance Met is represented by letter aⁱⁱⁱ.
- c. Numerator option Performance Not Met has an arrow pointing to G8497 Composite Quality Data Code (QDC) or Equivalent. Numerator option Performance Not Met is represented by letter cⁱⁱⁱ.
- d. Numerator option Not Reported is represented by letter dⁱⁱⁱ.

10. Measure 165

- a. Measure #165 is an inverse measure. A lower calculated performance rate for this measure indicates better clinical control and care.
- b. Performance Met is represented by letter a^{iv}.
- c. Numerator option Performance Not Met has an arrow pointing to G8497 Composite Quality Data Code (QDC) or Equivalent. Numerator option Performance Not Met is represented by letter c^{iv}.
- d. Numerator option Not Reported is represented by letter d^{iv}.

11. Measure 166

- a. Measure #166 is an inverse measure. A lower calculated performance rate for this measure indicates better clinical control and care.
- b. Performance Met is represented by letter a^v.
- c. Numerator option Performance Not Met has an arrow pointing to G8497 Composite Quality Data Code (QDC) or Equivalent. Numerator option Performance Not Met is represented by letter c^v.
- d. Numerator option Not Reported is represented by letter d^v.

12. Measure 167

- a. Measure #167 is an inverse measure. A lower calculated performance rate for this measure indicates better clinical control and care.
- b. Measure #167 need only be reported when the patient does not have a documented history of renal failure or a baseline serum creatinine ≥ 4.0 mg/dL. When measure #167 is Not Applicable it is represented by letter e^{vi} in the Scenarios for Reporting Algorithms.
- c. Performance Met is represented by letter a^{vi}.
- d. Numerator option Performance Not Met has an arrow pointing to G8497 Composite Quality Data Code (QDC) or Equivalent. Numerator option Performance Not Met is represented by letter c^{vi}.
- e. Numerator option Not Reported is represented by letter d^{vi}.

13. Measure 168

- a. Measure #168 is an inverse measure. A lower calculated performance rate for this measure indicates better clinical control and care.
- b. Performance Met is represented by letter a^{vii}.
- c. Numerator option Performance Not Met has an arrow pointing to G8497 Composite Quality Data Code (QDC) or Equivalent. Numerator option Performance Not Met is represented by letter c^{vii}.
- d. Numerator option Not Reported is represented by letter d^{vii}.

14. Scenarios for Reporting and Performance Algorithms

15. Patient X 40 Years Old had Isolated CABG

- a. Patient X Met Measure 43 (represented by aⁱ)

- b. Patient X Met Measure 44 (represented by aⁱⁱ)
 - c. Patient X Not Met but Reported Measure 164 (represented by cⁱⁱⁱ)
 - d. Patient X Not Met but Reported Measure 165 (represented by c^{iv})
 - e. Patient X Not Met but Reported Measure 166 (represented by c^v)
 - f. Patient X Not Met but Reported Measure 167 (represented by c^{vi})
 - g. Patient X Not Met but Reported Measure 168 (represented by c^{vii})
- 16. Patient Y 65 Years Old with History of Renal Failure, had Isolated CABG
 - a. Patient Y Exclusion Reported for Measure 43 (represented by bⁱ)
 - b. Patient Y Met Measure 44 (represented by aⁱⁱ)
 - c. Patient Y Not Met but Reported Measure 164 (represented by cⁱⁱⁱ)
 - d. Patient Y Met Measure 165 (represented by a^{iv})
 - e. Patient Y Met Measure 166 (represented by a^v)
 - f. Patient Y Not Applicable for Measure 167 (represented by e^{vi})
 - g. Patient Y Met Measure 168 (represented by a^{vii})
- 17. Patient Z 55 Years Old had Isolated CABG
 - a. Patient Z Not Met but Reported Measure 47 (represented by cⁱ)
 - b. Patient Z Met Measure 44 (represented by aⁱⁱ)
 - c. Patient Z Met Measure 164 (represented by aⁱⁱⁱ)
 - d. Patient Z did Not Report Measure 165 (represented by d^{iv})
 - e. Patient Z Met Measure 166 (represented by a^v)
 - f. Patient Z Met Measure 167 (represented by a^{vi})
 - g. Patient Y Met Measure 168 (represented by a^{vii})
- 18. Reporting Algorithm
 - a. Reporting of all applicable measures contained in the measures group, per eligible patient, equals one
 - b. Patient X Reporting equals 1 Plus Patient Y Reporting equals 1 Plus Patient Z Reporting equals 0 for a total of 2 of the Required 20 Patient Sample Reported
- 19. Performance Algorithms
- 20. Measure 43
 - a. Performance Met equals 1 divided by Reported QDC for 3 eligible patients minus 1 Performance Exclusion equals 50% Performance Rate
- 21. Measure 44
 - a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate
- 22. Measure 164
 - a. Performance Met equals 1 divided by Reported QDC for 3 eligible patients equals 33.33% Performance Rate
- 23. Measure 165
 - a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients equals 50% Performance Rate
- 24. Measure 166
 - a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients equals 66.67% Performance Rate

25. Measure 167

- a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients equals 50% Performance Rate

26. Measure 168

- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients equals 66.67% Performance Rate