

Anesthesiologist: _____ Date of Service: ____/____/____	
Physical Status    1   2   3   4   5   6	
<input type="checkbox"/> Same MD, DOS and same patient. State Procedure: _____	
<b>MIPS 44: CABG - Preoperative Beta-Blocker (Process)</b>  <u>Numerator Codes</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>4115F:</b> Beta Blocker Administered within 24 hrs. prior to surgical incision</li> <li><input type="checkbox"/> <b>4115F 1P:</b> Documentation of Medical Reason for not administering Beta Blocker</li> <li><input type="checkbox"/> <b>4115F 8P:</b> Beta Blocker not administered, reason not otherwise specified</li> </ul>	<b>MIPS 426: Transfer of Care to PACU (Process)</b>  <u>Denominator Code</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>G9656:</b> Pt transferred directly from anesthetizing location to PACU</li> </ul> <u>Numerator Codes</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>G9655:</b> Transfer of Care Checklist Used</li> <li><input type="checkbox"/> <b>G9658:</b> Transfer of Care Checklist NOT Used</li> </ul>
<b>MIPS 76: CVC related Bloodstream Infections (Process)</b>  <u>Numerator Codes</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>6030F:</b> All elements of sterile barrier techniques followed</li> <li><input type="checkbox"/> <b>6030F 1P:</b> Medical Reason for not following sterile barrier techniques</li> <li><input type="checkbox"/> <b>6030F 8P:</b> Sterile Barrier Techniques not followed, reason not otherwise specified</li> </ul>	<b>MIPS 427: Transfer of Care to ICU (Process)</b>  <u>Denominator Code</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>0581F:</b> Pt transferred directly from anesthetizing location to ICU</li> </ul> <u>Numerator Codes</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>0583F:</b> Transfer of Care Checklist Used</li> <li><input type="checkbox"/> <b>0583F 8P:</b> Transfer of Care Checklist Not Used</li> </ul>
<b>MIPS 424: Temperature Management (Outcome)</b>  <u>Denominator Code</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>4255F:</b> Anesthesia of 60-minutes duration or longer</li> </ul> <u>Numerator Codes</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>G9771:</b> At least 1 body temperature <math>\geq</math> 35.5 degrees Celsius</li> <li><input type="checkbox"/> <b>G9772:</b> Documentation of medical reason for not recording at least 1 body temperature <math>\geq</math> 35.5 degrees Celsius</li> <li><input type="checkbox"/> <b>G9773:</b> At least 1 body temperature <math>\geq</math> 35.5 degrees Celsius <b>NOT</b> recorded</li> </ul> <u>Denominator Exclusions</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>G9654:</b> Monitored Anesthesia Care</li> <li><input type="checkbox"/> <b>G9770:</b> Peripheral Nerve Block</li> </ul>	<b>MIPS 430: Prevention of Post-Op Nausea and Vomiting (Process)</b>  <u>Denominator Codes</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>4554F:</b> Pt received inhalational anesthetic agent</li> <li><input type="checkbox"/> <b>4556F:</b> Pt exhibits 3 or more risk factors for PONV</li> </ul> <u>Numerator Codes</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>G9775:</b> Pt received 2 prophylactic anti-emetic agents</li> <li><input type="checkbox"/> <b>G9776:</b> Documentation of medical reason for NOT receiving 2 anti-emetics</li> <li><input type="checkbox"/> <b>G9777:</b> Pt did NOT receive at least 2 anti-emetics preoperatively and intraoperatively</li> </ul>