

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 76: CVC related Bloodstream Infections (Process)</b>  <u>Numerator Codes</u> <input type="checkbox"/> <b>6030F</b> : All elements of sterile barrier techniques followed <input type="checkbox"/> <b>6030F 8P</b> : Sterile Barrier Techniques not followed, reason not otherwise specified  <u>Denominator Exception</u> <input type="checkbox"/> <b>6030F 1P</b> : Documentation of medical reasons for not following all elements of maximal sterile barrier technique, hand hygiene, skin preparation and sterile ultrasound techniques during CVC insertion	<b>MIPS 130: Documentation of Current Medications in the Medical Record (Process)</b>  <u>Numerator Codes</u> <input type="checkbox"/> <b>G8427</b> : Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications <input type="checkbox"/> <b>G8428</b> : Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given  <u>Denominator Exception</u> <input type="checkbox"/> <b>G8430</b> : Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list
<b>MIPS 404: Anesthesiology Smoking Abstinence (Outcome)</b>  <u>Denominator Codes</u> <input type="checkbox"/> <b>G9642</b> : Current Smoker (e.g. cigarette, cigar, pipe, e-cigarette, or marijuana) <input type="checkbox"/> <b>G9643</b> : Elective surgery <input type="checkbox"/> <b>G9497</b> : Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery  <u>Numerator Codes</u> <input type="checkbox"/> <b>G9644</b> : Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure <input type="checkbox"/> <b>G9645</b> : Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	<b>MIPS 430: Prevention of Post-Op Nausea and Vomiting (Process)</b>  <u>Denominator Codes</u> <input type="checkbox"/> <b>4554F</b> : Pt received inhalational anesthetic agent <input type="checkbox"/> <b>4556F</b> : Pt exhibits 3 or more risk factors for PONV  <u>Numerator Codes</u> <input type="checkbox"/> <b>G9775</b> : Pt received 2 prophylactic anti-emetic agents <input type="checkbox"/> <b>G9777</b> : Pt did NOT receive at least 2 anti-emetics preoperatively and intraoperatively  <u>Denominator Exception</u> <input type="checkbox"/> <b>G9776</b> : Documentation of medical reason for NOT receiving 2 anti-emetics
<b>MIPS 424: Temperature Management (Outcome)</b>  <u>Denominator Code</u> <input type="checkbox"/> <b>4255F</b> : Anesthesia of 60-minutes duration or longer  <u>Numerator Codes</u> <input type="checkbox"/> <b>G9771</b> : At least 1 body temperature $\geq$ 35.5 degrees Celsius <input type="checkbox"/> <b>G9773</b> : At least 1 body temperature $\geq$ 35.5 degrees Celsius <b>NOT</b> recorded  <u>Denominator Exception</u> <input type="checkbox"/> <b>G9772</b> : Documentation of medical reason for not recording at least 1 body temperature $\geq$ 35.5 degrees Celsius  <u>Denominator Exclusions</u> <input type="checkbox"/> <b>G9654</b> : Monitored Anesthesia Care <input type="checkbox"/> <b>G9770</b> : Peripheral Nerve Block	<b>MIPS 477: Multimodal Pain Management (Process)</b>  <u>Numerator Codes</u> <input type="checkbox"/> <b>G2148</b> : Multimodal pain management was used <input type="checkbox"/> <b>G2150</b> : Multimodal pain management was not used  <u>Denominator Exception</u> <input type="checkbox"/> <b>G2149</b> : Documentation of medical reason(s) for NOT using multimodal pain management  <u>Denominator Exclusions</u> <input type="checkbox"/> <b>M1142</b> : Emergent Cases