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**CMIT ID**

00172-01-C-MIPS

**Title**

Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure

**Steward Organization Group**

Society of Thoracic Surgeons

**Committee**

MSR Recommendation Group

**Current Program Use**

Merit-Based Incentive Payment System (MIPS)

**CMS Program History**

- Finalized through rulemaking for inclusion in the Merit-based Incentive Payment System (MIPS) in 2016.
- Implemented in MIPS starting with Performance Year (PY) 2017.

**Description**

Percentage of patients aged 18 years and older undergoing isolated coronary artery bypass graft (CABG) surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis.

**Numerator**

Patients who develop postoperative renal failure or require dialysis.

**Numerator Exceptions**

N/A

**Numerator Exclusions**

N/A

**Denominator**

All patients undergoing isolated CABG surgery.

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## Denominator Exceptions

N/A

## Denominator Exclusions

Documented history of renal failure or baseline serum creatinine  $\geq 4.0$  mg/dL; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the Cr has been or is 4.0 or higher.

## Cascade of Meaningful Measures Priority

Safety

## Level of Analysis

Clinician: Group/Practice, Clinician: Individual

## Care Setting

Hospital: Inpatient Acute Care Facility

## CBE Endorsement History

- This measure was initially endorsed in 2007
- The measure retained endorsement during maintenance in 2019
- Endorsement was removed in 2025

Link to endorsement measure record: [Risk-Adjusted Postoperative Renal Failure](#)

## CBE Endorsement Status

Endorsement Removed

## About this Analysis (Measure Score by PY)

**Impact Summary:** This measure supports the Merit-based Incentive Payment System (MIPS) by assessing the occurrence of postoperative renal failure or dialysis among patients undergoing isolated coronary artery bypass graft surgery, an outcome associated with serious postoperative complications and patient safety.

Due to low reporting on this measure, no benchmark data are currently available in the publicly reported MIPS Quality Benchmarks files reviewed for this assessment. As a result, Battelle cannot evaluate performance trends and the potential impact of improvement on patient outcomes at this time. The absence of benchmark data limits the ability to assess the importance or impact of this measure within MIPS. This measure is in the Surgical MIPS Value Pathway (MVP), which should encourage greater adoption and reporting in the future.

For this measure, Battelle reviewed the following publicly available datasets at [Benchmarks - QPP](#):

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- 2026 MIPS Quality Benchmarks.csv
  - 2025 MIPS Quality Benchmarks.csv
  - 2024 MIPS Quality Benchmarks.csv
  
  - 2023 MIPS Quality Benchmarks.csv

There are no benchmark values for “Measure\_ID”=167 in these files, and therefore no data are available to assess this measure. For these years, there has been an insufficient volume of data submitted to establish a performance period benchmark.

### **Importance Criterion Definition**

The Meaningfulness criterion will be evaluated as part of the full Preliminary Assessment available in September.

### **Criterion Definition**

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