

▲Measure #121: Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), who had the following laboratory testing ordered at least once during the 12-month reporting period: serum levels of calcium, phosphorus and intact PTH, and lipid profile

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for patients with CKD seen during the reporting period. It is anticipated that clinicians providing care for patients with CKD will submit this measure.

This measure may be reported using CPT Category II codes:

ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II codes OR the CPT Category II code(s) with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 8P- reasons not otherwise specified.

NUMERATOR:

Patients who had the following laboratory testing ordered at least once during the 12 month reporting period: serum levels of calcium, phosphorus and intact PTH, and lipid profile

Numerator Coding:

Serum Levels of Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile Ordered

CPT II 3278F: Serum levels of calcium, phosphorus, intact Parathyroid Hormone (iPTH) and lipid profile ordered

OR

Serum Levels of Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile not Ordered for Medical or Patient Reasons

Append a modifier (1P or 2P) to CPT Category II code 3278F to report documented circumstances that appropriately exclude patients from the denominator

- 1P: Documentation of medical reason(s) for not ordering serum levels of calcium, phosphorus, intact Parathyroid Hormone (iPTH) and lipid profile
- 2P: Documentation of patient reason(s) for not ordering serum levels of calcium, phosphorus, intact Parathyroid Hormone (iPTH) and lipid profile

OR

Serum Levels of Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile not Ordered, Reason not Specified

Append a reporting modifier (8P) to CPT Category II code 3278F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- 8P: Serum levels of calcium, phosphorus, intact Parathyroid Hormone (iPTH) and lipid profile not ordered, reason not otherwise specified

DENOMINATOR:

All patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT)

Denominator Coding:

An ICD-9 diagnosis code for CKD and a CPT E/M service code are required to identify patients for denominator inclusion.

ICD-9 diagnosis codes: 585.4, 585.5

AND

CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

RATIONALE:

Bone disease is a common complication of chronic kidney disease. Patients with CKD should be monitored for calcium and phosphate imbalances and secondary hyperparathyroidism. Disturbances in mineral and bone metabolism are prevalent in CKD and are an important cause of morbidity, decrease in quality of life, and extraskeletal calcification that has been associated with increased CV mortality (taken verbatim from Definition, evaluation, and classification of renal osteodystrophy: a position statement from the Kidney Disease: Improving Global Outcomes (KDIGO), Moe, et al, Kidney Int, 2006; 69:1945-53). Gaps: USRDS 2006 data show that less than 30% of Medicare (and less than 20% of EGHP) pts receive Ca, Phos, PTH measures within a year.

Process/goal of care to be improved: identification of abnormalities mineral and bone metabolism that relate to increased morbidity and mortality.

CLINICAL RECOMMENDATION STATEMENTS:

Serum levels of calcium, phosphorus, and intact plasma parathyroid hormone (PTH) should be measured in all patients with CKD and GFR < 60 ml/min/1.73m². (Evidence) (NKF 2003)

If a patient has GFR ≤ 30 ml/min/1.73m², then s/he should have his/her serum calcium and phosphorus measured at least every three months, and iPTH levels measured at least once. (Grade B) (RPA 2002)

Patients with CKD should be considered in the “highest-risk” group for CVD for implementing recommendations for pharmacological therapy, irrespective of cause of CKD. (Grade A) (NKF 2004)

All adults and adolescents with CKD should be evaluated for dyslipidemias. (Grade B) (NKF 2003)

For adults and adolescents with CKD, the assessment of dyslipidemias should include a complete fasting lipid profile with total cholesterol, LDL, HDL, and triglycerides. (Grade B) (NKF 2003)