Measure #123: Chronic Kidney Disease (CKD): Plan of Care: Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)

DESCRIPTION:
Percentage of patient calendar months during the 12-month reporting period in which patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), receiving ESA therapy, have a hemoglobin < 13 g/dL OR patients whose hemoglobin is ≥ 13 g/dL and have a documented plan of care

INSTRUCTIONS:
This measure is to be reported each calendar month patients are seen with a diagnosis of advanced CKD (stage 4 or 5) during the reporting period. The most recent quality code submitted will be used for performance calculation. 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 modifier allowed for this measure is: 8P- reasons not otherwise specified. There are no allowable performance exclusions for this measure.

NUMERATOR:
Number of patient calendar months during which patients with a hemoglobin level of < 13 g/dL OR patients whose hemoglobin level is ≥ 13 g/dL have a documented plan of care

Definition: A documented plan of care should include reducing the ESA dose and repeating hemoglobin at a specified future date.

NUMERATOR NOTE: The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.

Numerator Coding:
Hemoglobin level < 13 g/dL
(Two CPT II codes [328xF & 4171F] are required on the claim form to submit this category)

CPT II 3281F: Hemoglobin level less than 11 g/dL
OR
CPT II 3280F: Hemoglobin level 11 g/dL to 12.9 g/dL

AND

CPT II 4171F: Patient receiving Erythropoiesis-Stimulating Agent (ESA) therapy

OR

Hemoglobin level ≥ 13 g/dL with a Documented Plan of Care
(Three CPT II codes [3279F & 0514F & 4171F] are required on the claim form to submit this category)

CPT II 3279F: Hemoglobin level greater than or equal to 13 g/dL
AND
CPT II 0514F: Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent (ESA) therapy
AND
CPT II 4171F: Patient receiving Erythropoiesis-Stimulating Agent (ESA) therapy

OR

If patient is not eligible for this measure because, patient was not receiving erythropoiesis-stimulating agent (ESA) therapy, report:
(One CPT II code [4172F] is required on the claim form to submit this category)

CPT II 4172F: Patient not receiving Erythropoiesis-Stimulating Agent (ESA) therapy

OR

Hemoglobin Level Measurement not Performed
(Two CPT II codes [3281F-8P & 4171F] are required on the claim form to submit this category)

Append a reporting modifier (**8P**) to CPT Category II code **3281F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **3281F** *with* **8P:** Hemoglobin level measurement not documented, reason not otherwise specified

AND
CPT II 4171F: Patient receiving Erythropoiesis-Stimulating Agent (ESA) therapy

OR

Plan of Care for Elevated Hemoglobin Level not Documented for Patient Receiving Erythropoiesis-Stimulating Agent (ESA) Therapy, Reason not Specified
(Three CPT II codes [0514F-8P & 3279F & 4171F] are required on the claim form to submit this category)

Append a reporting modifier (**8P**) to CPT Category II code **0514F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **0514F** *with* **8P:** Plan of care for elevated hemoglobin level not documented for patient receiving Erythropoiesis-Stimulating Agent (ESA) therapy, reason not otherwise specified

AND
CPT II 3279F: Hemoglobin level greater than or equal to 13 g/dL
AND
CPT II 4171F: Patient receiving Erythropoiesis-Stimulating Agent (ESA) therapy

DENOMINATOR:
Calendar months for all patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving RRT), receiving ESA therapy

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:
The clinical recommendation regarding Hb levels for CKD patients receiving ESA therapy is that Hb level should generally be in the range of 11.0 to 12.0 g/dL. Additionally, these patients should also have their Hb level checked at least monthly. Given that Hb levels vary for each patient due to numerous factors, it is necessary to monitor Hb level closely in order to make the individualized treatment decisions required in maintaining Hb level in the target range. There is no evidence of benefit from ESA therapy when Hb levels are maintained at greater than 13.0 g/dL. Maintaining Hb at higher levels may result in potential harm to the patient, as well as incur unjustified cost. Evidence linking increased risks for patients with CKD and higher Hb levels were for target Hb levels greater than 13.0g/dL (CHOIR/CREATE). The intention of this measure is not to suggest that the goal of ESA treatment is to reach an achieved Hb of 13.0 g/dL. Rather, as a patient safety measures, it is to realize that patients who reach Hb levels higher than 13.0 g/dL are at increased risk for adverse events, and that these elevated Hb levels need to be addressed by adjusting ESA dosage.

CLINICAL RECOMMENDATION STATEMENTS:
The frequency of HB monitoring in patients treated with ESAs should be at least monthly. (Opinion) (NKF 2006)

The Hb target is the intended aim of ESA therapy for the individual patient with CKD. In clinical practice, achieved Hb results vary considerably from Hb target.

- Selection of the Hb target and selection of the Hb level at which ESA therapy is initiated in the individual patient should include consideration of potential benefits (including improvement in the quality of life and avoidance of transfusion) and potential harms (including the risk of life-threatening adverse events). (Clinical Practice Recommendation) (NKF 2007)
- In dialysis and nondialysis patients with CKD receiving ESA therapy, the selected Hb target should generally be in the range of 11.0 to 12.0 g/dL. (Clinical Practice Recommendation) (NKF 2007)

- In dialysis and nondialysis patients with CKD receiving ESA therapy, the Hb target should not be greater than 13.0 g/dL. (Clinical Practice Guideline; Moderately Strong Evidence) (NKF, 2007)

The initial ESA dose and the ESA dose adjustments should be determined by the patient's Hb level, the target Hb level, the observed rate of increase in Hb level, and clinical circumstances. (Opinion) (NKF 2006)

ESA doses should be decreased, but not necessarily held, when a downward adjustment of Hb level is needed. (Opinion) (NKF 2006)