

▲Measure #78: Vascular Access for Patients Undergoing Hemodialysis

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of end stage renal disease (ESRD) and receiving hemodialysis who have a functioning AV fistula OR patients who are referred for an AV fistula at least once during the 12-month reporting period

INSTRUCTIONS:

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

This measure is reported using CPT Category II codes:

ICD-9 diagnosis codes, CPT procedure codes, G-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 procedure codes, G-codes and the appropriate CPT Category II code(s) **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 have a functioning AV fistula OR patients who are referred for AV fistula at least once during the 12 month reporting period

***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:

Patient with Functioning AV Fistula

(One CPT II code [4052F] is required on the claim form to submit this category)

CPT II 4052F: Hemodialysis via functioning arterio-venous (AV) fistula

OR

Patient Referred for AV Fistula

(Two CPT II codes [4051F & 4054F] are required on the claim form to submit this category)

CPT II 4051F: Referred for an arterio-venous (AV) fistula

AND

CPT II 4054F: Hemodialysis via catheter

OR

Patient not Referred for AV Fistula for Medical or Patient Reasons

(Two CPT II codes [~~4051F-XP~~ & 4054F] are required on the claim form to submit this category)

Append a modifier (1P or 2P) to CPT Category II code 4051F to report documented circumstances that appropriately exclude patients from the denominator.

- 4051F *with* 1P: Documentation of medical reason(s) for not referring for an AV fistula
- 4051F *with* 2P: Documentation of patient reason(s) for not referring for an AV fistula

AND

CPT II 4054F: Hemodialysis via catheter

OR

If patient is not eligible for this measure because patient has a functioning arterio-venous (AV) graft, report:

(One CPT II code [4053F] is required on the claim form to submit this category)

CPT II 4053F: Hemodialysis via functioning arterio-venous (AV) graft

OR

Patient not Referred for AV Fistula, Reason not Specified

(Two CPT II codes [4051F-8P & 4054F] are required on the claim form to submit this category)

Append a reporting modifier (8P) to CPT Category II codes 4051F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- 4051F *with* 8P: Patient was not referred for an AV fistula, reason not otherwise specified

AND

CPT II 4054F: Hemodialysis via catheter

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of ESRD and receiving hemodialysis

Denominator Coding:

An ICD-9 diagnosis code for ESRD and a G-code or CPT procedure code for hemodialysis are required to identify patients for denominator inclusion.

ICD-9 diagnosis codes: 585.6

AND

CPT procedure codes or G-codes: 90935, 90937, G0314, G0315, G0316, G0317, G0318, G0319

RATIONALE:

A functioning AV fistula is the preferred delivery method for hemodialysis. This measure assesses two components: 1) whether patients have a functioning AV fistula, or 2) if not, was the patient referred for an AV fistula or permanent vascular access at least once during the reporting year. This measure captures actions that are within a nephrologist's control (e.g., referral) rather than simply measuring the percentage of patients who have an AV fistula.

CLINICAL RECOMMENDATION STATEMENTS:

Patients should have a functional permanent access at the initiation of dialysis therapy. A fistula should be placed at least 6 months before the anticipated start of HD treatments. This timing allows for access evaluation and additional time for revision to ensure a working fistula is available at initiation of dialysis therapy. (B) A graft should, in most cases, be placed at least 3 to 6 weeks before the anticipated start of HD therapy. Some newer graft materials may be cannulated immediately after placement. (B) A peritoneal dialysis (PD) catheter ideally should be placed at least 2 weeks before the anticipated start of dialysis treatments. A backup HD access does not need to be placed in most patients. A PD catheter may be used as a bridge for a fistula in "appropriate" patients. (B) (KDOQI™)