

**▲Measure #80: Plan of Care for ESRD Patients with Anemia**

**DESCRIPTION:**

Percentage of patient calendar months during the 12-month reporting period in which patients aged 18 years and older with a diagnosis of end stage renal disease (ESRD) who are receiving dialysis have a Hgb  $\geq$  11g/dL OR have a Hgb  $<$  11 g/dL with a documented plan of care for anemia

**INSTRUCTIONS:**

This measure is to be reported each calendar month dialysis is performed on ESRD patients 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 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 have a Hgb  $\geq$  11 g/dL OR have a Hgb  $<$  11 g/dL with a documented plan of care for anemia

*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 has Hemoglobin Level  $\geq$  11 g/dL**

*(One CPT II code [32xxF] is required on the claim form to submit this category)*

**CPT II 3279F: Hemoglobin level greater than or equal to 13 g/dL**

**OR**

**CPT II 3280F: Hemoglobin level 11 g/dL to 12.9 g/dL**

**OR**

**Patient has Hemoglobin < 11 g/dL with a Documented Plan of Care**

*(Two CPT II codes [3281F & 0516F] are required on the claim form to submit this category)*

**CPT II 3281F:** Hemoglobin less than 11 g/dL

**AND**

**CPT II 0516F:** Anemia plan of care documented

**OR**

**Hemoglobin Level not Performed or Documented**

*(Two CPT II codes [3279F] are required on the claim form to submit this category)*

Append a reporting modifier (**8P**) to CPT Category II code **3279F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **3279F with 8P:** Hemoglobin level was not performed or documented, reason not otherwise specified

**OR**

**Patient has Hemoglobin Level < 11 g/dL without a Documented Plan of Care, Reason Not Specified**

*(Two CPT II codes [0516F-8P & 3281F] are required on the claim form to submit this category)*

Append a reporting modifier (**8P**) to CPT Category II codes **0516F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **0516F with 8P:** Anemia plan of care not documented, reason not otherwise specified

**AND**

**CPT II 3281F:** Hemoglobin less than 11g/dL

**DENOMINATOR:**

Calendar months during which all patients aged 18 years and older with a diagnosis of ESRD are receiving dialysis

**Denominator Coding:**

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

**ICD-9 diagnosis codes:** 585.6

**AND**

**CPT procedure codes or G-codes:** 90935, 90937, 90945, 90947, G0314, G0315, G0316, G0317, G0318, G0319, G0322, G0323, G0326, G0327

**RATIONALE:**

Anemia is a common comorbidity in patients with kidney disease, increasing in likelihood as kidney function declines. The goal of this measure is to identify anemia and develop a treatment plan which is vital to “improve patient quality of life, to improve the various physiological abnormalities associated with anemia, to decrease morbidity, to decrease hospitalization, and to improve patient survival.”

**CLINICAL RECOMMENDATION STATEMENTS:**

Hb testing should be carried out in all patients with CKD, regardless of stage or cause (Opinion).  
Hb levels should be measured at least annually (Opinion). In patients with CKD, Hb should be 11.0 g/dL or greater (Moderately Strong Recommendation). (KDOQI™)