

▲Measure #81: Plan of Care for Inadequate Hemodialysis in ESRD Patients

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) receiving hemodialysis have a $Kt/V \geq 1.2$ OR patients who have a $Kt/V < 1.2$ with a documented plan of care for inadequate hemodialysis

INSTRUCTIONS:

This measure is to be each calendar month hemodialysis 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 $Kt/V \geq 1.2$ OR have $Kt/V < 1.2$ with a documented plan of care for inadequate hemodialysis

Definition: A documented plan of care may include checking for adequacy of the AV access, increasing the blood flow, increasing the dialyzer size, increasing the time of dialysis sessions, adjusting dialysis prescription, or documenting residual renal function.

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:

$Kt/V \geq 1.2$

(One CPT II code [30xxF] is required on the claim form to submit this category)

CPT II 3083F: Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea (Kt)/volume(V))

OR

CPT II 3084F: $Kt/V \geq 1.7$ (Clearance of urea (Kt)/volume(V))

OR

Kt/V < 1.2 with a Documented Plan of Care

(Two CPT II codes [3082F & 0505F] are required on the claim form to submit this category)

CPT II 3082F: Kt/V < 1.2 (Clearance of urea (Kt)/volume(V))

AND

CPT II 0505F: Hemodialysis plan of care documented

OR

Kt/V Measurement not Performed or Documented

(One CPT II code [3084F-8P] is required on the claim form to submit this category)

Append a reporting modifier (**8P**) to CPT Category II code **3084F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified

- **3084F with 8P:** Kt/V was not performed or documented, reason not otherwise specified

OR

Patient has Kt/V < 1.2 without a Documented Plan of Care, Reason not Specified

(Two CPT II codes [0505F-8P & 3082F] are required on the claim form to submit this category)

Append a reporting modifier (**8P**) to CPT Category II codes **0505F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **0505F with 8P:** Hemodialysis plan of care not documented, reason not otherwise specified

AND

CPT II 3082F: Kt/V < 1.2 (Clearance of urea (Kt)/volume(V))

DENOMINATOR:

Calendar months for all patients aged 18 years and older with a diagnosis of ESRD who are 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:

Patients receiving hemodialysis must be monitored (by assessing Kt/V) regularly to ensure that their dialysis dose is sufficient. A patient receiving hemodialysis whose Kt/V level is less than 1.2 is not receiving optimal dialysis. This measure assesses whether the treating physician addressed the low Kt/V level. A plan of care (action defined as checking for adequacy of the AV access, increasing the blood flow, increasing the dialyzer size, or increasing the time of dialysis sessions) should be documented by the physician for every time Kt/V is less than 1.2.

CLINICAL RECOMMENDATION STATEMENTS:

Quantifying HD is the first step toward assessment of its adequacy. Fortunately, the intermittent rapid decrease in urea concentration during HD allows a relatively easy measurement of the dose. The delivered dose of HD should be measured at regular intervals no less than monthly(A). (KDOQI™)

The minimally adequate dose of HD given 3 times per week to patients with K_r less than 2 mL/min/1.73 m² should be an spKt/V (excluding RKF) of 1.2 per dialysis. For treatment times less than 5 hours, an alternative minimum dose is a URR of 65% (A). The target dose for HD given 3 times per week with K_r less than 2 mL/min/1.73 m² should be an spKt/V of 1.4 per dialysis not including RKF, or URR of 70% (A). (KDOQI™)