

▲Measure #82: Plan of Care for Inadequate Peritoneal Dialysis

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of end stage renal disease (ESRD) receiving peritoneal dialysis who have a Kt/V \geq 1.7 OR patients who have a Kt/V $<$ 1.7 with a documented plan of care for inadequate peritoneal dialysis at least three times during the 12-month reporting period

INSTRUCTIONS:

This measure is to be reported up to three times per reporting year for ESRD patients receiving peritoneal dialysis during the entire reporting period and seen during the reporting period.

This measure should be reported according to the following frequency, depending on the number of months during the reporting period a patient is receiving peritoneal dialysis:

- 1-4 months- report once during the reporting period
- 5-8 months- report twice during the reporting period
- 9-12 months- report three times 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:

Patients who have a Kt/V \geq 1.7 OR have a Kt/V $<$ 1.7 with a documented plan of care for inadequate peritoneal dialysis at least three times during the 12 month reporting period

Definition: A documented plan of care may include assessing for non-adherence with the peritoneal prescription, sampling, and collection; assessing for error in the peritoneal dialysis prescription and/or inadequate monitoring of the delivered dose; performing peritoneal equilibrium testing; assessing for inadequate patient education; increasing the exchange volume; increasing the number of exchanges per 24 hours; assessing for modality (CAPD or CCPD).

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 1.7

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

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

OR

Kt/V < 1.7 with a Documented Plan of Care

(Two CPT II codes [30xxF & 0507F] are 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 3082F: Kt/V < 1.2 (Clearance of urea (Kt)/volume(V))

AND

CPT II 0507F: Peritoneal dialysis plan of care documented

OR

Kt/V 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 < 1.7 without a Documented Plan of Care, Reason not Specified

(Two CPT II codes [0507F-8P & 30xxF] are required on the claim form to submit this category)

Append a reporting modifier (**8P**) to CPT Category II codes **0507F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **0507F with 8P:** Peritoneal dialysis plan of care not documented, reason not otherwise specified

AND

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

OR

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

DENOMINATOR:

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

Denominator Coding:

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

ICD-9 diagnosis codes: 585.6

AND

CPT procedure codes or G-codes: 90945, 90947, G0322, G0323, G0326, G0327

RATIONALE:

Patients receiving peritoneal dialysis must be monitored (by assessing Kt/V) regularly to ensure that their dialysis dose is sufficient. A patient receiving peritoneal dialysis whose Kt/V level is less than 1.7 is not receiving optimal dialysis. This measure assesses whether the treating physician addressed the low Kt/V level. A plan of care (may include assessing for non-adherence with the peritoneal prescription, sampling, and collection; assessing for error in the peritoneal dialysis prescription and/or inadequate monitoring of the delivered dose; performing peritoneal equilibrium testing; assessing for inadequate patient education; increasing the exchange volume; or increasing the number of exchanges per 24 hours) should be documented by the physician for every time Kt/V is less than 1.7.

CLINICAL RECOMMENDATION STATEMENTS:

Total solute clearance (residual kidney and peritoneal, in terms of Kt/V_{urea}) should be measured within the first month after initiating dialysis therapy and at least once every 4 months thereafter (B). (KDOQI™)

For patients with residual kidney function (considered to be significant when urine volume is > 100 mL/d): The minimal “delivered” dose of total small-solute clearance should be a total (peritoneal and kidney) Kt/V_{urea} of at least 1.7 per week (B).

For patients without RKF (considered insignificant when urine volume is \leq 100 mL/d): The minimal “delivered” dose of total small-solute clearance should be a peritoneal Kt/V_{urea} of at least 1.7 per week measured within the first month after starting dialysis therapy and at least once every 4 months thereafter (B). (KDOQI™)