

### Vascular Access for Patients Undergoing Hemodialysis

*This measure is to be reported for all patients aged 18 years and older with end stage renal disease (ESRD) receiving hemodialysis — a minimum of **once** per reporting period.*

#### Measure 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

#### What will you need to report for each patient with ESRD receiving hemodialysis for this measure?

If you select this measure for reporting, you will report:

- The type of vascular access for every patient receiving hemodialysis:
  - Hemodialysis via functioning AV fistula
  - Hemodialysis via functioning AV graft
  - Hemodialysis via catheter

If the patient is receiving hemodialysis via a catheter, you will then need to report:

- Whether or not you referred the patient for an AV fistula

#### What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to refer a patient for AV fistula, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason)

In these cases, you will need to indicate which reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

# End Stage Renal Disease (ESRD)

## Vascular Access for Patients Undergoing Hemodialysis

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

#### Clinical Information

#### Billing Information

Step 1 Is patient eligible for this measure?			Code Required on Claim Form
	Yes	No	
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form. Refer to coding specifications document for list of applicable codes.
Patient has a diagnosis of end stage renal disease (ESRD).	<input type="checkbox"/>	<input type="checkbox"/>	
There is a CPT Procedure Code or G-Code for hemodialysis.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient also have the other requirements for this measure?			Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Is patient receiving hemodialysis via catheter?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> (ie, patient receiving hemodialysis via a functioning arterio-venous (AV) fistula), report only 4052F and STOP. If <b>No</b> (ie, patient receiving hemodialysis via a functioning arterio-venous (AV) graft), report only 4053F and STOP. If <b>Yes</b> , report 4054F and proceed to Step 3.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Referral for AV Fistula			
Received	<input type="checkbox"/>	<input type="checkbox"/>	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Not received for one of the following reasons:	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Medical (eg, not indicated, contraindicated, other medical reason)</li> <li>Patient (eg, patient declined, economic, social, religious, other patient reason)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4051F-8P (Patient was not referred for an AV fistula, reason not otherwise specified.)

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### Coding Specifications

Codes required to document patient has end stage renal disease (ESRD) and is receiving hemodialysis:

An ICD-9 diagnosis code for ESRD and a CPT procedure code or G-code for hemodialysis are required to identify patients to be included in this measure.

#### ESRD ICD-9 diagnosis codes

- 585.6 (ESRD)

AND

#### CPT procedure codes OR G-Codes

- 90935, 90937, G0314, G0315, G0316, G0317, G0318, G0319 (hemodialysis)

Quality codes for this measure (at least one of the following for every eligible patient):

#### CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 4054F:** Hemodialysis via catheter
- **CPT II 4052F:** Hemodialysis via functioning arterio-venous (AV) fistula
- **CPT II 4053F:** Hemodialysis via functioning arterio-venous (AV) graft
- **CPT II 4051F:** Referred for an arterio-venous (AV) fistula
- **CPT II 4051F-1P:** Documentation of medical reason(s) for not referring for an AV fistula (e.g., documentation of a functioning AV graft)
- **CPT II 4051F-2P:** Documentation of patient reason(s) for not referring for an AV fistula
- **CPT II 4051F-8P:** Patient was not referred for an AV fistula, reason not otherwise specified

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