

### Plan of Care for Inadequate Hemodialysis in ESRD Patients

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

#### Measure 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

#### 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:

- A  $Kt/V$  level for each patient with ESRD receiving hemodialysis once per calendar month. Patients will fall into one of three categories described below:
  - $Kt/V$  measurement  $< 1.2$
  - $Kt/V$  measurement  $\geq 1.2$  and  $< 1.7$
  - $Kt/V$  measurement  $\geq 1.7$

If the patient's  $Kt/V$  measurement is  $< 1.2$ , you will then need to report:

- Whether or not you documented a plan of care<sup>1</sup> for hemodialysis

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

Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

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<sup>1</sup>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.

# End Stage Renal Disease (ESRD)

## Plan of Care for Inadequate Hemodialysis in ESRD Patients

### 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's Kt/V measurement < 1.2?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> (ie, patient's Kt/V measurement $\geq$ 1.7), report only 3084F and STOP. If <b>No</b> (ie, patient's Kt/V measurement $\geq$ 1.2 and < 1.7), report only 3083F and STOP. If <b>Yes</b> , report 3082F and proceed to Step 3. If Kt/V measurement not performed, report 3084F-8P and STOP.
Step 3 Does patient meet the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Hemodialysis Plan of Care <sup>1</sup>	Yes	No	
Documented	<input type="checkbox"/>	<input type="checkbox"/>	0505F
			If <b>No</b> is checked for the above, report 0505F-8P (Hemodialysis plan of care not documented, reason not otherwise specified.)

<sup>1</sup>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.

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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 3082F:** Kt/V less than 1.2 (Clearance of urea (Kt)/volume(V))
- **CPT II 3083F:** Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea (Kt)/volume(V))
- **CPT II 3084F:** Kt/V greater than or equal to 1.7 (Clearance of urea (Kt)/volume(V))
- **CPT II 3084F-8P:** Kt/V was not performed or documented, reason not otherwise specified
- **CPT II 0505F:** Hemodialysis plan of care documented
- **CPT II 0505F-8P:** Hemodialysis plan of care not documented, reason not otherwise specified

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