

Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula

Coding Specifications

Codes required to document patient has chronic kidney disease (CKD) (stage 4 or 5) or end stage renal disease (ESRD) and a procedure for hemodialysis access occurred:

An ICD-9-CM diagnosis code for CKD (stage 4 or 5) or ESRD and a CPT code for hemodialysis access are required to identify patients to be included in this measure.

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

CKD or ESRD ICD-9-CM diagnosis codes

- 585.4, 585.5 (CKD, stage IV or V)
- 585.6 (ESRD)
- 996.73 (complications due to renal dialysis device, implant, and graft)

AND

CPT codes

- 36818, 36819, 36820, 36821
- 36825, 36830

Quality codes for this measure:

G-code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **G8530:** Autogenous AV fistula received
- **G8531:** Clinician documented that patient was not an eligible candidate for autogenous AV fistula
- **G8532:** Clinician documented that patient received vascular access other than autogenous AV fistula, reason not specified