

## Referral for Arteriovenous (AV) Fistula

### Coding Specifications

Codes required to document patient has advanced chronic kidney disease (CKD) and a visit occurred:

A line item ICD-9-CM diagnosis code for advanced CKD and a CPT E/M service code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

#### Advanced CKD line item ICD-9-CM diagnosis codes

- 585.4, 585.5 (CKD, stage IV or V)

AND

#### CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

Quality codes for this measure:

#### CPT II Code descriptors

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

- **CPT II 4051F:** Referred for an arteriovenous (AV) fistula
- **CPT II 4051F-1P:** Documentation of medical reason(s) for not referring for an AV fistula
- **CPT II 4051F-2P:** Documentation of patient reason(s) for not referring for an AV fistula
- **CPT II 4051F-8P:** Patient not referred for AV fistula, reason not otherwise specified

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