

# Chronic Kidney Disease (CKD)

## Referral for Arteriovenous (AV) Fistula

### 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?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]).	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT E/M Service Code for this visit.	<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 meet or have an acceptable reason for not meeting the measure?			
AV Fistula	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Patient referred for AV Fistula	<input type="checkbox"/>	<input type="checkbox"/>	4051F
Not referred for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4051F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4051F-2P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4051F-8P (Patient not referred for AV fistula, reason not otherwise specified.)