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:

A line item 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 SAME CLAIM.

CKD or ESRD line item 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