### Clinical Information

#### Step 1: Is patient eligible for this measure?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code Required on Claim Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

- Patient is aged 18 years and older on date of encounter.
- Patient has a line item diagnosis of chronic kidney disease (stage 4 or 5) or end stage renal disease.
- There is a CPT Code for surgical placement of hemodialysis access.

If No is checked for any of the above, STOP. Do not report a G-code.

#### Step 2: Does patient meet or have an acceptable reason for not meeting the measure?

<table>
<thead>
<tr>
<th>Autogenous AV Fistula</th>
<th>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Performed</td>
<td>G8530</td>
</tr>
</tbody>
</table>

- Not performed for the following reason:
  - Documented reasons (eg, patient was not an eligible candidate for autogenous AV fistula)

Document reason here and in medical chart.

---

### Billing Information

- Verify date of birth on claim form.
- 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.

- G8530
- G8531

If No is checked for all of the above, report G8532 (Clinician documented that patient received vascular access other than autogenous AV fistula, reason not specified.)