

## Chronic Kidney Disease (CKD) Measures Group

*This measures group is to be reported for patients aged 18 years and older with CKD receiving office or other outpatient services.*

*You will need to report G-code G8487 once to indicate your intent to report on the CKD Measures Group. Once you have reported the G-code, you should begin reporting using one of the patient sample methods listed below.*

**The following 2011 Physician Quality Reporting System measures are included in the CKD Measures Group:**

### **#121. Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)**

#### **Measure Description**

Percentage of patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), who had the following laboratory testing ordered within 12 months: serum levels of calcium, phosphorus and intact PTH, and lipid profile

### **#122. Blood Pressure Management**

#### **Measure Description**

Percentage of patient visits for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), with a blood pressure < 130/80 mmHg OR blood pressure ≥ 130/80 mmHg with a documented plan of care

### **#123. Plan of Care: Elevated Hemoglobin for Patients Receiving Erythropoiesis – Stimulating Agents (ESA)**

#### **Measure Description**

Percentage of calendar months during the 12-month reporting period in which patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), receiving ESA therapy, have a hemoglobin < 13 g/dL OR patients whose hemoglobin is ≥ 13 g/dL and have a documented plan of care

### **#153. Referral for Arteriovenous (AV) Fistula**

#### **Measure Description**

Percentage of patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), who were referred for AV fistula at least once during the 12-month reporting period

**This measures group can be reported by one of the following patient sample methods:**

- **30 Patient Sample Method** — 30 unique Medicare Part B FFS (fee for service) patients meeting patient sample criteria for the measures group.
- **50% Patient Sample Method via Claims or 80% Patient Sample Method via Registry** — All patients meeting patient sample criteria for the measures group during the entire reporting period (January 1 through December 31, 2011 OR July 1 through December 31, 2011). For the 12-month reporting period, a minimum of 15 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactorily. For the 6-month reporting period, a minimum of 8 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactorily.

Physician Performance Measures (Measures) and related data specifications, developed by the Physician Consortium for Performance Improvement® (the Consortium), are intended to facilitate quality improvement activities by physicians.

These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its Measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures.

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