Measure #172 (NQF 0259): Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula

2014 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of advanced Chronic Kidney Disease (CKD) (stage 3, 4, or 5) or End Stage Renal Disease (ESRD) requiring hemodialysis vascular access documented by surgeon to have received autogenous AV fistula

INSTRUCTIONS:
This measure is to be reported each time a procedure for hemodialysis access is performed during the reporting period. It is anticipated that clinicians who perform the listed surgical procedures as specified in the denominator coding will submit this measure.

Measure Reporting via Claims:
ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure’s denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-9-CM/ICD-10-CM diagnosis codes, CPT code, and the appropriate numerator quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients with advanced CKD or ESRD who undergo open surgical placement of permanent hemodialysis access

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for stage 3, 4, or 5 CKD or ESRD (ICD-9-CM) [for use 1/1/2014-9/30/2014]: 585.3, 585.4, 585.5, 585.6, 996.73
Diagnosis for stage 3, 4, or 5 CKD or ESRD (ICD-10-CM) [for use 10/01/2014-12/31/2014]: N18.3, N18.4, N18.5, N18.6, T82.818A, T82.828A, T82.838A, T82.848A, T82.858A, T82.868A, T82.898A
AND
Patient encounter during the reporting period (CPT): 36818, 36819, 36820, 36821, 36825, 36830

NUMERATOR:
Patients diagnosed with advanced CKD or ESRD requiring hemodialysis vascular access as documented by the surgeon
**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**Autogenous AV Fistula Performed**

G8530: Autogenous AV fistula received

**OR**

**Autogenous AV Fistula not Performed for Documented Reasons**

G8531: Clinician documented that patient was not an eligible candidate for autogenous AV fistula

**OR**

**Autogenous AV Fistula not Performed, Reason not Given**

G8532: Clinician documented that patient received vascular access other than autogenous AV fistula, reason not given

**RATIONALE:**

AV access complications account for more than 15% of hospital admissions among hemodialysis patients. As the number of patients in need of chronic hemodialysis increases - estimated at 10% per year starting at a base population of 345,000 in 2000 - the cost to the health care system of dialysis access-related complications will increase proportionally.

**CLINICAL RECOMMENDATION STATEMENTS:**

For the surgeon, the most directly measurable performance parameter is the percentage of autogenous accesses placed as a proportion of the total number of accesses, (autogenous and prosthetic) placed by the particular surgeon.