

**KCQA PERFORMANCE MEASURES
DETAILED TECHNICAL SPECIFICATIONS**

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA SOURCE
<p>Vascular Access – Functional Arteriovenous Fistula (AVF) Access or Seen by Vascular Surgeon for Placement</p> <p><i>Level of Analysis:</i> Individual Clinician</p>	<p>Number of patients who have a functional (defined as two needles used) autogenous AVF or do not have such a fistula but have been seen by a vascular surgeon or other surgeon qualified in the area of vascular access for a functional (defined as two needles used) autogenous AVF at least once during the reporting year.</p> <p>Each of the subgroups (the outcomes subgroup and the process subgroup) of the numerator will be reported separately from the total numerator described above as well.</p> <p><i>CPT II code:</i> 4052F (hemodialysis via AV fistula)</p> <p><i>Medical Record Collection:</i> Seen by a vascular surgeon or other surgeon qualified in the area of vascular access includes patients who have been assessed by a vascular access surgeon or other surgeon qualified in the area of vascular access at least once during the reporting year and have not received a functional (defined as two needles used) autogenous AVF during the reporting period.</p> <p>With respect to evidence of “being seen by a vascular access surgeon or other surgeon qualified in the area of vascular access” during the reporting period, documentation in the medical record must include:</p> <ol style="list-style-type: none"> (1) a note or letter from a vascular access surgeon or other surgeon qualified in the area of vascular access summarizing the date on which the assessment took place and the results of it; or (2) a note, which may be prepared by the nephrologist, indicating the patient does not have a functional (defined as two needles used) autogenous AVF and that there was an assessment by a vascular access surgeon or other surgeon qualified in the area of vascular access along with 	<p>All ESRD patients aged 18 years and older receiving hemodialysis during the 12 month reporting year and on dialysis > 90 days.</p> <p><i>ICD code:</i> 585.6 (end stage renal disease)</p> <p>This measure includes both in-center and home hemodialysis patients.</p>	<p>None.</p>	<p>Administrative and paper medical record data, electronic health records.</p>

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	<p>the reason why there was not placement.</p> <p>An electronic collection option will be added when a CPT II code for “seen by a vascular access surgeon or other surgeon qualified in the area of vascular access” is available.</p>			
<p>Vascular Access – Catheter Vascular Access and Seen by Vascular Surgeon for Evaluation for Permanent Access</p> <p><i>Level of Analysis:</i> Individual Clinician</p>	<p>Number of patients who are seen by a vascular surgeon or other surgeon qualified in the area of vascular access for evaluation for permanent vascular access at least once during the 12 month reporting period.</p> <p><i>Medical Record Collection:</i> Seen by a vascular surgeon or other surgeon qualified in the area of vascular access includes:</p> <ul style="list-style-type: none"> (1) patients with a catheter after 90 days on dialysis and who have been assessed for a permanent access by a vascular access surgeon or other surgeon qualified in the area of vascular access at least once during the reporting year and have recieved a permanent access during the reporting period; or (2) patients with a catheter after 90 days on dialysis and who have been assess for a permanent access by a vascular access surgeon or other surgeon qualified in the area of vascular access at least once during the reporting year and have not received a permanent access during the reporting period. <p>With respect to evidence of “being seen by a vascular access surgeon or other surgeon qualified in the area of vascular access” during the reporting period, documentation in the medical record must include:</p> <ul style="list-style-type: none"> (1) a note or letter from a vascular access surgeon or other surgeon qualified in the area of vascular access summarizing the date on which the assessment took place and the results of it; (2) a notation indicating that a patient has had the placement of a permanent access; (3) a note, which may be prepared by the nephrologist, indicating the date on which the 	<p>All ESRD patients aged 18 years and older with a diagnosis of ESRD with a catheter after 90 days on dialysis.</p> <p><i>ICD code:</i> 585.6 (end stage renal disease)</p> <p>This measure includes both in-center and home hemodialysis patients.</p>	<p>Patients enrolled in hospice.</p>	<p>Administrative and paper medical record data, electronic health records.</p>

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	<p>procedure was performed and that there was an assessment by a vascular access surgeon or other surgeon qualified in the area of vascular access along with the results of that consultation; or</p> <p>(4) a note, which may be prepared by the nephrologist, indicating the patient does not have a functional (defined as two needles used) autogenous AVF and that there was an assessment by a vascular access surgeon or other surgeon qualified in the area of vascular access along with the reason why there was not placement.</p> <p>An electronic collection option will be added when a CPT II code for “seen by a vascular access surgeon or other surgeon qualified in the area of vascular access” is available.</p>			
<p>Influenza Vaccination in the ESRD Population</p> <p><i>Level of Analysis:</i> Facility</p>	<p>Number of patients who receive an influenza vaccination during the flu season (October 1 - March 31).</p> <p><i>CPT codes:</i> 90656 (Influenza virus vaccine, split virus, preservative free, when administered to 3 years and older, for intramuscular use), 90658 (Influenza virus vaccine, split virus, when administered to 3 years of age and older, for intramuscular use)</p>	<p>All ESRD patients aged 18 years and older receiving hemodialysis and or peritoneal dialysis during the flu season (October 1 - March 31).</p> <p><i>ICD Code:</i> 585.6 (End stage renal disease)</p>	<p>None.</p>	<p>Administrative and paper medical record data, provider data.</p>
<p>Patient Education Awareness – Facilities</p> <p><i>Level of Analysis:</i> Facility</p>	<p>Number of ESRD patients with medical record documentation of a discussion of renal replacement therapy modalities (including hemodialysis, peritoneal dialysis, home hemodialysis, transplants and identification of potential living donors, and no renal replacement therapy) at least once during the 12 month reporting year.</p> <p><i>Medical Record Collection:</i> A discussion of renal replacement therapy modalities includes a conversation with patients about renal replacement therapy modalities (including hemodialysis, peritoneal dialysis, home hemodialysis, transplants and identification of potential living donors, and no renal replacement therapy).</p> <p>With respect to “discussion of renal replacement therapy</p>	<p>All ESRD patients aged 18 years and older.</p> <p><i>ICD code:</i> 585.6 (End stage renal disease)</p>	<p>None.</p>	<p>Administrative and paper medical record data.</p>

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	<p>modalities”, documentation must include:</p> <ul style="list-style-type: none"> (1) A note or letter from a nephrologist or other health care professional not employed by the facility summarizing the date on which the discussion occurred; or (2) A note, which may be prepared by the facility, indicating the date on which the discussion occurred. 			
<p>Patient Education Awareness - Physician</p> <p><i>Level of Analysis:</i> Individual Clinician</p>	<p>Number of ESRD patients with medical record documentation of a discussion of renal replacement therapy modalities (including hemodialysis, peritoneal dialysis, home hemodialysis, transplants and identification of potential living donors, and no renal replacement therapy) at least once during the 12 month reporting year.</p> <p><i>Medical Record Collection:</i> A discussion of renal replacement therapy modalities includes a conversation with patients about renal replacement therapy modalities (including hemodialysis, peritoneal dialysis, home hemodialysis, transplants and identification of potential living donors, and no renal replacement therapy).</p> <p>With respect to “discussion of renal replacement therapy modalities”, documentation must include:</p> <ul style="list-style-type: none"> (1) A note or letter from a dialysis facility or health care professional summarizing the date on which the discussion occurred; or (2) A note, which may be prepared by a nephrologist or other health care provider, indicating the date on which the discussion occurred. 	<p>All patients aged 18 years and older with a diagnosis of ESRD receiving renal replacement therapy.</p> <p><i>ICD code:</i> 585.6 (End stage renal disease)</p>	<p>None.</p>	<p>Administrative data only.</p>