

KCQA PERFORMANCE MEASURES DETAILED TECHNICAL SPECIFICATIONS

MEASURE	IP OWNER	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA SOURCE
<p>Vascular Access: Functional Arteriovenous Fistula Access or Evaluation by Vascular Surgeon for Placement</p> <p>Level: Individual Clinician</p>	KCQA	<p>Number of patients from the denominator who:</p> <ol style="list-style-type: none"> (1) have a functional autogenous AV fistula (defined as two needles used) or (2) do not have such a fistula but have been seen/evaluated by a vascular surgeon or other surgeon qualified in the area of vascular access for a functional autogenous AV fistula (defined as two needles used) at least once during the 12-month reporting period. <p>The total numerator and each of the numerator subgroups (the outcomes subgroup and the process subgroup) will be reported separately.</p> <p>CPT II code: 4052F (hemodialysis via AV fistula)</p> <p><u>Medical Record Collection:</u> “Seen/evaluated by a vascular surgeon or other surgeon qualified in the area of vascular access” includes patients who have been seen/evaluated by a vascular access surgeon or other surgeon qualified in the area of vascular access at least once during the 12-month reporting period and have <u>not</u> recieved a functional autogenous AV fistula (defined as two needles used) during the reporting period.</p> <p>With respect to evidence of being “seen/evaluated by a vascular access surgeon or other surgeon qualified in the area of vascular access” during the 12-month 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 	<p>All ESRD patients aged 18 years and older receiving hemodialysis during the 12-month reporting period and on dialysis > 90 days.</p> <p>ICD codes for ESRD diagnosis: 585.6 (end stage renal disease)</p> <p>This measure includes both in-center and home hemodialysis patients.</p>	None	Medical records data to be collected via the CROWNWeb Data Repository System; administrative data

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		<p>vascular access indicating that the patient was seen/evaluated for AV fistula placement, the date on which the assessment took place, and the reason an AV fistula was not placed; or</p> <p>(2) a note or letter from the nephrologist indicating that the patient was seen/evaluated for AV fistula placement by a vascular access surgeon or other surgeon qualified in the area of vascular access, the date on which the assessment took place, and the reason an AV fistula was not placed.</p> <p>An electronic collection option will be added when a CPT II code for "seen/evaluated 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 Evaluation by Vascular Surgeon for Permanent Access</p> <p>Level: Individual Clinician</p>	KCQA	<p>Number of patients from the denominator who are seen/evaluated by a vascular surgeon or other surgeon qualified in the area of vascular access for permanent vascular access at least once during the 12-month reporting period.</p> <p><u>Medical Record Collection:</u> "Seen/evaluated by a vascular surgeon or other surgeon qualified in the area of vascular access includes:</p> <p>(1) patients with a catheter after 90 days on dialysis and who have been seen/evaluated for a permanent access by a vascular access surgeon or other surgeon qualified in the area of vascular access at least once during the 12-month reporting period and have received a permanent access during the reporting period;</p> <p>(2) patients with a catheter after 90 days on dialysis and who have been seen/evaluated for a permanent access by a vascular access surgeon or other surgeon qualified in the area of vascular access at least once during the 12-</p>	<p>All ESRD patients aged 18 years and older with a diagnosis of ESRD with a catheter after 90 days on dialysis.</p> <p>ICD codes for ESRD diagnosis: 585.6 (end stage renal disease).</p> <p>This measure includes both in-center and home hemodialysis patients.</p>	Patients enrolled in hospice	Medical records data to be collected via the CROWNWeb Data Repository System; administrative data

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		<p>month reporting period and have <u>not</u> received a permanent access during the reporting period.</p> <p>With respect to evidence of being “seen/evaluated 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 indicating that the patient was seen/evaluated for a permanent vascular access, the date on which the assessment took place, and the reason a permanent access was not placed; or (2) a note or letter from the nephrologist indicating that the patient was seen/evaluated for a permanent access by a vascular access surgeon or other surgeon qualified in the area of vascular access, the date on which the assessment took place, and the reason a permanent access was not placed; or (3) a note prepared by the facility indicating the patient was seen/evaluated for a permanent access by a vascular access surgeon or other surgeon qualified in the area of vascular access, the date on which the assessment took place, and the reason a permanent access was not placed; or (4) a note indicating that the patient has had a permanent access placed, along with the date on which the procedure was performed. <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>			

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Influenza Immunization in the ESRD Population Level: Facility	KCQA	Number of patients from the denominator who: (1) receive an influenza vaccination ¹ (documented by the provider or reported receipt from another provider by the patient); or (1) were assessed and offered an influenza vaccination but decline; or (2) were assessed and determined to have a medical contraindication(s) of anaphylactic hypersensitivity to eggs or other component(s) of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, or bone marrow transplant within the past 6 months (< 6 months prior to encounters between October 1 and March 31). CPT codes for receipt of influenza vaccine: 90655, 90656 , 90657, 90658 CPT Category II code for assessment of influenza immunization status: 1030F. CPT Category II codes for influenza vaccine order or administration: 4037F, 4274F. CPT Category II codes for influenza vaccine <u>not</u> received (append modifiers to CPT Category II codes): 4037F-1P, 4274F-1P, 4037F-2P, 4274F-2P.	All ESRD patients aged 6 months and older receiving hemodialysis and or peritoneal dialysis during the flu season (October 1 - March 31). ICD Codes for ESRD diagnosis: 585.6 (End stage renal disease) CPT dialysis codes: 90935, 90937, 90945, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970	None	Medical records data to be collected via the CROWNWeb Data Repository System; administrative data
Patient Education Awareness Level: Facility	KCQA	Number of patients from the denominator 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/cessation of renal replacement therapy) at least once during the 12-month reporting period.	All ESRD patients aged 18 years and older. ICD codes for ESRD diagnosis: 585.6 (End stage renal disease)	None	Medical records data to be collected via the CROWNWeb Data Repository System; administrative data

¹ Only inactivated virus should be used in the ESRD population.

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		<p><u>Medical Record Collection:</u> 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/cessation of renal replacement therapy).</p> <p>With respect to evidence of “a discussion of renal replacement therapy modalities”, documentation must include:</p> <ol style="list-style-type: none"> (1) A note(s) or letter(s) from the nephrologist or other healthcare professional not employed by the facility indicating the modalities discussed with the patient during the 12-month reporting period; or (2) A note(s) prepared by the facility indicating the modalities discussed with the patient during the 12-month reporting period. 			
<p>Patient Education Awareness</p> <p>Level: Individual Clinician</p>	KCQA	<p>Number of patients from the denominator 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/cessation of renal replacement therapy) at least once during the 12-month reporting period.</p> <p><u>Medical Record Collection:</u> 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/cessation of renal replacement therapy).</p> <p>With respect to evidence of “a discussion of renal</p>	<p>All patients aged 18 years and older with a diagnosis of ESRD receiving renal replacement therapy.</p> <p>ICD codes for ESRD diagnosis: 585.6 (End stage renal disease)</p>	None	Medical records data to be collected via the CROWNWeb Data Repository System; administrative data

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		replacement therapy modalities”, documentation must include: (1) A note(s) prepared by the facility indicating the modalities discussed with the patient during the 12-month reporting period; or (2) A note(s) or letter(s) from the nephrologist or other healthcare provider indicating the modalities discussed with the patient during the 12-month reporting period.			