

# Quality Measures Specifications for PY 2014 ESRD QIP Final Rule

November 1, 2011

## Vascular Access Type – Catheter $\geq$ 90 Days

### Measure Description

This measure reports the percentage of months where an intravenous catheter was in use for 90 days or more, among adult hemodialysis patients at the facility.

### Data Source

Medicare claims

### Care Setting

Dialysis provider/facility

### Measurement Duration

The measurement duration is 12 months. Patients with at least 4 months of eligible claims at the facility are included.

Note that for a claim to be considered eligible, it must be the fourth claim in 4 consecutive months of dialysis claims at the facility (see below). During the baseline period, only months in the baseline period are used to determine a patient's treatment history, because these data were not collected prior to the baseline period. However, for the performance period, the prior 3 months of dialysis claims may be before the performance period in order to determine the treatment history of the patient when evaluating whether a claim in the first month of the performance period is eligible.

### Improvement Notation

Better quality=Lower Proportion

### Denominator

Number of eligible Medicare in-center or home hemodialysis months summed across patients at the facility during the measurement period (baseline or performance).

The denominator includes all in-center and home hemodialysis patients aged at least 18 years and 90 days. We restrict the claims to the last claim of the month for a patient at a facility. A patient must have at least 4 consecutive months of dialysis claims at the facility to be included in the denominator. During the baseline period, only months in the baseline period are used to determine a patient's treatment history. However, for the performance period, only the fourth month must be in the performance period; the prior three months may be from before the performance period and are used only to determine a patient's treatment history. After the criteria above are met, claims are further restricted to in-center and home hemodialysis patients.

Due to a change in data submission instructions, claims during the baseline period with multiple V modifiers reported will not be included in the denominator; however, claims during the performance period with AV fistula *or* graft reported along with catheter will be included in the denominator. During the performance period when these claims are included in the denominator, they will be considered as using an AV fistula or graft and thus not be counted in the numerator. Claims with both AV fistula *and* graft reported will not be included in the denominator (regardless of time period).

### **Denominator Exclusions**

Claims are excluded if any of the following criteria are met:

- Patient is less than 18 years and 90 days old as of the start of the claim, or
- Patient is on PD according to the claim, or
- Patient does not have four consecutive months of eligible claims at the facility among the appropriate months for the baseline and performance periods as described above.

### **Numerator Statement**

The number of eligible Medicare in-center or home hemodialysis months in which an intravenous catheter was in use for 90 days or longer summed across such patients at the facility during the measurement period.

### **Numerator Details**

Patients from the denominator are included in the numerator if:

- The last claim of the month for the patient at the facility reports HCPCS modifier code V5: Catheter, and
- Each of the last dialysis claims of the previous 3 calendar months for the patient at the facility indicates HCPCS modifier code V5: Catheter. (See above for treatment of claims with multiple V modifiers reported.)