

Quality Measures Specifications for PY 2014 ESRD QIP Final Rule

November 1, 2011

Vascular Access Type – Arterial Venous (AV) Fistula

Measure Description

This measure reports the percentage of months where an arterial venous (AV) fistula was in use, 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.

Improvement Notation

Better quality=Higher 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 18 years and older. We restrict to the last claim of the month for a patient at a facility. A patient must have at least 4 months of eligible claims at the facility to be included in the denominator.

Due to a change in data submission instructions, claims during the baseline period with HCPCS modifiers for different vascular access on the same claim 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, will be eligible for counting 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 old as of the start of the claim, or
- Patient is on peritoneal dialysis (PD) according to the claim, or
- Patient has fewer than 4 months of eligible claims at the facility in the measurement period.

Numerator

The number of eligible adult Medicare in-center or home hemodialysis months in which an AV fistula with two needles was in use during the last HD treatment of the month summed across such patients at the facility during the measurement period. Patients from the denominator are included in the

numerator if the last claim of the month for the patient at the facility reports the HCPCS modifier code V7: AV Fistula. (See above for treatment of claims with multiple V modifiers reported.)