

Renal Physicians Association Kidney Quality Improvement Registry, Powered by Premier, Inc.

2018 non-MIPS Measure Specifications

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**RPAQIR1: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy-
National Quality Strategy Domain: Effective Clinical Care**

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of CKD (Stages 1-5, not receiving RRT) and proteinuria who were prescribed ACE inhibitor or ARB therapy within a 12-month period

INSTRUCTIONS:

Once per measurement period

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (Stages 1-5, not receiving renal replacement therapy [RRT]) and proteinuria

Denominator Criteria (Eligible Cases):

Diagnosis of CKD (Stages 1-5) (ICD10): N18.1, N18.2, N18.3, N18.4, N18.5, E11.22

AND

Diagnosis of Proteinuria (ICD10): R80.1, R80.8, R80.9

AND

Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

AND NOT

DENOMINATOR EXCLUSIONS:

Receiving Renal Replacement Therapy (RRT):

N18.6, Z49.31, Z49.32, Z99.2, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, I70.1

NUMERATOR:

Patients who were prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy during the measurement period

Numerator Options:

Performance Met:

ACE inhibitor or ARB therapy prescribed during the measurement period **(RPAQIR_1.NUMER.1.YES)**

OR

Denominator Exception:

ACE inhibitor or ARB therapy not prescribed during the measurement period, medical reason(s) documented (e.g., pregnancy, history of angioedema to ACEI, other allergy to ACEI and ARB, hyperkalemia or history of hyperkalemia while on ACEI or ARB therapy, acute kidney injury due to ACEI or ARB therapy, other medical reasons) **(RPAQIR_1.NUMER.2.YES)**

OR

Denominator Exception:

ACE inhibitor or ARB therapy not prescribed during the measurement period, patient reason(s) documented (e.g., patient declined, other patient reasons) **(RPAQIR_1.NUMER.3.YES)**

OR

Performance Not Met:

ACE inhibitor or ARB therapy not prescribed during the measurement period, other reason(s) or reason not otherwise specified (**RPAQIR_1.NUMER.4.NO**)

RPAQIR2: Adequacy of Volume Management - National Quality Strategy Domain: Effective Clinical Care

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist

INSTRUCTIONS:

Once per calendar month

DENOMINATOR:

All calendar months during which patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) are undergoing maintenance hemodialysis in an outpatient dialysis facility

Denominator Criteria (Eligible Cases):

Diagnosis of ESRD (ICD10): N18.6

AND

Patient encounter for maintenance hemodialysis during the performance period (CPT): 90957, 90958, 90959, 90960, 90961, 90962, [TK1]90969, 90970

NUMERATOR:

Patients with an assessment of the adequacy of volume management during the calendar month of the encounter

Definition

Adequacy of Volume Management - Adequacy of volume management for a patient on dialysis is determined by assessing whether or not the patient achieved the prescribed patient-specific target end dialysis weight after receiving dialysis. This is determined by comparing the prescribed patient-specific target end dialysis weight and the actual measured post dialysis weight (weight at the end of the dialysis treatment).

Numerator Options:

Performance Met:

The patient had an assessment of the adequacy of volume management during the calendar month of the encounter
(RPAQIR_2.NUMER.1.YES)

OR

Performance Not Met:

The patient did not have an assessment of the adequacy of volume management during the calendar month of the encounter
(RPAQIR_2.NUMER.2.NO)

RPAQIR4: Arteriovenous Fistula Rate- National Quality Strategy Domain: Effective Clinical Care

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD and receiving maintenance hemodialysis are using an autogenous arteriovenous (AV) fistula with two needles in an outpatient dialysis facility.

INSTRUCTIONS:

Once per calendar month

DENOMINATOR:

All calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) are undergoing maintenance hemodialysis in an outpatient dialysis facility.

Denominator Criteria (Eligible Cases):

Diagnosis of ESRD (ICD10): N18.6

AND

Patient Encounter for maintenance hemodialysis during the performance period (CPT): 90957, 90958, 90959, 90960, 90961, 90962, [TK2]90969, 90970

NUMERATOR:

Calendar months during which patients are using an autogenous arteriovenous (AV) fistula with two needles

Numerator Options:

Performance Met:

(AV) fistula with two needles used for hemodialysis in the calendar month of this visit **(RPAQIR_4.NUMER.1.YES)**

OR

Denominator Exception

The patient did not have an (AV) fistula with two needles used for hemodialysis in the calendar month of this visit, medical reason(s) documented (e.g., patient has a functioning AV graft, patient is undergoing palliative dialysis with a catheter, patient already referred to or approved by a qualified transplant program and scheduled to receive a living donor kidney transplant, other medical reasons).**(RPAQIR_4.NUMER.2.YES)**

OR

Denominator Exception

The patient did not have an (AV) fistula with two needles used for hemodialysis in the calendar month of this visit, patient reason(s) documented (e.g., patient declined fistula placement, other patient reasons).
(RPAQIR_4.NUMER.3.YES)

OR

Performance Not Met:

The patient did not have an (AV) fistula with two needles used for hemodialysis in the calendar month of this visit, no reason or other reason(s) documented **(RPAQIR_4.NUMER.4.NO)**

RPAQIR5: Transplant Referral - National Quality Strategy Domain: Communication and Care Coordination

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for 90 days or longer who are referred to a transplant center for kidney transplant evaluation within a 12-month period

INSTRUCTIONS:

Once per measurement period.

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) on hemodialysis or peritoneal dialysis for 90 days or longer

Denominator Criteria (Eligible Cases):

Diagnosis of ESRD (ICD10): N18.6

AND

Patient Encounter for hemodialysis or peritoneal dialysis for 90 days or longer during the performance period (CPT):
90957, 90958, 90959, 90960, 90961, 90962, 90965, 90966, 90969, 90970

NUMERATOR:

Patients who are referred to a transplant center for kidney transplant evaluation within a 12-month period

Numerator Options:

Performance Met:

The patient was referred to a transplant center for kidney transplant evaluation during the measurement period
(RPAQIR_5.NUMER.1.YES)

OR

Denominator Exception

The patient was not referred to a transplant center for kidney transplant evaluation during the measurement period, medical reason(s) documented (e.g., patient not receiving dialysis for 90 days or longer, patient undergoing palliative dialysis, patient already referred or approved by a qualified transplant program and scheduled to receive a living donor kidney transplant, other medical reasons) **(RPAQIR_5.NUMER.2.YES)**

OR

Denominator Exception

The patient was not referred to a transplant center for kidney transplant evaluation during the measurement period, patient reason(s) documented (e.g., patient declined, other patient reasons) **(RPAQIR_5.NUMER.3.YES)**

OR

Denominator Exception

The patient was not referred to a transplant center for kidney transplant evaluation during the measurement period, system reason(s) documented (e.g., lack of insurance coverage, nearest facility too far away, other system reasons) **(RPAQIR_5.NUMER.4.YES)**

OR

Performance Not Met:

The patient was not referred to a transplant center for kidney transplant evaluation during the measurement period, no reason or other reason(s) documented
(RPAQIR_5.NUMER.5.NO)

RPAQIR9: Advance Care Planning (Pediatric Kidney Disease) - National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients aged 17 years and younger with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for whom there is documentation of a discussion regarding advance care planning

INSTRUCTIONS:

Once per measurement period

DENOMINATOR:

Patients aged 17 years and younger with a diagnosis of ESRD on hemodialysis or peritoneal dialysis

Denominator Criteria (Eligible Cases):

Diagnosis of ESRD (ICD10): N18.6

AND

Patient Encounter for hemodialysis or peritoneal during the performance period (CPT): 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90963, 90964, 90965,, 90967, 90968, 90969, Z99.2

NUMERATOR:

Patients for whom there is documentation of a discussion regarding advance care planning.

Definition

Discussion - Discussion should result in a plan to establish treatment goals based on patient's medical condition and prognosis. Discussion must endorse a family centered approach, and treatment goals must be determined. The benefits and burdens of dialysis should be discussed, and the quality of the life of the individual be taken into account. Kidney transplant should be discussed if appropriate. Although the discussion can take place with other providers, the physician overseeing the dialysis should confirm that the conversation has been undertaken either 1. Directly by the nephrologist or dialysis center staff, or 2. By another physician overseeing the patient's care.

Numerator Options:

Performance Met:

Documentation of a discussion regarding advance care planning during the measurement period **(99497)**

Performance Not Met:

No documentation of a discussion regarding advance care planning during the measurement period
(RPAQIR_9.NUMER.2.NO)

**RPAQIR11: Hospitalization Rate Following Procedures Performed under Procedure Sedation Analgesia -
National Quality Strategy Domain: Effective Clinical Care**

MEASURE TYPE:

Outcome

DESCRIPTION:

Percentage of inpatient hospitalizations immediately following procedures performed on patients aged 18 years and older under procedure sedation analgesia

INSTRUCTIONS:

Every denominator eligible visit during the measurement period

DENOMINATOR:

Procedures performed under procedure sedation analgesia for patients aged 18 years and older. Procedures Include:

- Ultrasound-guided renal biopsy
- Insertion/maintenance of peritoneal dialysis (PD) catheters for CKD/ESRD
- Insertion/maintenance of tunneled hemodialysis catheters for ESRD
- Percutaneous endovascular procedures performed to manage dysfunction of arteriovenous fistulas/grafts for CKD/ESRD
- Percutaneous placement/maintenance/removal of port catheter
- Percutaneous placement of central venous catheter (CVC) (non dialysis)
- Insertion/maintenance of tunneled CVC (non dialysis)

Denominator Criteria (Eligible Cases):

Eligible procedure during the performance period (CPT): 36556, 36558, 36561, 49418, 49421, 50200, 36565, 36581, 36582, 36901, 36902, 36903, 36904, 36905, 36906, 36907, 36908, 36909, 49422

AND

Sedation analgesia during the performance period (CPT): 99152, 99153

AND NOT

DENOMINATOR EXCLUSION:

Procedures performed while patient is inpatient status: RPAQIR_11.DEN.1.YES

NUMERATOR:

Patients who are hospitalized in an inpatient setting (including 23-hour observations) that occur immediately following the procedure

Numerator Instructions:

INVERSE MEASURE- A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Numerator Options:

Performance Met:

Patient was hospitalized immediately following the procedure, no reason or other reason(s) documented
(RPAQIR_11.NUMER.1.YES)

OR

Denominator Exception:

Patient was hospitalized immediately following the procedure, medical reason(s) documented (e.g., Patient admitted for 23-hour observation for renal biopsy or patient admitted for other reasons unrelated to the procedure)
(RPAQIR_11.NUMER.2.YES)

OR

Denominator Exception:

Patient was hospitalized immediately following the procedure, patient reason(s) documented (e.g., Elective admission)
(RPAQIR_11.NUMER.3.YES)

OR

Performance Not Met:

Patient was not hospitalized immediately following the procedure **(RPAQIR_11.NUMER.4.NO)**

RPAQIR12: Arterial Complication Rate Following Arteriovenous Access Intervention - National Quality Strategy Domain: Patient Safety

MEASURE TYPE:

Outcome

DESCRIPTION:

Percentage of arterial complications in patients aged 18 years and older following angiography, angioplasty or thrombectomy procedures

INSTRUCTIONS:

Every denominator eligible visit during the measurement period

DENOMINATOR:

Patients aged 18 years or older with angiography, angioplasty, thrombectomy procedures, including:

- Mechanical/chemical thrombectomies of clotted hemodialysis catheters
- Angiograms
- Angioplasty
- Stent placement
- Mechanical thrombectomies of clotted AVFs and AVGs
- Accessory vein ligation

Denominator Criteria (Eligible Cases):

Eligible procedure during the performance period (CPT): 36901, 36902, 36903, 36904, 36905, 36906, 37220, 37221, 37222, 37223 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235, 37236, 37238, 37607, 75710

NUMERATOR:

Number of patients with arterial complications (Arterial embolization, dissection, and arterial compromise thrombosis) that occur 24 hours following the procedure

Numerator Instructions:

INVERSE MEASURE- A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Numerator Options:

Performance Met:

Patient had arterial complications within 24 hours following the procedure (**RPAQIR_12.NUMER.1.YES**)

OR

Performance Not Met:

Patient did not have arterial complications within 24 hours following the procedure (**RPAQIR_12.NUMER.2.NO**)

RPAQIR13: Rate of Timely Documentation Transmission to Dialysis Unit/Referring Physician- National Quality Strategy Domain: Communication and Care Coordination

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients aged 18 years and older for whom documentation is sent to the dialysis unit or referring physician within two days of the procedure completion or consultation

INSTRUCTIONS:

Every denominator eligible visit during the measurement period

DENOMINATOR:

Patients who received a procedure or consultation. Procedures include:

- Ultrasonography of kidneys
- Ultrasonography of AVF/AVG
- Ultrasonography of peritoneal dialysis catheter
- Arteriovenous fistula/graph physical exam
- Physical exam prior to scheduled procedure
- Ultrasound-guided renal biopsy
- Insertion/maintenance of peritoneal dialysis (PD) catheters for CKD/ESRD
- Insertion/maintenance of tunneled hemodialysis catheters for ESRD
- Percutaneous endovascular procedures performed to manage dysfunction of arteriovenous fistulas/grafts for CKD/ESRD
- Percutaneous placement/maintenance/removal of port catheter
- Percutaneous placement of central venous catheter (CVC) (non dialysis)
- Insertion/maintenance of tunneled CVC (non dialysis)

Denominator Criteria (Eligible Cases):

Eligible procedure during the performance period (CPT): 36556, 36558, 36561, 36566, 36571, 36578, 36582, 36590, 36901, 36902, 36903, 36904, 36905, 36906, 36907, 36908, 36909, 49418, 49421, 76770, 76937, 76942, 93990

NUMERATOR:

Patients for whom documentation was sent to the dialysis unit or referring physician within 2 days of the procedure completion or consultation

Numerator Options:

Performance Met:

Documentation was sent to the dialysis unit or referring physician within 2 days of the procedure completion or consultation (**RPAQIR_13.NUMER.1.YES**)

OR

Performance Not Met:

Documentation was not sent to the dialysis unit or referring physician within 2 days of the procedure completion or consultation (**RPAQIR_13.NUMER.2.NO**)

RPAQIR14: Arteriovenous Graft Thrombectomy Success Rate- National Quality Strategy Domain: Effective Clinical Care

MEASURE TYPE:

Outcome

DESCRIPTION:

Percentage of clinically successful arteriovenous graft (AVG) thrombectomies for patients aged 18 years and older

INSTRUCTIONS:

Every denominator eligible visit during the measurement period

DENOMINATOR:

Patients aged 18 years and older with attempted AVG thrombectomies

Denominator Criteria (Eligible Cases):

Eligible procedure during the performance period (CPT): 36904, 36905, 36906

NUMERATOR:

AVF thrombectomies for which the procedure was clinically successful. Clinical success is defined as able to dialyze successfully with 2 needles for one treatment once with that access post procedure.

Numerator Options:

Performance Met:

Successful arteriovenous graft (AVG) thrombectomy
(RPAQIR_14.NUMER.1.YES)

OR

Denominator Exception:

Procedure was for AVF thrombectomy
(RPAQIR_14.NUMER.2.YES)

OR

Performance Not Met:

Unsuccessful arteriovenous graft (AVG) thrombectomy
(RPAQIR_14.NUMER.3.NO)

**RPAQIR15: Arteriovenous Fistulae Thrombectomy Success Rate - National Quality Strategy Domain:
Effective Clinical Care**

MEASURE TYPE:

Outcome

DESCRIPTION:

Percentage of clinically successful arteriovenous fistulae (AVF) thrombectomies for patients aged 18 years and older

INSTRUCTIONS:

Every denominator eligible visit during the measurement period

DENOMINATOR:

Patients aged 18 years and older with attempted AVF thrombectomies

Denominator Criteria (Eligible Cases):

Eligible procedure during the performance period (CPT): 36904, 36905, 36906

NUMERATOR:

AVF thrombectomies for which the procedure was clinically successful. Clinical success is defined as able to dialyze successfully once with two needles using that access post procedure.

Numerator Options:

Performance Met:

Successful arteriovenous graft (AVF) thrombectomy
(RPAQIR_15.NUMER.1.YES)

OR

Denominator Exception:

Procedure was for AVG thrombectomy
(RPAQIR_15.NUMER.2.YES)

OR

Performance Not Met:

Unsuccessful arteriovenous graft (AVF) thrombectomy
(RPAQIR_15.NUMER.3.NO)

RPAQIR16: Peritoneal Dialysis Catheter Success Rate - National Quality Strategy Domain: Effective Clinical Care

MEASURE TYPE:

Outcome

DESCRIPTION:

Percentage of clinically successful peritoneal dialysis (PD) catheter placements in patients aged 18 years and older

INSTRUCTIONS:

Every denominator eligible visit during the measurement period

DENOMINATOR:

Patients aged 18 years and older receiving renal replacement therapy with PD catheters placed.

Denominator Criteria (Eligible Cases):

Eligible procedure for PD catheter placement during the performance period (CPT): 49418, 49421 49324

AND NOT

DENOMINATOR EXCLUSIONS

Documentation of kidney transplant: Z94.0

OR

Patient death before first use of catheter: RPAQIR_16.DEN.1.YES

NUMERATOR:

PD catheters placement for which the procedure was clinically successful

Definition

Successful Placement - Use of PD catheter for renal replacement therapy without any further invasive intervention.

Further invasive intervention includes:

- Peritoneal dialysis (PD) catheter Placement
- PD catheter removal
- PD catheter revision
- Catheter exchange
- Laparoscopic revision/catheter relocation
- Omentectomy
- Adhesiolysis
- Fluoroscopic/peritoneogram/catheter relocation
- External cuff removal/shave
- Mechanical fibrin plug removal

Numerator Options:

Performance Met:

PD catheter placement clinically successful
(RPAQIR_16.NUMER.1.YES)

OR

Performance Not Met:

Unsuccessful catheter placement
(RPAQIR_16.NUMER.2.NO); 44180, 49325, 49326, 49422,
49424

RPAQIR17: Peritoneal Dialysis Catheter Exit Site Infection Rate - National Quality Strategy Domain: Patient Safety

MEASURE TYPE:

Outcome

DESCRIPTION:

Percentage of patients aged 18 years and older with an exit site infection within 2 weeks of a peritoneal dialysis (PD) catheter invasive intervention

INSTRUCTIONS:

Every denominator eligible visit during the measurement period

DENOMINATOR:

Patients aged 18 years and older who had an invasive intervention performed on a PD catheter

Denominator Criteria (Eligible Cases):

Eligible procedure for invasive intervention on a PD catheter performed during the performance period (CPT):

44180, 49255, 49325, 49421, 49422, 49435, 49326, 49418, 49436

NUMERATOR:

Patients with an exit site infection within two weeks after a PD catheter invasive intervention

Numerator Instructions:

INVERSE MEASURE- A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Numerator Options:

Performance Met:

The patient had an exit site infection within two weeks of the PD catheter invasive intervention
(RPAQIR_17.NUMER.1.YES)

OR

Performance Not Met:

The patient did not have an exit site infection within two weeks of the PD catheter invasive intervention
(RPAQIR_17.NUMER.2.NO)

RPAQIR18: Advance Directives Completed - National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of Stage 3, 4 & 5 chronic kidney disease (CKD) or end-stage renal disease (ESRD) who have advance directives or end of life medical orders completed based on their preferences

INSTRUCTIONS:

Once per measurement period

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of Stage 3, 4, or 5 CKD (including patients with end-stage renal disease and transplant recipients)

Denominator Criteria (Eligible Cases):

Diagnosis of CKD Stage 3, 4, or 5 or ESRD (ICD10): N18.3, N18.4, N18.5, N18.6

AND

Patient Encounter (in office or dialysis facility) (CPT): 90957, 90958, 90959, 90960, 90961, 90962, 90965, 90966, 90969, 90970, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

NUMERATOR:

Patients who have advance directives or end-of-life medical orders completed

Numerator Options:

Performance Met:

Advanced directives or end-of-life medical orders completed
(RPAQIR_18.NUMER.1.YES)

OR

Denominator Exception:

Advanced directives or end-of-life medical orders not completed, patient reasons documented (e.g., patient declined, other patient reasons) **(RPAQIR_18.NUMER.2.YES)**

OR

Performance Not Met:

Advanced directives or end-of-life medical orders not completed, no reason or other reason(s) documented
(RPAQIR_18.NUMER.3.NO)