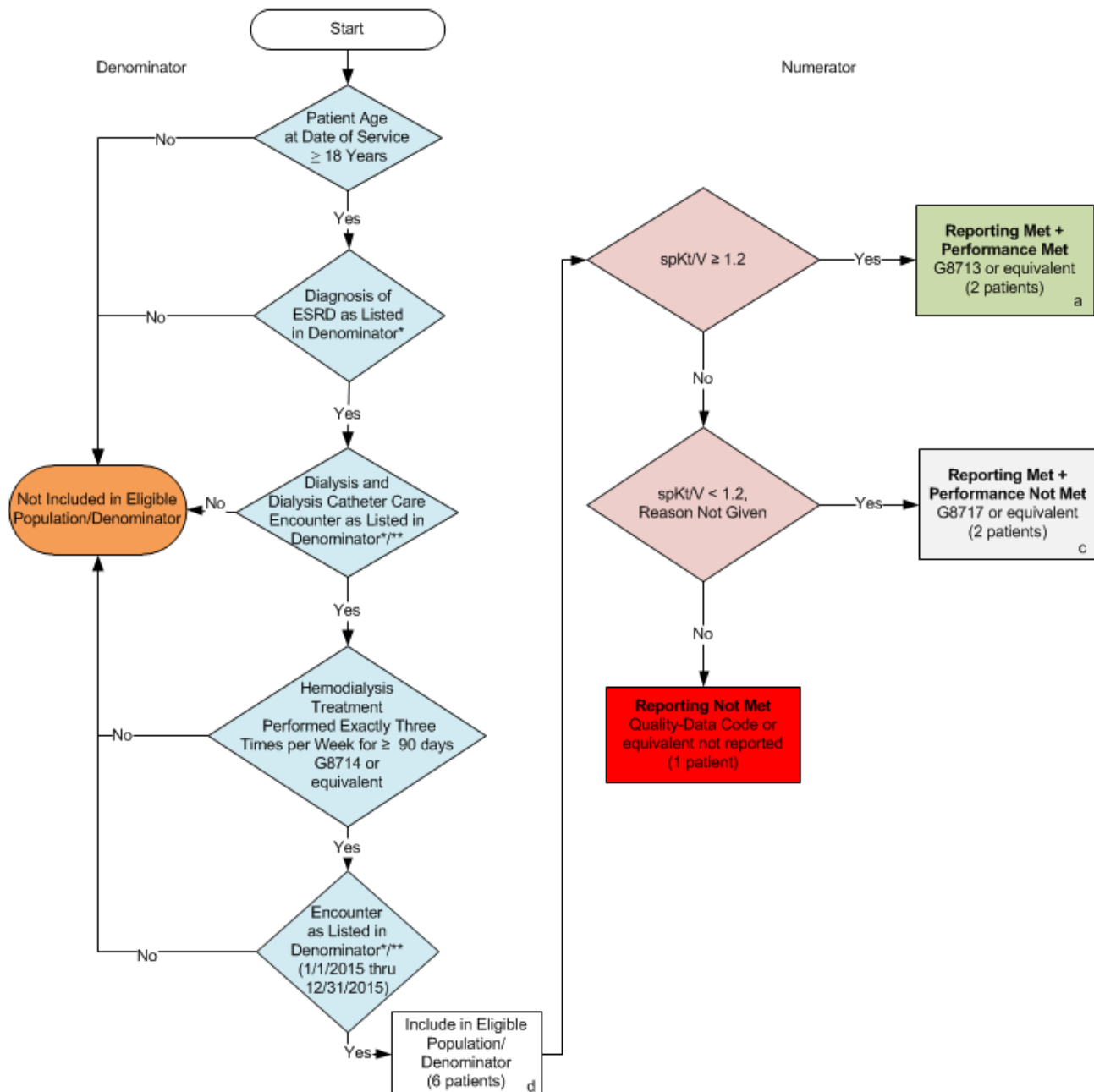


2015 Registry Individual Measure Flow
PQRS #81 NQF #0323: Adult Kidney Disease: Hemodialysis Adequacy: Solute



SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance Met (a=2 patients)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=6 patients)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.66\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=2 patients)}}{\text{Reporting Numerator (4 patients)}} = \frac{2 \text{ patients}}{4 \text{ patients}} = 50.00\%$$

* See the posted Measure Specification for specific coding (including codes for dialysis and dialysis catheter care) and instructions to report this measure.

**This measure is to be reported each calendar month hemodialysis is performed on ESRD patients seen during the reporting period.

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NOTE: Reporting Frequency: Patient-Periodic

v1

2015 Registry Individual Measure Flow
PQRS #81 NQF #0323: Adult Kidney Disease: Hemodialysis Adequacy: Solute

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years of age on Date of Service equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of ESRD as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis of ESRD as Listed in the Denominator equals Yes, proceed to check Dialysis and Dialysis Catheter Care Encounter as Listed in Denominator.
4. Check Dialysis and Dialysis Catheter Care Encounter as Listed in Denominator:
 - a. If Dialysis and Dialysis Catheter Care Encounter as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Dialysis and Dialysis Catheter Care Encounter as Listed in Denominator equals Yes, proceed to check Hemodialysis treatment performed exactly three times per week for ≥ 90 days.
5. Check Hemodialysis Treatment Performed Exactly Three Times per Week for ≥ 90 days:
 - a. If Hemodialysis treatment performed exactly three times per week for ≥ 90 days G8714 or equivalent equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Hemodialysis treatment performed exactly three times per week for ≥ 90 days G8714 or equivalent equals Yes, proceed to check Encounter as Listed in Denominator.
6. Check Encounter as Listed in Denominator:
 - a. If Encounter as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in Denominator equals Yes, include in the Eligible population.
7. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 6 patients in the sample calculation.
8. Start Numerator
9. Check $\text{spKt/V} \geq 1.2$:
 - a. If $\text{spKt/V} \geq 1.2$ equals Yes, include in Reporting Met and Performance Met.

- b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 2 patients in Sample Calculation.
- c. If $\text{spKt/V} \geq 1.2$ equals No, proceed to $\text{spKt/V} < 1.2$.

10. Check $\text{spKt/V} < 1.2$:

- a. If $\text{spKt/V} < 1.2$ equals Yes, include in the Reporting Met and Performance Not Met.
- b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.
- c. If $\text{spKt/V} < 1.2$ equals No, proceed to Reporting Not Met.

11. Check Reporting Not Met:

- a. If Reporting Not Met, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the reporting numerator in the sample calculation.

SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a=2 patients) + Performance Not Met (c=2 patients) = 4 patients = **66.66%**
 Eligible Population / Denominator (d=6 patients) = 6 patients

Performance Rate=

Performance Met (a=2 patients) =	<u>2 patients</u>	=	50.00%
Reporting Numerator (4 patients) =	4 patients		