

CHRONIC KIDNEY DISEASE (CKD) QUALITY MEASURE GROUP
 (For Patients Age 18 and Older)
SuperBill Addendum

Patient Name: _____		Patient MRN: _____	Date of Service: _____	Physician: _____
CPT: _____		ICD9: <input type="checkbox"/> 585.4 <input type="checkbox"/> 585.5		
Measure Number and Title	Action Performed	Action Not Performed / Reason Documented	Action Not Performed / Reason Not Documented	
121: Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)	<input type="checkbox"/> 3278F Serum levels of calcium, phosphorus, iPTH and lipid profile ordered.	<input type="checkbox"/> 3278F-1P Documentation of medical reason(s) for not ordering serum levels of calcium, phosphorus, iPTH and lipid profile.	<input type="checkbox"/> 3278F-8P Not ordered. No reason noted.	
		<input type="checkbox"/> 3278F-2P Documentation of patient reason(s) for not ordering serum levels of calcium, phosphorus, iPTH and lipid profile.		
122: Blood Pressure Management	<input type="checkbox"/> G8476 Most recent blood pressure has a systolic measurement of < 130 mmHg and a diastolic measurement of < 80 mmHg.		<input type="checkbox"/> G8478 Not performed. No reason noted.	
	<input type="checkbox"/> G8477 & 0513F Most recent blood pressure has a systolic measurement of ≥ 130 mmHg and/or a diastolic measurement of ≥ 80 mmHg. Elevated blood pressure plan of care documented.		<input type="checkbox"/> 0513F-8P & G8477 No documentation of elevated blood pressure plan of care. No reason noted. Most recent blood pressure has a systolic measurement of ≥ 130 mmHg and/or a diastolic measurement of ≥ 80 mmHg.	

<p>123: Plan of Care: Elevated Hemoglobin for Patients Receiving Erythropoiesis - Stimulating Agents (ESA)</p>	<p><input type="checkbox"/> 3281F & 4171F Hemoglobin level less than 11 g/dL Patient receiving ESA therapy.</p> <p><input type="checkbox"/> 3280F & 4171F Hemoglobin level 11 g/dL to 12.9 g/dL Patient receiving ESA therapy.</p> <p><input type="checkbox"/> 3279F & 0514F & 4171F Hemoglobin level greater than or equal to 13 g/dL Plan of care for elevated hemoglobin level documented for patient receiving ESA therapy. Patient receiving ESA therapy.</p>	<p><input type="checkbox"/> 4172F Patient not receiving ESA therapy.</p>	<p><input type="checkbox"/> 3281F-8P & 4171F Hemoglobin level measurement not documented. No reason noted. Patient receiving ESA therapy.</p> <p><input type="checkbox"/> 3279F & 0514F-8P & 4171F Hemoglobin level greater than or equal to 13 g/dL Plan of care for elevated hemoglobin level not documented for patient receiving ESA therapy. No reason noted. Patient receiving Erythropoiesis-Stimulating Agents (ESA) therapy.</p>
<p>135: Influenza Immunization (Sept. – Feb.)</p>	<p><input type="checkbox"/> 4037F Influenza immunization ordered or administered.</p>	<p><input type="checkbox"/> 4037F-1P Documentation of medical reason(s) for patient not receiving the influenza immunization</p> <p><input type="checkbox"/> 4037F-2P Documentation of patient reason(s) for patient not receiving the influenza immunization</p> <p><input type="checkbox"/> 4037F-3P Documentation of system reason(s) for patient not receiving the influenza immunization.</p>	<p><input type="checkbox"/> 4037F-8P Not ordered or administered. No reason noted.</p>
<p>153: Referral for Arteriovenous (AV) Fistula</p>	<p><input type="checkbox"/> 4051F Referred for an AV fistula</p>	<p><input type="checkbox"/> 4051F-1P Documentation of medical reason(s) for not referring for an AV fistula.</p> <p><input type="checkbox"/> 4051F-2P Documentation of patient reason(s) for not referring for an AV fistula.</p>	<p><input type="checkbox"/> 4051F-8P Not referred. No reason noted.</p>