NATIONAL QUALITY FORUM

Measure Submission and Evaluation Worksheet 5.0

This form contains the information submitted by measure developers/stewards, organized according to NQF's measure evaluation criteria and process. The evaluation criteria, evaluation guidance documents, and a blank online submission form are available on the submitting standards web page.

NQF #: 0626 NQF Project: Renal Endorsement Maintenance 2011

(for Endorsement Maintenance Review)
Original Endorsement Date: Dec 04, 2009 Most Recent Endorsement Date: Dec 04, 2009

BRIEF MEASURE INFORMATION

De.1 Measure Title: Chronic Kidney Disease - Lipid Profile Monitoring

Co.1.1 Measure Steward: ActiveHealth Management

De.2 Brief Description of Measure: The percentage of patients with chronic kidney disease that have been screened for dyslipidemia with a lipid profile.

2a1.1 Numerator Statement: Patients who had a lipid profile.

2a1.4 Denominator Statement: All patients, males > 10 and females > 13 years of age, diagnosed with chronic kidney disease.

2a1.8 Denominator Exclusions: DENOMINATOR EXCLUSIONS
Specific Exclusions:
None
General exclusion:
Patients with active cancer or metastatic diseases.
Patients who were in a skilled nursing facility recently.

1.1 Measure Type: Process
2a1. 25-26 Data Source: Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Laboratory, Electronic Clinical Data : Pharmacy, Electronic Clinical Data : Registry, Patient Reported Data/Survey
2a1.33 Level of Analysis: Clinician : Group/Practice, Clinician : Individual, Clinician : Team, Facility, Health Plan, Integrated Delivery System, Population : Community, Population : County or City, Population : National, Population : Regional, Population : State

1.2-1.4 Is this measure paired with another measure? No

De.3 If included in a composite, please identify the composite measure (*title and NQF number if endorsed*):
N/A

STAFF NOTES (*issues or questions regarding any criteria*)

Comments on Conditions for Consideration:

Is the measure untested? Yes☐ No☐ If untested, explain how it meets criteria for consideration for time-limited endorsement:

1a. Specific national health goal/priority identified by DHHS or NPP addressed by the measure (*check De.5*):
5. Similar/related endorsed or submitted measures (*check 5.1*):
Other Criteria:

Staff Reviewer Name(s):

1. IMPACT, OPPORTUITY, EVIDENCE - IMPORTANCE TO MEASURE AND REPORT

Importance to Measure and Report is a threshold criterion that must be met in order to recommend a measure for endorsement. All three subcriteria must be met to pass this criterion. See guidance on evidence.
Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria. (evaluation criteria)

1a. High Impact: H☐ M☐ L☐ I ☐
(*The measure directly addresses a specific national health goal/priority identified by DHHS or NPP, or some other high impact aspect of healthcare.*)

De.4 Subject/Topic Areas *(Check all the areas that apply)*: Cardiovascular, Cardiovascular : Hyperlipidemia, Cardiovascular : Ischemic Heart Disease, Coronary Artery Disease, Prevention, Prevention : Screening, Renal, Renal : Chronic Kidney Disease (CKD), Renal : End Stage Renal Disease (ESRD)
De.5 Cross Cutting Areas (*Check all the areas that apply)*: Population Health

1a.1 Demonstrated High Impact Aspect of Healthcare: Affects large numbers, A leading cause of morbidity/mortality, Patient/societal consequences of poor quality, Severity of illness

1a.2 If "Other," please describe:

1a.3 Summary of Evidence of High Impact *(Provide epidemiologic or resource use data)*:
Chronic kidney disease (CKD) affects more than 10% of adults in the United States [1] and the incidence of cardiovascular disease (CVD) is significantly higher than the general population [2]. The National Kidney Foundation (NKF) Task Force on CVD and the KDOQI Work Group on CKD both concluded that, in the management of dyslipidemia, patients with CKD should be considered to be a coronary heart disease equivalent [3].

Dyslipidemia is one of the leading causes of CVD [4], and each year in North America, an estimated 350,000 deaths are attributable to high cholesterol [5].

The prevalence of diabetes, hypertension and CVD is much more common in persons with CKD, regardless of stage, than in those without CKD [6]. Not only is CKD is public health issue, the financial burden is also tremendous [6].

From a pediatric standpoint, a scientific statement endorsed by the AAP [7] found approximately 29% to 87% of pediatric peritoneal dialysis patients have elevated cholesterol levels, with LDL >100 mg/dL (>2.29 mmol/L) and 72% to 84% of pediatric kidney transplant recipients had LDL >100 mg/dL (>2.29 mmol/L). The authors also state that in ESRD, triglycerides are consistently elevated, with average triglyceride levels >150 mg/dL and HDL cholesterol levels reduced and that Lipoprotein(a), a lipoprotein associated with a mild increase in cardiovascular risk in the general population, is significantly elevated in ESRD.

1a.4 Citations for Evidence of High Impact cited in 1a.3:
1. National Chronic Kidney Disease Fact Sheet 2010 www.cdc.gov/diabetes/pubs/factsheets/kidney.htm

2. Chronic Kidney Disease: Effects on the Cardiovascular System. Schiffrin EL, Lipman ML, Mann JF. Circulation. 2007 Jul 3;116(1):85-97

3. National Kidney Foundation. KDOQI clinical practice guidelines for chronic kidney disease: Evaluation, classification, and stratification. Am J Kidney Dis, 2002, 39;S1-S266

4. Expert Panel on Detection Evaluation and Treatment of High Blood Cholesterol in Adults: Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). JAMA 285:2486-2497, 2001

5. National Center for Health Statistics (2006): www.cdc.gov/nchs/

6. US Renal Data System, USRDS 2010 Annual Data Report

7. Cardiovascular Risk Reduction in High-Risk Pediatric Patients
A Scientific Statement From the American Heart Association Expert Panel on Population and Prevention Science; the Councils on Cardiovascular Disease in the Young, Epidemiology and Prevention, Nutrition, Physical Activity and Metabolism, High Blood Pressure Research, Cardiovascular Nursing, and the Kidney in Heart Disease; and the Interdisciplinary Working Group on Quality of Care and Outcomes Research
Endorsed by the American Academy of Pediatrics
Rae-Ellen W. Kavey, MD, MPH, FAHA, Chair; Vivek Allada, MD; Stephen R. Daniels, MD, PhD, FAHA; Laura L. Hayman, PhD, RN, FAHA; Brian W. McCrindle, MD, MPH; Jane W. Newburger, MD, MPH, FAHA; Rulan S. Parekh, MD, MS; Julia Steinberger, MD, MS
Circulation. 2006;114:2710-2738.

1b. Opportunity for Improvement: H☐ M☐ L☐ I ☐
(*There is a demonstrated performance gap - variability or overall less than optimal performance*)

1b.1 Briefly explain the benefits (improvements in quality) envisioned by use of this measure:
Patients with dyslipidemia are at increased risk for CVD. Routine monitoring of lipid levels in CKD patients would lead to earlier identification of patients with dyslipidemia, and provide an opportunity for physicians to address this risk factor, provide instruction on lifestyle modification, and where appropriate, medications to reduce cholesterol levels and mitigate cardiovascular risk. Adequate treatment of dyslipidemia in high-risk patients can lead to reduction in cardiovascular mortality and morbidity related to CVD.

1b.2 Summary of Data Demonstrating Performance Gap *(Variation or overall less than optimal performance across providers)*: [*For Maintenance – Descriptive statistics for performance results for this measure - distribution of scores for measured entities by quartile/decile, mean, median, SD, min, max, etc.*]
Despite the evidence for the importance of appropriate management of hyperlipidemia in CKD, and national guidelines recommending annual cholesterol screening in all patients with CKD, percent of patients with CKD, who had LDL levels, shows room for improvement. This was demonstrated in a study, which included 166 primary care physicians caring for over 300,000 adult patients, including 11,774 patients with CKD. Overall, only 75% of patients with CKD had annual cholesterol screening. There was statistically significant variability in screening in different groups based on gender (male, 76.6% vs. female, 74.5%) ethnicity (black, 72.4% vs. white, 75.5%), and type of insurance (commercial, 77.2% vs. uninsured, 45.1%). In addition, patient with morbid conditions (diabetes, hypertension or CVD) were significantly more likely to receive LDL screening than those without comorbidities [3].

From our data, out of a population of over 13 million, we found 96,482 people who fulfilled the denominator. Out of these, 81,458, or 84%, were found to be compliant for lipid panel monitoring in people with chronic kidney disease. This number reflects compliance across the patient population across all providers.

1b.3 Citations for Data on Performance Gap: [*For Maintenance – Description of the data or sample for measure results reported in 1b.2 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*]
1. An assessment of cholesterol goal attainment in patients with chronic kidney disease. Stadler SL, Bhardwaja B, Olson KL, Powers JD, Lanese D. J Clin Lipidol. 2010 Jul-Aug;4(4):298-304. Epub 2010 Jul 8.

2. Implementing KDOQI CKD De?nition and Staging Guidelines in Southern California Kaiser Permanente. Rutkowski M, Mann W, Derose S, Selevan D, Pascual N, Diesto J, Crooks P. Am J Kidney Dis. 2009 Mar;53(3 Suppl 3):S86-99.

3. Primary Care Management of Chronic Kidney Disease. Allen et al. J Gen Intern Med 26(4):386-92

1b.4 Summary of Data on Disparities by Population Group: [*For Maintenance –Descriptive statistics for performance results for this measure by population group*]
There was statistically significant variability in screening in different groups based on ethnicity (black, 72.4% vs. white, 75.5%), type of insurance (commercial, 77.2% vs. uninsured, 45.1%), and presence of co-morbid conditions (diabetes (present, 85.6% vs. absent, 69.9%), hypertension (present, 78.4% vs. absent, 68.5%) or CVD (present, 76.4% vs. absent, 74.3%)).

1b.5 Citations for Data on Disparities Cited in 1b.4: [*For Maintenance – Description of the data or sample for measure results reported in 1b.4 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities*

included]
Primary Care Management of Chronic Kidney Disease. Allen et al. J Gen Intern Med 26(4):386–92.

1c. Evidence (*Measure focus is a health outcome OR meets the criteria for quantity, quality, consistency of the body of evidence.*)
Is the measure focus a health outcome? Yes☐ No☐ If not a health outcome, rate the body of evidence.

Quantity: H☐ M☐ L☐ I ☐ Quality: H☐ M☐ L☐ I ☐ Consistency: H☐ M☐ L☐ I ☐

Quantity	Quality	Consistency	Does the measure pass subcriterion1c?
M-H	M-H	M-H	Yes☐
L	M-H	M	Yes☐ IF additional research unlikely to change conclusion that benefits to patients outweigh harms: otherwise No☐
M-H	L	M-H	Yes☐ IF potential benefits to patients clearly outweigh potential harms: otherwise No☐
L-M-H	L-M-H	L	No ☐

Health outcome – rationale supports relationship to at least one healthcare structure, process, intervention, or service	Does the measure pass subcriterion1c? Yes☐ IF rationale supports relationship

1c.1 Structure-Process-Outcome Relationship *(Briefly state the measure focus, e.g., health outcome, intermediate clinical outcome, process, structure; then identify the appropriate links, e.g., structure-process-health outcome; process- health outcome; intermediate clinical outcome-health outcome)*:
The focus of this measure is primarily improvement in health outcome. The link is process --> health outcome.

1c.2-3 Type of Evidence *(Check all that apply)*:
Clinical Practice Guideline, Selected individual studies (rather than entire body of evidence)

1c.4 Directness of Evidence to the Specified Measure *(State the central topic, population, and outcomes addressed in the body of evidence and identify any differences from the measure focus and measure target population)*:
Dyslipidemia in chronic kidney disease is a central topic and relates directly to the measure. The measure evaluates the same population recommended in the literature.
Although there are no randomized, controlled trials testing the hypothesis that dyslipidemia causes cardiovascular diseases in patients with CKD, or demonstrating the direct effectiveness of lipid profile screening/monitoring, the clinical significance and the overall trend of reducing cardiovascular events with monitoring and treatment would deem such practices evidence-based in adult patients with chronic kidney disease, as recently demonstrated in the SHARP trial.

Lipid profile monitoring in pediatric patients with chronic kidney disease is supported by the American Academy of Pediatrics, American Heart Association and the National Kidney Foundation. Due to the available trial and the epidemiology of pediatric kidney disease, strong evidence-based studies are not available to support our measure. However, with the published data demonstrating the high prevalence of dyslipidemia in such a population and the potential cardiovascular effects, lipid profile screening and monitoring should be performed on all pediatric kidney disease patients.

1c.5 Quantity of Studies in the Body of Evidence *(Total number of studies, not articles)*: Tables 13, 14, 15 and 16 in the K/DOQI guidelines summarize the results of 32 studies which discuss the prevalence of dyslipidemia in adults, children/ adolescents, and patients with kidney disease, and the association with progression of kidney disease.

Four additional studies have also been cited. See 1c.15 below.

1c.6 Quality of Body of Evidence (*Summarize the certainty or confidence in the estimates of benefits and harms to patients across studies in the body of evidence resulting from study factors. Please address: a) study design/flaws; b) directness/indirectness of the evidence to this measure (e.g., interventions, comparisons, outcomes assessed, population included in the evidence); and c) imprecision/wide confidence intervals due to few patients or events*): The studies included are of mixed quality.

Several observational studies establish the strong association of CKD and hyperlipidemia.

There are no randomized controlled trials testing the hypothesis that dyslipidemias cause ACVD in patients with CKD. However, in an observational study of 3,716 patients initiating treatment for Stage 5 CKD in 1996, the use of statins in 362 (9.7%) was independently associated with lower all-cause mortality and a reduction in CVD deaths during follow-up, suggesting that dyslipidemia plays an important role in the progression of ACVD in patients with advanced CKD (Seliger SL, Weiss NS, Gillen DL, et al: HMG-CoA reductase inhibitors are associated with reduced mortality in ESRD patients. Kidney Int 61:297-304, 2002).

Several large studies have established the causal association between dyslipidemia and CVD in the general population.

1c.7 Consistency of Results across Studies *(Summarize the consistency of the magnitude and direction of the effect):* Across the literature the observation that patients with CKD are at increased risk for CKD and that there is a need to aggressively identify and treat this population using LDL levels.

1c.8 Net Benefit *(Provide estimates of effect for benefit/outcome; identify harms addressed and estimates of effect; and net benefit - benefit over harms)*:
The net benefit would be a decrease in the prevalence of hyperlipidemia and CVD in patients with CKD.

1c.9 Grading of Strength/Quality of the Body of Evidence. Has the body of evidence been graded? Yes

1c.10 If body of evidence graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: National Kidney Foundation, K/DOQI

1c.11 System Used for Grading the Body of Evidence: Other

1c.12 If other, identify and describe the grading scale with definitions: The overall strength of each guideline statement was rated by assigning either “A,” “B,” or “C”.

An “A” rating indicates “it is strongly recommended that clinicians routinely follow the guideline for eligible patients. There is strong evidence that the practice improves net health outcomes, and benefits substantially outweigh harms.” There were no guidelines that were assigned an “A” level recommendation.

The “B” rating indicates “it is recommended that clinicians routinely follow the guideline for eligible patients. There is moderate evidence that the practice improves net health outcomes.”

A “C” rating indicates “it is recommended that clinicians consider following the guideline for
eligible patients. This recommendation is based on either weak evidence, poor evidence or on the opinions of the Work Group and reviewers, that the practice might improve net health outcomes.”

1c.13 Grade Assigned to the Body of Evidence: Moderate Evidence

1c.14 Summary of Controversy/Contradictory Evidence: There is no contradictory evidence.

1c.15 Citations for Evidence other than Guidelines*(Guidelines addressed below)*:
Dyslipidemia in children with chronic kidney disease.
Saland JM, Pierce CB, Mitsnefes MM, Flynn JT, Goebel J, Kupferman JC, Warady BA, Furth SL; CKiD Investigators.
Kidney Int. 2010 Dec;78(11):1154-63. Epub 2010 Aug 25

The effects of lowering LDL cholesterol with simvastatin plus ezetimibe in patients with chronic kidney disease (Study of Heart and Renal Protection): a randomised placebo-controlled trial.
Baigent C, Landray MJ, Reith C, Emberson J, Wheeler DC, Tomson C, Wanner C, Krane V, Cass A, Craig J, Neal B, Jiang L, Hooi LS, Levin A, Agodoa L, Gaziano M, Kasiske B, Walker R, Massy ZA, Feldt-Rasmussen B, Krairittichai U, Ophascharoensuk V, Fellström B, Holdaas H, Tesar V, Wiecek A, Grobbee D, de Zeeuw D, Grönhagen-Riska C, Dasgupta T, Lewis D, Herrington W, Mafham M, Majoni W, Wallendszus K, Grimm R, Pedersen T, Tobert J, Armitage J, Baxter A, Bray C, Chen Y, Chen Z, Hill M, Knott

C, Parish S, Simpson D, Sleight P, Young A, Collins R; SHARP Investigators.
Lancet. 2011 Jun 25;377(9784):2181-92. Epub 2011 Jun 12.

Rosuvastatin and cardiovascular events in patients undergoing hemodialysis.
Fellström BC, Jardine AG, Schmieder RE, Holdaas H, Bannister K, Beutler J, Chae DW, Chevaile A, Cobbe SM, Grönhagen-Riska C, De Lima JJ, Lins R, Mayer G, McMahon AW, Parving HH, Remuzzi G, Samuelsson O, Sonkodi S, Sci D, Süleymanlar G, Tsakiris D, Tesar V, Todorov V, Wiecek A, Wüthrich RP, Gottlow M, Johnsson E, Zannad F; AURORA Study Group.
N Engl J Med. 2009 Apr 2;360(14):1395-407. Epub 2009 Mar 30.

Atorvastatin in patients with type 2 diabetes mellitus undergoing hemodialysis
Wanner C, Krane V, März W, Olschewski M, Mann JF, Ruf G, Ritz E; German Diabetes and Dialysis Study Investigators.
N Engl J Med. 2005 Jul 21;353(3):238-48.

Screening and treatment for lipid disorders in children and adolescents: systematic evidence review for the US Preventive Services Task Force.
Haney EM, Huffman LH, Bougatsos C, Freeman M, Steiner RD, Nelson HD.
Pediatrics. 2007 Jul;120(1):e189-214.

1c.16 Quote verbatim, the specific guideline recommendation *(Including guideline # and/or page #)*:
1.1. All adults and adolescents with CKD should be evaluated for dyslipidemias. (B)

1.2. For adults and adolescents with CKD, the assessment of dyslipidemias should include a complete fasting lipid profile with total cholesterol, LDL, HDL, and triglycerides. (B)

1.3. For adults and adolescents with Stage 5 CKD, dyslipidemias should be evaluated upon presentation (when the patient is stable), at 2-3 months after a change in treatment or other conditions known to cause dyslipidemias; and at least annually thereafter. (B)

1c.17 Clinical Practice Guideline Citation: K/DOQI Clinical Practice Guidelines for Managing Dyslipidemias in Chronic Kidney Disease. National Kidney Foundation American Journal of Kidney Diseases, Vol 41, No 4, Suppl 3 (April), 2003: pp S8-S9

1c.18 National Guideline Clearinghouse or other URL: http://www.kidney.org/professionals/KDOQI/guidelines_lipids/toc.htm

1c.19 Grading of Strength of Guideline Recommendation. Has the recommendation been graded? Yes

1c.20 If guideline recommendation graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: National Kidney Foundation, K/DOQI

1c.21 System Used for Grading the Strength of Guideline Recommendation: Other

1c.22 If other, identify and describe the grading scale with definitions: The overall strength of each guideline statement was rated by assigning either “A,” “B,” or “C”.

An “A” rating indicates “it is strongly recommended that clinicians routinely follow the guideline for eligible patients. There is strong evidence that the practice improves net health outcomes, and benefits substantially outweigh harms.” There were no guidelines that were assigned an “A” level recommendation.

The “B” rating indicates “it is recommended that clinicians routinely follow the guideline for eligible patients. There is moderate evidence that the practice improves net health outcomes.”

A “C” rating indicates “it is recommended that clinicians consider following the guideline for eligible patients. This recommendation is based on either weak evidence, poor evidence or on the opinions of the Work Group and reviewers, that the practice might improve net health outcomes.”

1c.23 Grade Assigned to the Recommendation: B

1c.24 Rationale for Using this Guideline Over Others: National Kidney Foundation, K/DOQI, is a nationally recognized body.

Based on the NQF descriptions for rating the evidence, what was the developer's assessment of the quantity, quality, and consistency of the body of evidence?
1c.25 Quantity: Moderate 1c.26 Quality: Moderate1c.27 Consistency: High

Was the threshold criterion, *Importance to Measure and Report*, met?
(*1a & 1b must be rated moderate or high and 1c yes*) Yes☐ No☐
Provide rationale based on specific subcriteria:

For a new measure if the Committee votes NO, then STOP.
For a measure undergoing endorsement maintenance, if the Committee votes NO because of 1b. (no opportunity for improvement), it may be considered for continued endorsement and all criteria need to be evaluated.

2. RELIABILITY & VALIDITY - SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. (evaluation criteria)
Measure testing must demonstrate adequate reliability and validity in order to be recommended for endorsement. Testing may be conducted for data elements and/or the computed measure score. Testing information and results should be entered in the appropriate field. Supplemental materials may be referenced or attached in item 2.1. See guidance on measure testing.

S.1 Measure Web Page *(In the future, NQF will require measure stewards to provide a URL link to a web page where current detailed specifications can be obtained*). Do you have a web page where current detailed specifications for this measure can be obtained? Yes

S.2 If yes, provide web page URL: http://www.activehealth.net/nqf-measures.php

2a. RELIABILITY. Precise Specifications and Reliability Testing: H☐ M☐ L☐ I ☐

2a1. Precise Measure Specifications. (*The measure specifications precise and unambiguous.*)

2a1.1 Numerator Statement *(Brief, narrative description of the measure focus or what is being measured about the target population, e.g., cases from the target population with the target process, condition, event, or outcome)*:
Patients who had a lipid profile.

2a1.2 Numerator Time Window *(The time period in which the target process, condition, event, or outcome is eligible for inclusion)*:
12 months

2a1.3 Numerator Details *(All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, codes with descriptors, and/or specific data collection items/responses*:
NUMERATOR

1. Denominator is true

2. Lipid Panel Monitoring 15 Month Validation is confirmed (see below)

Lipid Panel Monitoring 15 Months

One of the following is correct:

1. All of the following are correct:

a. Presence of at least 1 TRIGLYCERIDES MONITORING lab result in the past 15 months

b. Presence of at least 1 HDL MONITORING lab result in the past 15 months

c. Presence of at least 1 CHOLESTEROL TOTAL MONITORING labs result in the past 15 months

2. Presence of at least 1 LIPID PANEL (CPT) procedure In the past 15 months

3. Presence of at least 1 LIPID PANEL (LOINC) lab result in the past 15 months

4. Presence of at least 1 LIPID SCREENING (ICD9) diagnosis in the past 15 Months

5. Presence of at least 1 HYPERLIPIDEMIA diagnosis in the past 15 months

6. Presence of at least 1 LDL MONITORING Labs Result value in the past 15 Months

7. Presence of patient data confirming PDD - LDL VALUE in the past 12 months

8. Presence of patient data confirming PDD - LDL 12 MOS OBS in the past 12 months

9. All of the following are correct:

a. Presence of patient data confirming PDD - TOTAL CHOLESTEROL VALUE in the past 12 months

b. Presence of patient data confirming PDD - HDL VALUE in the past 12 months

c. Presence of patient data confirming PDD - TRIGLYCERIDE VALUE in the past 12 months

Note: A 3-month window has been added to certain timeframes to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the total day supply of a drug plus a grace period of an additional 30 days extends into the end of the measurement window.

Code Sets

NQF ID	Numerator	Element Name	ATOM	Description
626	Numerator	*CHOLESTEROL TOTAL MONITORING	2093-3	Cholesterol
626	Numerator	*CHOLESTEROL TOTAL MONITORING	2565-0	CHOLESTEROL
626	Numerator	Num	35200-5	CHOLESTEROL
626	Numerator	*CHOLESTEROL TOTAL MONITORING	50339-1	Deprecated Cholesterol [Mass/volume] in Serum or Plasma
626	Numerator	*HDL MONITORING	12771-2	Cholesterol.in HDL
626	Numerator	*HDL MONITORING	12772-0	Cholesterol.in HDL
626	Numerator	*HDL MONITORING	18263-4	Cholesterol.in HDL
626	Numerator	*HDL MONITORING	2085-9	CHOLESTEROL.IN HDL
626	Numerator	*HDL MONITORING	2086-7	Cholesterol.in HDL
626	Numerator	*HDL MONITORING	27340-9	Cholesterol.in HDL
626	Numerator	*HDL MONITORING	35197-3	CHOLESTEROL.IN HDL
626	Numerator	*HYPERLIPIDEMIA	272.0	PURE HYPERCHOLESTEROLEMIA
626	Numerator	*HYPERLIPIDEMIA	272.1	PURE HYPERGLYCERIDEMIA
626	Numerator	*HYPERLIPIDEMIA	272.2	MIXED HYPERLIPIDEMIA
626	Numerator	*HYPERLIPIDEMIA	272.3	HYPERCHYLOMICRONEMIA
626	Numerator	*HYPERLIPIDEMIA	272.4	OTHER AND UNSPECIFIED HYPERLIPIDEMIA
626	Numerator	*HYPERLIPIDEMIA	272.5	LIPOPROTEIN DEFICIENCIES

626	Numerator	*HYPERLIPIDEMIA	272.7	LIPIDOSES
626	Numerator	*HYPERLIPIDEMIA	272.8	OTHER DISORDERS OF LIPOID METABOLISM
626	Numerator	*HYPERLIPIDEMIA	272.9	UNSPECIFIED DISORDER OF LIPOID METABOLISM
626	Numerator	*LDL MONITORING	11054-4	Cholesterol.in LDL/Cholesterol.in HDL
626	Numerator	*LDL MONITORING	12773-8	Cholesterol.in LDL
626	Numerator	*LDL MONITORING	13457-7	CHOLESTEROL.IN LDL
626	Numerator	*LDL MONITORING	13459-3	Cholesterol.in LDL/Cholesterol.total
626	Numerator	*LDL MONITORING	13460-1	Cholesterol.in LDL/Cholesterol.in HDL
626	Numerator	*LDL MONITORING	14155-6	Cholesterol.in LDL
626	Numerator	*LDL MONITORING	16615-7	Cholesterol.total/Cholesterol.in LDL
626	Numerator	*LDL MONITORING	16616-5	Cholesterol.in HDL/Cholesterol.in LDL
626	Numerator	*LDL MONITORING	18261-8	Cholesterol.in LDL
626	Numerator	*LDL MONITORING	18262-6	Cholesterol.in LDL
626	Numerator	*LDL MONITORING	2089-1	CHOLESTEROL.IN LDL
626	Numerator	*LDL MONITORING	2090-9	Cholesterol.in LDL
626	Numerator	*LDL MONITORING	22748-8	Cholesterol.in LDL
626	Numerator	*LDL MONITORING	24331-1	Lipid HCFA 96 panel
626	Numerator	*LDL MONITORING	3046-0	Triglyceride+ester.in LDL
626	Numerator	*LDL MONITORING	35198-1	Cholesterol.in LDL
626	Numerator	*LDL MONITORING	39469-2	Cholesterol.in LDL
626	Numerator	*LDL MONITORING	43392-0	Cholesterol.in LDL 1
626	Numerator	*LDL MONITORING	43393-8	Cholesterol.in LDL 4
626	Numerator	*LDL MONITORING	43394-6	Cholesterol.in LDL.acetylated
626	Numerator	*LDL MONITORING	44711-0	Cholesterol.in LDL/Apolipoprotein B
626	Numerator	*LDL MONITORING	44915-7	Cholesterol.in LDL/Cholesterol.in HDL
626	Numerator	*LDL MONITORING	46984-1	Cholesterol.in LDL 2
626	Numerator	*LDL MONITORING	46985-8	Cholesterol.in LDL 3
626	Numerator	*LDL MONITORING	48090-5	Cholesterol.in HDL/Cholesterol.in HDL+Cholesterol.in VLDL
626	Numerator	*LDL MONITORING	48143-2	LDL.oxidized Ab
626	Numerator	*LDL MONITORING	49026-8	Cholesterol.in LDL 6
626	Numerator	*LDL MONITORING	49027-6	Cholesterol.in LDL 7
626	Numerator	*LDL MONITORING	49132-4	Cholesterol.in LDL
626	Numerator	*LDL MONITORING	9346-8	Lipoprotein.beta
626	Numerator	*LIPID PANEL (CPT)	80061	Lipid panel
626	Numerator	*LIPID PANEL (CPT)	83700	LIPOPROTEIN BLD ELECTROP SEP&QUAN
626	Numerator	*LIPID PANEL (CPT)	83701	LIPOPROTEIN BLD HR SUBCLASSES
626	Numerator	*LIPID PANEL (CPT)	83704	LIPOPROTEIN BLD QUAN NUMBERS&SUBCLASSES
626	Numerator	*LIPID PANEL (CPT)	83715	LIPOPROT BLD; ELEC-PHORE SEPARATION&QUANTITATION
626	Numerator	*LIPID PANEL (CPT)	83716	LIPOPROTEIN BLD; HI RES FRACTIONATION & QUAN
626	Numerator	*LIPID PANEL (CPT)	83721	LIPOPROTEIN DIR MEAS LDL CHOLESTEROL
626	Numerator	*LIPID PANEL (CPT)	3011F	LIPID PANEL RESULTS DOCUMENTED & REVIEWED
626	Numerator	*LIPID PANEL (CPT)	3048F	MOST RECENT LDL-C < 100 MG/DL
626	Numerator	*LIPID PANEL (CPT)	3049F	MOST RECENT LDL-C 100-129 MG/DL
626	Numerator	*LIPID PANEL (CPT)	3050F	MOST RECENT LDL-C >= 130 MG/DL
626	Numerator	*LIPID PANEL (CPT)	3278F	SERUM LEVELS: CA, P, INTACT PTH, & LIPID PROF
626	Numerator	*LIPID PANEL (CPT)	G8019	DIAB PT MOST RECENT LD LIPOPROTEIN >/=100 MG/DL
626	Numerator	*LIPID PANEL (CPT)	G8020	DIAB PT MOST RECENT LD LIPOPROTEIN < 100 MG/DL
626	Numerator	*LIPID PANEL (CPT)	G8021	CLIN DOC DIAB PT NOT ELIG LD LIPOPROTEIN MEASURE
626	Numerator	*LIPID PANEL (CPT)	G8039	CAD PT W/LOW DENSITY LIPOPROTEIN DOC > 100 MG/DL
626	Numerator	*LIPID PANEL (CPT)	G8040	CAD PT LOW DENSITY LIPOPROTEIN DOC </= 100 MG/DL
626	Numerator	*LIPID PANEL (CPT)	G8041	CLIN DOC CAD PT NOT ELIG LD LIPOPROTEIN MEASURE
626	Numerator	*LIPID PANEL (LOINC)	11054-4	Cholesterol.in LDL/Cholesterol.in HDL
626	Numerator	*LIPID PANEL (LOINC)	12773-8	Cholesterol.in LDL
626	Numerator	*LIPID PANEL (LOINC)	12951-0	TRIGLYCERIDE

626 Numerator *LIPID PANEL (LOINC) 13457-7 Cholesterol.in LDL
626 Numerator *LIPID PANEL (LOINC) 13459-3 Cholesterol.in LDL/Cholesterol.total
626 Numerator *LIPID PANEL (LOINC) 13460-1 Cholesterol.in LDL/Cholesterol.in HDL
626 Numerator *LIPID PANEL (LOINC) 14155-6 Cholesterol.in LDL
626 Numerator *LIPID PANEL (LOINC) 14814-8 Lipoprotein.beta
626 Numerator *LIPID PANEL (LOINC) 14815-5 Lipoprotein.beta
626 Numerator *LIPID PANEL (LOINC) 14927-8 TRIGLYCERIDE
626 Numerator *LIPID PANEL (LOINC) 16615-7 Cholesterol.total/Cholesterol.in LDL
626 Numerator *LIPID PANEL (LOINC) 16616-5 CHOLESTEROL.IN HDL/CHOLESTEROL.IN LDL
626 Numerator *LIPID PANEL (LOINC) 17846-7 Lipoprotein.beta
626 Numerator *LIPID PANEL (LOINC) 18261-8 Cholesterol.in LDL
626 Numerator *LIPID PANEL (LOINC) 18262-6 Cholesterol.in LDL
626 Numerator *LIPID PANEL (LOINC) 2089-1 Cholesterol.in LDL
626 Numerator *LIPID PANEL (LOINC) 2090-9 CHOLESTEROL.IN LDL
626 Numerator *LIPID PANEL (LOINC) 22748-8 Cholesterol.in LDL
626 Numerator *LIPID PANEL (LOINC) 24331-1 Lipid HCFA 96 panel
626 Numerator *LIPID PANEL (LOINC) 2569-2 Lipids
626 Numerator *LIPID PANEL (LOINC) 2571-8 TRIGLYCERIDE
626 Numerator *LIPID PANEL (LOINC) 2574-2 Lipoprotein.beta
626 Numerator *LIPID PANEL (LOINC) 28554-4 Triglyceride
626 Numerator *LIPID PANEL (LOINC) 3043-7 Triglyceride
626 Numerator *LIPID PANEL (LOINC) 3049-4 TRIGLYCERIDE
626 Numerator *LIPID PANEL (LOINC) 35198-1 CHOLESTEROL.IN LDL
626 Numerator *LIPID PANEL (LOINC) 39469-2 CHOLESTEROL.IN LDL
626 Numerator *LIPID PANEL (LOINC) 9346-8 LIPOPROTEIN.BETA
626 Numerator *LIPID SCREENING (ICD9) V77.91 SCREENING FOR LIPOID DISORDERS
626 Numerator *PDD- HDL VALUE AA12868.47590 What is your most recent HDL cholesterol level?
626 Numerator *PDD- HDL VALUE AA13999.52412 What was the result of your HDL cholesterol test?
626 Numerator *PDD- HDL VALUE ATV12868.47590 What is your most recent HDL cholesterol level?
626 Numerator *PDD- HDL VALUE ATV13999.52412 What was the result of your HDL cholesterol test?
626 Numerator *PDD- HDL VALUE HMI2262.1 What was your most recent HDL cholesterol number? = (NUMBER) -
626 Numerator *PDD- HDL VALUE HMT143.1 What was your HDL value, ´good´ cholesterol?
626 Numerator *PDD- HDL VALUE PHR100332002.3Please fill in any of the values from your most recent cholesterol test. = HDL ("good") cholesterol
626 Numerator *PDD- HDL VALUE PHR143.1 What was your HDL value, ´good´ cholesterol?(sample HDL value: 35) = HDL
626 Numerator *PDD- HDL VALUE PHR230000076.1What was your HDL cholesterol number? = HDL
626 Numerator *PDD- HDL VALUE PHR418.1 If yes, what is your HDL value? = Value
626 Numerator *PDD- HDL VALUE SS96.908 What was your HDL "good" cholesterol the last time it was checked?
626 Numerator *PDD- LDL 12 MOS OBS AA131.359 INACTIVE Did the patient have an LDL test in the last 12 months? = Yes
626 Numerator *PDD- LDL 12 MOS OBS AA13993.52390 When did you have your last LDL cholesterol test done? = 0-3 months
626 Numerator *PDD- LDL 12 MOS OBS AA13993.52391 When did you have your last LDL cholesterol test done? = 3-6 months
626 Numerator *PDD- LDL 12 MOS OBS AA13993.52392 When did you have your last LDL cholesterol test done? = 6-12 months
626 Numerator *PDD- LDL 12 MOS OBS AA14753.55412 Have you had an LDL cholesterol test in the past 12 months? = Yes
626 Numerator *PDD- LDL 12 MOS OBS AA14970.56240 Have your cholesterol profile levels (lipid panel including LDL) been tested while fasting in the last 12 months? = Yes
626 Numerator *PDD- LDL 12 MOS OBS AA17132.64393 Did your child have an LDL cholesterol test in the past 12

months? = Yes
626 Numerator *PDD- LDL 12 MOS OBS AA22174.82666 When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 1 - 6 months ago
626 Numerator *PDD- LDL 12 MOS OBS AA22174.82667 When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 7- 12 months ago
626 Numerator *PDD- LDL 12 MOS OBS ATV131.359 INACTIVE Did the patient have an LDL test in the last 12 months? = Yes
626 Numerator *PDD- LDL 12 MOS OBS ATV13993.52390 When did you have your last LDL cholesterol test done? = 0-3 months
626 Numerator *PDD- LDL 12 MOS OBS ATV13993.52391 When did you have your last LDL cholesterol test done? = 3-6 months
626 Numerator *PDD- LDL 12 MOS OBS ATV13993.52392 When did you have your last LDL cholesterol test done? = 6-12 months
626 Numerator *PDD- LDL 12 MOS OBS ATV14753.55412 Have you had an LDL cholesterol test in the past 12 months? = Yes
626 Numerator *PDD- LDL 12 MOS OBS ATV14970.56240 Have your cholesterol profile levels (lipid panel including LDL) been tested while fasting in the last 12 months? = Yes
626 Numerator *PDD- LDL 12 MOS OBS ATV17132.64393 Did your child have an LDL cholesterol test in the past 12 months? = Yes
626 Numerator *PDD- LDL 12 MOS OBS ATV22174.82666 When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 1 - 6 months ago
626 Numerator *PDD- LDL 12 MOS OBS ATV22174.82667 When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 7- 12 months ago
626 Numerator *PDD- LDL 12 MOS OBS PHR100331001.1 Has your cholesterol been tested in the last 12 months (including LDL - "bad" cholesterol)? = Yes
626 Numerator *PDD- LDL VALUE AA12251.45339 What was his/her last LDL level?
626 Numerator *PDD- LDL VALUE AA12866.47586 What is your most recent LDL cholesterol level?
626 Numerator *PDD- LDL VALUE AA13995.52397 What was the result of your LDL cholesterol test?
626 Numerator *PDD- LDL VALUE AA15.45 What was your last LDL level?
626 Numerator *PDD- LDL VALUE AA17134.64398 What was his/her last LDL cholesterol level?
626 Numerator *PDD- LDL VALUE ATV12251.45339 What was his/her last LDL level?
626 Numerator *PDD- LDL VALUE ATV12866.47586 What is your most recent LDL cholesterol level?
626 Numerator *PDD- LDL VALUE ATV13995.52397 What was the result of your LDL cholesterol test?
626 Numerator *PDD- LDL VALUE ATV15.45 What was your last LDL level?
626 Numerator *PDD- LDL VALUE ATV17134.64398 What was his/her last LDL cholesterol level?
626 Numerator *PDD- LDL VALUE HMI1638.1 What´s your LDL cholesterol number? = (TEXT) -
626 Numerator *PDD- LDL VALUE HMI1643.1 What´s your LDL cholesterol number? = (TEXT) -
626 Numerator *PDD- LDL VALUE HMI1644.1 What´s your LDL cholesterol number? = (TEXT) -
626 Numerator *PDD- LDL VALUE HMI1645.1 What´s your LDL cholesterol number? = (TEXT) -
626 Numerator *PDD- LDL VALUE HMI2279.1 What was your most recent LDL cholesterol number? = (NUMBER) -
626 Numerator *PDD- LDL VALUE HMI2448.1 What was your most recent LDL cholesterol number? = (TEXT) -
626 Numerator *PDD- LDL VALUE HMI2449.1 What was your most recent LDL cholesterol number? = (TEXT) -
626 Numerator *PDD- LDL VALUE HMI2450.1 What was your most recent LDL cholesterol number? = (TEXT) -
626 Numerator *PDD- LDL VALUE HMI3765.1 What was your most recent LDL cholesterol number? = (TEXT) -
626 Numerator *PDD- LDL VALUE HMT142.1 What was your LDL value, ´bad´ cholesterol?
626 Numerator *PDD- LDL VALUE PHR100332002.2 Please fill in any of the values from your most recent cholesterol test. = LDL ("bad") Cholesterol
626 Numerator *PDD- LDL VALUE PHR142.1 What was your LDL value, ´bad´ cholesterol?(sample LDL value: 130) = LDL

626 Numerator *PDD- LDL VALUE PHR230000077.1 What was your LDL cholesterol number? = LDL
626 Numerator *PDD- LDL VALUE PHR417.1 If yes, what is your LDL value? = Value
626 Numerator *PDD- LDL VALUE SS99.916 What was your LDL "bad" cholesterol the last time it was checked?
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE AA12865.47585 What is your most recent total cholesterol level?
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE AA13991.52382 What was the result of your total cholesterol test?
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE AA21007.78539 (WV/PEIA) What is your IYS total cholesterol test result?
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE ATV12865.47585 What is your most recent total cholesterol level?
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE ATV13991.52382 What was the result of your total cholesterol test?
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE ATV21007.78539 (WV/PEIA) What is your IYS total cholesterol test result?
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE HMI1646.1 Let´s find out what´s going on. What´s your total cholesterol number? = (TEXT) -
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE HMI1651.1 What´s your total cholesterol number? = (TEXT) -
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE HMI1652.1 What´s your total cholesterol number? = (TEXT) -
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE HMI1653.1 What´s your total cholesterol number? = (TEXT) -
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE HMI2296.1 What was your most recent total cholesterol number? = (NUMBER) -
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE HMI2469.1 What was your most recent total cholesterol number? = (TEXT) -
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE HMI2470.1 What was your most recent total cholesterol number? = (TEXT) -
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE HMI2471.1 What was your most recent total cholesterol number? = (TEXT) -
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE HMI3760.1 What was your most recent total cholesterol number? = (TEXT) -
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE PHR100332002.1 Please fill in any of the values from your most recent cholesterol test. = Total Cholesterol
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE PHR230000075.1 What was your total cholesterol number? = Total Cholesterol
626 Numerator *PDD- TOTAL CHOLESTEROL VALUE SS93.900 What was your total cholesterol the last time it was checked?
626 Numerator *PDD- TRIGLYCERIDE VALUE AA12870.47594 What is your most recent triglyceride level?
626 Numerator *PDD- TRIGLYCERIDE VALUE AA14003.52427 What was the result of your triglyceride test?
626 Numerator *PDD- TRIGLYCERIDE VALUE ATV12870.47594 What is your most recent triglyceride level?
626 Numerator *PDD- TRIGLYCERIDE VALUE ATV14003.52427 What was the result of your triglyceride test?
626 Numerator *PDD- TRIGLYCERIDE VALUE HMI1654.1 What´s your triglyceride number? = (TEXT) -
626 Numerator *PDD- TRIGLYCERIDE VALUE HMI1659.1 What´s your triglyceride number? = (TEXT) -
626 Numerator *PDD- TRIGLYCERIDE VALUE HMI1660.1 What´s your triglyceride number? = (TEXT) -
626 Numerator *PDD- TRIGLYCERIDE VALUE HMI1661.1 What´s your triglyceride number? = (TEXT) -
626 Numerator *PDD- TRIGLYCERIDE VALUE HMI2295.1 What was your most recent triglycerides number? = (NUMBER) -
626 Numerator *PDD- TRIGLYCERIDE VALUE HMI2466.1 What was your most recent triglycerides number? = (TEXT) -
626 Numerator *PDD- TRIGLYCERIDE VALUE HMI2467.1 What was your most recent triglycerides number? = (TEXT) -

626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMI2468.1	What was your most recent triglycerides number? = (TEXT) -
626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMI3769.1	What was your most recent triglyceride number? = (TEXT) -
626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMT144.1	What was your Triglycerides (TG) value, a form of fat?
626	Numerator	*PDD- TRIGLYCERIDE VALUE	PHR100332002.4	Please fill in any of the values from your most recent cholesterol test. = Triglycerides
626	Numerator	*PDD- TRIGLYCERIDE VALUE	PHR144.1	What was your Triglycerides (TG) value, a form of fat?(sample TG value: 200) = TG
626	Numerator	*PDD- TRIGLYCERIDE VALUE	PHR419.1	If yes, what is your TG value? = Value
626	Numerator	*PDD- TRIGLYCERIDE VALUE	SS102.924	What was your triglyceride level the last time it was checked?
626	Numerator	*TRIGLYCERIDES MONITORING	12951-0	Triglyceride
626	Numerator	*TRIGLYCERIDES MONITORING	2571-8	Triglyceride
626	Numerator	*TRIGLYCERIDES MONITORING	28554-4	Triglyceride
626	Numerator	*TRIGLYCERIDES MONITORING	3043-7	Triglyceride
626	Numerator	*TRIGLYCERIDES MONITORING	3049-4	Triglyceride

2a1.4 Denominator Statement *(Brief, narrative description of the target population being measured)*:
All patients, males > 10 and females > 13 years of age, diagnosed with chronic kidney disease.

2a1.5 Target Population Category *(Check all the populations for which the measure is specified and tested if any)*: Adult/Elderly Care, Children's Health, Populations at Risk

2a1.6 Denominator Time Window *(The time period in which cases are eligible for inclusion)*:
Any time in the past

2a1.7 Denominator Details (*All information required to identify and calculate the target population/denominator such as definitions, codes with descriptors, and/or specific data collection items/responses)*:
DENOMINATOR

All of the following are correct:

1. One of the following is correct:

a. If patient age > 10 years and gender is male

b. If patient age > 13 years and gender is female

2. One of the following is correct:

a. CKD Any Stage Validation is confirmed (see below)

b. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past 3 years

CKD Any Stage Validation

One of the following is correct:

1. Presence of at least 1 CKD - ALL STAGES diagnosis in the past 12 months from EHR data

2. Presence of at least 1 TRANSPLANT RENAL (ICD-9) diagnosis in the past 12 months from EHR data

3. Presence of at least 1 NEPHROTIC SYNDROME diagnosis in the past 12 months from EHR data

4. Presence of at least 1 CKD - ALL STAGES diagnosis in the past 12 months from disability data

5. Presence of at least 2 CKD - ALL STAGES diagnosis in the past 12 months at least 3 months apart from claims data

6. Presence of at least 2 TRANSPLANT RENAL (ICD-9) diagnosis in the past from claims data

7. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past from claims data

8. Presence of at least 2 NEPHROTIC SYNDROME diagnosis anytime in the past at least 3 months apart from claims data

9. Presence of at least 1 DIALYSIS CHRONIC (CPT) procedure in the past from claims data

10. Presence of patient data confirming PDD - CHRONIC KIDNEY DISEASE in the past

Code Set:

NQF ID	Denominator	Element Name	ATOM	Description
626	Denominator	*CKD - ALL STAGES	458.21	HYPOTENSION OF HEMODIALYSIS
626	Denominator	*CKD - ALL STAGES	585	CHRONIC KIDNEY DISEASE
626	Denominator	*CKD - ALL STAGES	585.1	CHRONIC KIDNEY DISEASE STAGE I
626	Denominator	*CKD - ALL STAGES	585.2	CHRONIC KIDNEY DISEASE STAGE II (MILD)
626	Denominator	*CKD - ALL STAGES	585.3	CHRONIC KIDNEY DISEASE STAGE III (MODERATE)
626	Denominator	*CKD - ALL STAGES	585.4	CHRONIC KIDNEY DISEASE STAGE IV (SEVERE)
626	Denominator	*CKD - ALL STAGES	585.5	CHRONIC KIDNEY DISEASE STAGE V
626	Denominator	*CKD - ALL STAGES	585.6	End stage renal disease
626	Denominator	*CKD - ALL STAGES	585.9	CHRONIC KIDNEY DISEASE UNSPECIFIED
626	Denominator	*CKD - ALL STAGES	586	UNSPECIFIED RENAL FAILURE
626	Denominator	*CKD - ALL STAGES	792.5	CLOUDY DIALYSIS AFFLUENT
626	Denominator	*CKD - ALL STAGES	996.56	MECH COMPS DUE PERITONEAL DIALYSIS CATHETER
626	Denominator	*CKD - ALL STAGES	996.68	INF&INFLAM REACT DUE PERITON DIALYSIS CATHETER
626	Denominator	*CKD - ALL STAGES	996.73	OTH COMPS DUE RENAL DIALYSIS DEVICE IMPLANT&GFT
626	Denominator	*CKD - ALL STAGES	E870.2	ACC CUT PUNCT PERF/HEMORR DUR DIALYSIS/PERFUSION
626	Denominator	*CKD - ALL STAGES	E871.2	FOREIGN OBJ LEFT IN BODY DUR DIALYSIS/PERFUSION
626	Denominator	*CKD - ALL STAGES	E872.2	FAILED STERILE PRECAUTIONS DUR DIALYSIS/PERFUS
626	Denominator	*CKD - ALL STAGES	E874.2	MECH FAIL-INSTRUMNT/APPARATUS DUR DIALYS-PERFUS
626	Denominator	*CKD - ALL STAGES	E879.1	ABNORMAL REACTION/COMPLICAT D/T KIDNEY DIALYSIS
626	Denominator	*CKD - ALL STAGES	V45.1	RENAL DIALYSIS STATUS
626	Denominator	*CKD - ALL STAGES	V45.11	RENAL DIALYSIS STATUS
626	Denominator	*CKD - ALL STAGES	V45.12	NONCOMPLIANCE WITH RENAL DIALYSIS
626	Denominator	*CKD - ALL STAGES	V56	ENCOUNTER DIALYSIS AND DIALYSIS CATHETER CARE
626	Denominator	*CKD - ALL STAGES	V56.0	ENCOUNTER FOR EXTRACORPOREAL DIALYSIS
626	Denominator	*CKD - ALL STAGES	V56.1	FITTING&ADJ EXTRACORPOREAL DIALYSIS CATHETER
626	Denominator	*CKD - ALL STAGES	V56.2	FITTING&ADJUSTMENT PERITONEAL DIALYSIS CATHETER
626	Denominator	*CKD - ALL STAGES	V56.3	ENCOUNTER FOR ADEQUACY TESTING FOR DIALYSIS
626	Denominator	*CKD - ALL STAGES	V56.31	ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS
626	Denominator	*CKD - ALL STAGES	V56.32	ENCOUNTER ADEQUACY TESTING PERITONEAL DIALYSIS
626	Denominator	*CKD - ALL STAGES	V56.8	ENCOUNTER OTHER DIALYSIS
626	Denominator	*DIALYSIS CHRONIC (CPT)	0882	MISCELLANEOUS DIALYSIS - Home dialysis aid visit
626	Denominator	*DIALYSIS CHRONIC (CPT)	90918	ESRD FULL MO <2 YR
626	Denominator	*DIALYSIS CHRONIC (CPT)	90919	ESRD FULL MO 2-11 YR
626	Denominator	*DIALYSIS CHRONIC (CPT)	90920	ESRD FULL MO 12-19 YR
626	Denominator	*DIALYSIS CHRONIC (CPT)	90921	ESRD FULL MO 20 YR&>

626	Denominator	*DIALYSIS CHRONIC (CPT)	90922	ESRD < FULL MO PR D <2 YR
626	Denominator	*DIALYSIS CHRONIC (CPT)	90923	ESRD < FULL MO PR D 2-11 YR
626	Denominator	*DIALYSIS CHRONIC (CPT)	90924	ESRD < FULL MO PR D 12-19YR
626	Denominator	*DIALYSIS CHRONIC (CPT)	90925	ESRD < FULL MO PR D 20YR&>
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1800	INPATIENT RENAL DIALYSIS - GENERAL
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1801	INPATIENT RENAL DIALYSIS - GENERAL - HEMODIALYSIS
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1802	INPATIENT PERITONEAL DIALYSIS (NON-CAPD)
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1803	INPATIENT CONTINUOUS DIALYSIS - (CAPD)
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1804	INPATIENT CONTINUOUS DIALYSIS - (CCPD)
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1809	INPATIENT DIALYSIS - OTHER
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1820	HEMODIALYSIS - GENERAL
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1821	HEMODIALYSIS - COMPOSITE OR OTHER
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1822	HEMODIALYSIS - HOME SUPPLIES
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1823	HEMODIALYSIS - HOME SUPPLIES
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1824	HEMODIALYSIS - MAINTENANCE 100%
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1825	HEMODIALYSIS - SUPPORT SERVICES
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1829	HEMODIALYSIS - OTHER OUTPATIENT
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1830	PERITONEAL DIALYSIS - GENERAL
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1831	PERITONEAL DIALYSIS - COMPOSITE OR OTHER RATE
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1832	PERITONEAL DIALYSIS - HOME SUPPLIES
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1833	PERITONEAL DIALYSIS - HOME EQUIPMENT
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1834	PERITONEAL DIALYSIS - MAINTENANCE 100%
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1835	PERITONEAL DIALYSIS - SUPPORT SERVICES
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1839	PERITONEAL DIALYSIS - OTHER OUTPATIENT SERVICES
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1840	CAPD - OUTPATIENT - HOME - GENERAL
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1841	CAPD - COMPOSITE OR OTHER RATE
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1842	CAPD - HOME SUPPLIES
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1843	CAPD - HOME EQUIPMENT
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1844	CAPD - MAINTENANCE 100%
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1845	CAPD - SUPPORT SYSTEMS
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1849	CAPD - OTHER OUTPATIENT SERVICES
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1850	CCPD ? GENERAL
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1851	CCPD - COMPOSITE OR OTHER RATE
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1852	CCPD - HOME SUPPLIES
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1853	CCPD - HOME EQUIPMENT
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1854	CCPD - MAINTENANCE 100%
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1855	CCPD - SUPPORT SERVICES
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1859	CCPD - OTHER OUTPATIENT SERVICES
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1880	MISCELLANEOUS DIALYSIS - GENERAL
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1881	MISCELLANEOUS DIALYSIS - ULTRAFILTRATION
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1889	MISCELLANEOUS DIALYSIS - OTHER
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0308	ESRD REL SRVC DUR TX PTS UND 2 YRS; 4/> VSTS MO
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0309	ESRD REL SRVC DUR TX PTS UND 2 YRS; 2/3 VSTS MO
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0310	ESRD REL SRVC DUR TX PTS UND 2 YRS AGE; 1 VST MO
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0311	ESRD REL SRVC DUR TX PT BETWN 2&11 YR; 4/>VST MO
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0312	ESRD REL SRVC DUR TX PT BETWN 2&11; 2/3 VSTS MO

626	Denominator	*DIALYSIS CHRONIC (CPT)	G0313	ESRD REL SRVC DUR TX PT BETWN 2&11 YR; 1 VST MO
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0314	ESRD REL SRVC DUR TX PT BETWN 12&19; 4/> VSTS MO
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0315	ESRD REL SRVC DUR TX PT BETWN 12&19; 2/3 VSTS MO
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0316	ESRD REL SRVC DUR TX PT BETWN 12&19 YR; 1 VST MO
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0317	ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 4/> VSTS MO
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0318	ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 2/3 VSTS MO
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0319	ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 1 VST MONTH
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0320	ESRD REL SRVC HOM DIALYSIS FULL MO; UND 2 YR AGE
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0321	ESRD REL SRVC HOM DIALYSIS FULL MO; 2-11 YRS AGE
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0322	ESRD REL SRVC HOM DIALYSIS FULL MO; 12-19 YR AGE
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0323	ESRD REL SRVC HOM DIALYSIS FULL MO; 20 YRS&OLDER
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0324	ESRD REL SERVICE HOME DIALYSIS PER DAY; PT <2 YR
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0325	ESRD REL SERV HOME DIALYSIS PER DAY; PT 2-11 YRS
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0326	ERSD REL SERV HOME DIALYSIS PER DAY; PT 12-19 YR
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0327	ESRD REL SERV HOME DIALYSIS PER DAY; PT 20 YR >
626	Denominator	*NEPHROTIC SYNDROME	581.0	NEPHROTIC SYNDROME W/LESION PROLIFERATIVE GLN
626	Denominator	*NEPHROTIC SYNDROME	581	NEPHROTIC SYNDROME
626	Denominator	*NEPHROTIC SYNDROME	581.1	NEPHROTIC SYNDROME W/LESION MEMBRANOUS GLN
626	Denominator	*NEPHROTIC SYNDROME	581.2	NEPHROTIC SYND W/LESION MEMBRANOPROLIFERAT GLN
626	Denominator	*NEPHROTIC SYNDROME	581.3	NEPHROTIC SYND W/LES MIN CHG GLOMERULONEPHRIT
626	Denominator	*NEPHROTIC SYNDROME	581.8	NEPHROTIC SYND W/OTH SPEC PATHAL LESION KIDNEY
626	Denominator	*NEPHROTIC SYNDROME	581.81	NEPHROTIC SYND W/OTH PATHAL LES DZ CLASS ELSW
626	Denominator	*NEPHROTIC SYNDROME	581.89	OTH NEPHROTIC SYND W/SPEC PATHAL LESION KIDNEY
626	Denominator	*NEPHROTIC SYNDROME	581.9	NEPHROTIC SYNDROME W/UNSPEC PATHAL LESION KIDNEY
626	Denominator	*NEPHROTIC SYNDROME	V13.03	PERSONAL HISTORY OF NEPHROTIC SYNDROME
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA1.4681	INACTIVE Our information suggests you may have one or more of the following conditions. Please tell me if you agree. = Renal Insufficiency
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA11214.41451	What health conditions has your doctor said you have? = Chronic Kidney Disease
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA14899.55972	Do you know or has your doctor communicated which stage of CKD you are in? = Stage 3

626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA14899.55973 Do you know or has your doctor communicated which stage of CKD you are in? = Stage 4
626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA14899.55974 Do you know or has your doctor communicated which stage of CKD you are in? = Stage 5
626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA1579.4677 INACTIVE Nurse completion: Select one answer for Chronic Renal Failure = CSID scores positive for Chronic Renal Failure and patient confirms condition
626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA1579.4679 INACTIVE Nurse completion: Select one answer for Chronic Renal Failure = CSID does not score positive for Chronic Renal Failure and patient states they have condition
626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA20620.77084 What health conditions does the member have? = Chronic Kidney Disease
626 Denominator *PDD- CHRONIC KIDNEY DISEASE AA20936.78242 What health conditions does the member have? = Chronic Kidney Disease
626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV1.4681 INACTIVE Our information suggests you may have one or more of the following conditions. Please tell me if you agree. = Renal Insufficiency
626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV11214.41451 What health conditions has your doctor said you have? = Chronic Kidney Disease
626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV14899.55972 Do you know or has your doctor communicated which stage of CKD you are in? = Stage 3
626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV14899.55973 Do you know or has your doctor communicated which stage of CKD you are in? = Stage 4
626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV14899.55974 Do you know or has your doctor communicated which stage of CKD you are in? = Stage 5
626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV1579.4677 INACTIVE Nurse completion: Select one answer for Chronic Renal Failure = CSID scores positive for Chronic Renal Failure and patient confirms condition
626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV1579.4679 INACTIVE Nurse completion: Select one answer for Chronic Renal Failure = CSID does not score positive for Chronic Renal Failure and patient states they have condition
626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV20620.77084 What health conditions does the member have? = Chronic Kidney Disease
626 Denominator *PDD- CHRONIC KIDNEY DISEASE ATV20936.78242 What health conditions does the member have? = Chronic Kidney Disease
626 Denominator *PDD- CHRONIC KIDNEY DISEASE HMI3867.1 Have you been diagnosed with any of the following? Choose all that apply. = true - Chronic Kidney Disease
626 Denominator *PDD- CHRONIC KIDNEY DISEASE HMT10.1 Chronic kidney disease = Yes
626 Denominator *PDD- CHRONIC KIDNEY DISEASE PHR100260001.4 Do you know the stage of your kidney disease? = Stage 3
626 Denominator *PDD- CHRONIC KIDNEY DISEASE PHR100260001.5 Do you know the stage of your kidney disease? = Stage 4
626 Denominator *PDD- CHRONIC KIDNEY DISEASE PHR100260001.6 Do you know the stage of your kidney disease? = Stage 5
626 Denominator *PDD- CHRONIC KIDNEY DISEASE PHR200000005.21 Which of the following health conditions have you ever had? = Kidney Disease (chronic, CKD)
626 Denominator *PDD- CHRONIC KIDNEY DISEASE PHR606.3 Do you know or has your doctor communicated which stage of CKD you are in? = Stage 3
626 Denominator *PDD- CHRONIC KIDNEY DISEASE PHR606.4 Do you know or has your doctor communicated which stage of CKD you are in? = Stage 4
626 Denominator *PDD- CHRONIC KIDNEY DISEASE PHR606.6 Do you know or has your doctor communicated which stage of CKD you are in? = Stage 5
626 Denominator *TRANSPLANT RENAL (CPT) 55.6 TRANSPLANT OF KIDNEY
626 Denominator *TRANSPLANT RENAL (CPT) 55.61 RENAL AUTOTRANSPLANTATION
626 Denominator *TRANSPLANT RENAL (CPT) 55.69 OTHER KIDNEY TRANSPLANTATION
626 Denominator *TRANSPLANT RENAL (CPT) 50360 RNL ALTRNSPLJ IMPLTJ GRF W/O RCP NFRCT
626 Denominator *TRANSPLANT RENAL (CPT) 50365 RNL ALTRNSPLJ IMPLTJ GRF W/RCP NFRCT
626 Denominator *TRANSPLANT RENAL (CPT) 50380 RNL AUTOTRNSPLJ RIMPLTJ KDN
626 Denominator *TRANSPLANT RENAL (CPT) _1367 OPERATING ROOM SERVICES - KIDNEY TRANSPLANT

626	Denominator	*TRANSPLANT RENAL (CPT)	S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION
626	Denominator	*TRANSPLANT RENAL (ICD9)	996.81	COMPLICATIONS OF TRANSPLANTED KIDNEY
626	Denominator	*TRANSPLANT RENAL (ICD9)	V42.0	KIDNEY REPLACED BY TRANSPLANT

2a1.8 Denominator Exclusions *(Brief narrative description of exclusions from the target population)*:
DENOMINATOR EXCLUSIONS
Specific Exclusions:
None
General exclusion:
Patients with active cancer or metastatic diseases.
Patients who were in a skilled nursing facility recently.

2a1.9 Denominator Exclusion Details *(All information required to identify and calculate exclusions from the denominator such as definitions, codes with descriptors, and/or specific data collection items/responses)*:
DENOMINATOR EXCLUSIONS

General exclusions:
- Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months;
- Patients who have been in a skilled nursing facility in the last 3 months

2a1.10 Stratification Details/Variables *(All information required to stratify the measure results including the stratification variables, codes with descriptors, definitions, and/or specific data collection items/responses)*:
The results are not stratified.

2a1.11 Risk Adjustment Type *(Select type. Provide specifications for risk stratification in 2a1.10 and for statistical model in 2a1.13)*: No risk adjustment or risk stratification 2a1.12 If "Other," please describe:

2a1.13 Statistical Risk Model and Variables *(Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development should be addressed in 2b4.)*:
No risk model applied to this measure.

2a1.14-16 Detailed Risk Model Available at Web page URL (or attachment). Include coefficients, equations, codes with descriptors, definitions, and/or specific data collection items/responses. Attach documents only if they are not available on a webpage and keep attached file to 5 MB or less. NQF strongly prefers you make documents available at a Web page URL. Please supply login/password if needed:

2a1.17-18. Type of Score: Rate/proportion

2a1.19 Interpretation of Score *(Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)*: Better quality = Higher score

2a1.20 Calculation Algorithm/Measure Logic*(Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.)*:
PERFORMANCE MEASURE RULE:
Chronic Kidney Disease – Lipid Profile Monitoring

DENOMINATOR

All of the following are correct:

1. One of the following is correct:

a. If patient age > 10 years and gender is male

b. If patient age > 13 years and gender is female

2. One of the following is correct:

a. CKD Any Stage Validation is confirmed (see below)

b. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past 3 years

DENOMINATOR EXCLUSIONS

None

NUMERATOR

All of the following are correct:

1. The denominator is true

2. Lipid Panel Monitoring 15 Month Validation is confirmed (see below)

CKD Any Stage Validation

One of the Following is correct:

1. Presence of at least 2 CKD - ALL STAGES diagnosis in the past 12 months at least 3 months apart

2. Presence of patient data confirming PDD - CHRONIC KIDNEY DISEASE in the past

3. Presence of at least 2 TRANSPLANT RENAL (ICD-9) diagnosis in the past

4. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past

5. Presence of at least 2 NEPHROTIC SYNDROME diagnosis anytime in the past at least 3 months apart

6. Presence of at least 1 DIALYSIS CHRONIC (CPT) procedure in the past

Lipid Panel Monitoring 15 Months

One of the following is correct:

1. All of the following are correct:

a. Presence of at least 1 TRIGLYCERIDES MONITORING lab result in the past 15 months

b. Presence of at least 1 HDL MONITORING lab result in the past 15 months

c. Presence of at least 1 CHOLESTEROL TOTAL MONITORING labs result in the past 15 months

2. Presence of at least 1 LIPID PANEL (CPT) procedure In the past 15 months

3. Presence of at least 1 LIPID PANEL (LOINC) lab result in the past 15 months

4. Presence of patient data confirming PDD - LDL 12 MOS OBS in the past 12 months

5. Presence of at least 1 HYPERLIPIDEMIA diagnosis in the past 15 months

6. Presence of patient data confirming PDD - LDL VALUE in the past 12 months

7. All of the following are correct:

a. Presence of patient data confirming PDD - TOTAL CHOLESTEROL VALUE in the past 12 months

b. Presence of patient data confirming PDD - HDL VALUE in the past 12 months

c. Presence of patient data confirming PDD - TRIGLYCERIDE VALUE in the past 12 months

8. Presence of at least 1 LDL MONITORING Labs Result Value in the past 15 Months

9. Presence of at least 1 LIPID SCREENING (ICD9) Diagnosis in the past 15 Months

Note: A 3-month time window has been added to certain timeframes to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the total day supply of a drug plus a grace period of an additional 30 days extends into the end of the measurement window.

2a1.21-23 Calculation Algorithm/Measure Logic Diagram URL or attachment:
Attachment
Chronic Kidney Disease - Lipid Profile Monitoring Algorithm.pdf

2a1.24 Sampling (Survey) Methodology. If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate):
Measure is not based on a sample.

2a1.25 Data Source *(Check all the sources for which the measure is specified and tested*). If other, please describe:
Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Laboratory, Electronic Clinical Data : Pharmacy, Electronic Clinical Data : Registry, Patient Reported Data/Survey

2a1.26 Data Source/Data Collection Instrument (*Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.*): Data are collected from a number of electronic sources, e.g., health plans, pharmacy-based management systems, electronic health records, etc.

2a1.27-29 Data Source/data Collection Instrument Reference Web Page URL or Attachment:

2a1.30-32 Data Dictionary/Code Table Web Page URL or Attachment:
Attachment
626 Chronic Kidney Disease - Lipid Profile Monitoring.xlsx

2a1.33 Level of Analysis (*Check the levels of analysis for which the measure is specified and tested)*: Clinician : Group/Practice, Clinician : Individual, Clinician : Team, Facility, Health Plan, Integrated Delivery System, Population : Community, Population : County or City, Population : National, Population : Regional, Population : State

2a1.34-35 Care Setting *(Check all the settings for which the measure is specified and tested)*: Ambulatory Care : Clinic/Urgent Care, Ambulatory Care : Clinician Office, Dialysis Facility, Home Health

2a2. Reliability Testing. (*Reliability testing was conducted with appropriate method, scope, and adequate demonstration of reliability*.)

2a2.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
All the data for the measures are obtained from electronic sources. Based on the client, we take in electronic data from health plans, pharmacy-based management systems, laboratory systems, personal health records, health risk assessments, and electronic health records. In addition, we can take in data from care management systems. All data feeds are electronic and do not require manual medical chart abstraction.

We have over 21 million patient records across our book of business. The average age of the population is 35 and 51.9% of the population is female. Currently we use a database of approximately over 2 million patient records pulled from multiple populations for testing purposes.

Our testing procedure includes testing the rules on the database of approximately 2 million patient records. We typically review the results for reliability, i.e., did we find the same people on multiple runs and validity, i.e., did we find the appropriate people in the denominator and numerator.

2a2.2 Analytic Method *(Describe method of reliability testing & rationale)*:
All of our quality measures are electronic and all the data used to support the measures are electronic. In addition, we receive the data by electronic feeds. We have internal processes to ensure that we receive valid codes and where appropriate the associated values. Our analytic process includes testing a new rule or algorithm on our test database of 2 million patient records, so that we can be sure of the reliability of the code. At the end of the test, we randomly select patients who are either in the numerator, or in the denominator but not the numerator, to ensure that they met the requirements of the rule. As a part of our reliability testing, we check to ensure we have found the correct people in the denominator or the numerator, across multiple rules with similar definitions. To ensure accuracy, we check a subset of the people who were not in the numerator to ensure that we were accurate in not counting them in the numerator. If we find errors at any stage of the reliability testing, e.g., similar denominators that had significant differences in counts, different compliance rates for similar populations; we update the rules and retest.

2a2.3 Testing Results *(Reliability statistics, assessment of adequacy in the context of norms for the test conducted)*:
The measure algorithms and code sets are all electronic. Once we complete testing the rules and correcting any errors, the rules are deployed in a production environment for our clients. At that point, the rules are considered reliable, i.e., if the rules are run on the same data set we expect to find the same people on a consistent basis.

2b. VALIDITY. Validity, Testing, including all Threats to Validity: H☐ M☐ L☐ I ☐

2b1.1 Describe how the measure specifications *(measure focus, target population, and exclusions)* are consistent with the evidence cited in support of the measure focus (*criterion 1c)* and identify any differences from the evidence:
The K/DOQI clinical guidelines define the target population as “all patients with Stage 5 CKD, as well as kidney transplant recipients, irrespective of whether kidney transplant recipients were classified as having CKD.” In addition, they recommend that all patients with CKD Stages 1 – 4 should be managed according the ATP III Guidelines, which would include lipid panel monitoring,

and that CKD should be considered a CVD risk equivalent. In the end, it was concluded that adolescents (defined by the onset of puberty), in any stage of CKD or with a kidney transplant, should be included in these guidelines. As indicated in the evidence summary the K/DOQI guideline recommendations state that, "All adults and adolescents with CKD should be evaluated for dyslipidemias." Based on the guideline's recommendations, our algorithm finds all patients with electronic evidence of CKD, who have had a lipid profile consistent with the existing guidelines.

2b2. Validity Testing. (*Validity testing was conducted with appropriate method, scope, and adequate demonstration of validity.)*

2b2.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
The data for the measure are obtained from electronic sources. Based on the client, we take in electronic data from health plans, pharmacy-based management systems, laboratory systems, personal health records, health risk assessments, and electronic health records. In addition, we can take in data from care management systems. All data feeds are electronic and do not require manual medical chart abstraction.
Our ability to analyze measures across different populations is limited by the characteristics of a specific client population. Since the rules are electronic, they are applied consistently, independent of the population characteristics. For example running this measure on a young population, may result in a lower denominator and compliance rate, compared to evaluating the measure across an older population.

2b2.2 Analytic Method *(Describe method of validity testing and rationale; if face validity, describe systematic assessment)*:
All of our quality measures are electronic and all the data used to support the measures are electronic. In addition, we receive the data by electronic feeds. We have internal processes to ensure that we receive valid codes and where appropriate the associated values. Currently we use a database of approximately 2 million patient records for testing purposes. Our analytic process includes testing a new rule or algorithm on the standard data set so that we can be sure of the reliability of the code. At the end of the test, we randomly select patients who are either in the numerator, or in the denominator but not the numerator, to ensure that they met the requirements of the rule. As a part of our validity testing, we check to ensure we have found the correct people in the denominator or the numerator. To ensure accuracy, we check a subset of the people who were not in the numerator to ensure that we were accurate in not counting them in the numerator. If we find errors at any stage of the reliability testing, e.g., similar denominators that had differences in counts, compliance rates for similar populations that differ, then we update the rules and retest.
Further, to ensure that we obtain valid results once the measures are deployed, when we run the measure for a client we evaluate the results to ensure they are consistent with what we have found in the past for the client and across our book of business.

2b2.3 Testing Results *(Statistical results, assessment of adequacy in the context of norms for the test conducted; if face validity, describe results of systematic assessment)*:
The algorithms and code sets used for the measures are all electronic. Once we test the rules, and correct any errors, the rules are deployed in a production environment for our clients. At that point, the rule is considered reliable, that is we are finding the appropriate people in the denominator and numerator.

From a population of over 13 million, we found 96,482 people who fulfilled the denominator. Out of these, 81,458, or 84%, were found to be compliant for lipid panel monitoring in people with chronic kidney disease. Compliance is measured across the patient population across all providers. This is a reflection of the providers´ performance and reliability and validity testing at a provider level.

POTENTIAL THREATS TO VALIDITY. (*All potential threats to validity were appropriately tested with adequate results.*)

2b3. Measure Exclusions. (*Exclusions were supported by the clinical evidence in 1c or appropriately tested with results demonstrating the need to specify them.*)

2b3.1 Data/Sample for analysis of exclusions *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
There are no specific exclusions to this measure. For all of our rules, we apply general exclusions. In particular, we exclude people with a diagnosis of metastatic cancer or cancer treatment in the 6 month prior to the measurement date. In addition, we exclude patients who were in a skilled nursing facility 3 months before the measurement date.

2b3.2 Analytic Method (*Describe type of analysis and rationale for examining exclusions, including exclusion related to patient*

preference):
There are no exclusions.

2b3.3 Results *(Provide statistical results for analysis of exclusions, e.g., frequency, variability, sensitivity analyses):*
There are no exclusions.

2b4. Risk Adjustment Strategy. (*For outcome measures, adjustment for differences in case mix (severity) across measured entities was appropriately tested with adequate results.*)

2b4.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
We do not apply risk adjustment to our rules.

2b4.2 Analytic Method (*Describe methods and rationale for development and testing of risk model or risk stratification including selection of factors/variables)*:
We do not apply risk adjustment to our rules.

2b4.3 Testing Results *(Statistical risk model: Provide quantitative assessment of relative contribution of model risk factors; risk model performance metrics including cross-validation discrimination and calibration statistics, calibration curve and risk decile plot, and assessment of adequacy in the context of norms for risk models. Risk stratification: Provide quantitative assessment of relationship of risk factors to the outcome and differences in outcomes among the strata)*:
We do not apply risk adjustment to our rules.

2b4.4 If outcome or resource use measure is not risk adjusted, provide rationale and analyses to justify lack of adjustment: To satisfy the ability to apply evidence-based risk stratification protocols, we would have to collect electronic data to support the stratification, systematically; and often these data are not readily captured using standard electronic feeds. Other potential risk factors, e.g. race, gender, age, and socioeconomic status, relate to disparities in care, and except for age would be difficult to capture. In addition, risk stratification for a process measure might not be applicable
We anticipate that once electronic health records and clinical data become more prevalent and robust, we will be able to capture these additional data for routine risk adjustment.

2b5. Identification of Meaningful Differences in Performance. (*The performance measure scores were appropriately analyzed and discriminated meaningful differences in quality.*)

2b5.1 Data/Sample *(Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
Our ability to analyze measures across different populations is limited by the characteristics of a specific client population. Since the rules are electronic, they are applied consistently, independent of the population characteristics. For example running this measure on a young population, may result in a lower denominator and compliance rate, compared to evaluating the measure across an older population.

2b5.2 Analytic Method *(Describe methods and rationale to identify statistically significant and practically/meaningfully differences in performance)*:
See comments above.

2b5.3 Results *(Provide measure performance results/scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance)*:
See comments above.

2b6. Comparability of Multiple Data Sources/Methods. (*If specified for more than one data source, the various approaches result in comparable scores.*)

2b6.1 Data/Sample *(Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
We receive electronic data from multiple sources – health plan, electronic health record, personal health record, etc. Independent of the sources, all the available data about a patient are aggregated into a single patient record for use in performance measurement. Therefore, for an individual patient the record will include claims data, clinical data from an electronic health record,

or a self-reported data from a patient health record. Based on this, we do not typically conduct analyses based on disparate sources of data. Instead, the rules contain redundancies to accommodate the different sources of data or the absence of specific data based on the source.

2b6.2 Analytic Method *(Describe methods and rationale for testing comparability of scores produced by the different data sources specified in the measure)*:
See comments above.

2b6.3 Testing Results *(Provide statistical results, e.g., correlation statistics, comparison of rankings; assessment of adequacy in the context of norms for the test conducted)*:
See comments above.

2c. Disparities in Care: H☐ M☐ L☐ I ☐ NA☐ (*If applicable, the measure specifications allow identification of disparities.*)

2c.1 If measure is stratified for disparities, provide stratified results *(Scores by stratified categories/cohorts)*: We do not stratify our measures for disparities.

2c.2 If disparities have been reported/identified (e.g., in 1b), but measure is not specified to detect disparities, please explain:
To stratify based on disparities, would require that we receive electronic data in our standard feeds that we do not currently receive, e.g., race, ethnicity, socioeconomic status. We anticipate that once electronic health records and clinical data become more prevalent and robust, we will be able to capture these additional data for routine use including stratification disparities.

2.1-2.3 Supplemental Testing Methodology Information:

Steering Committee: Overall, was the criterion, *Scientific Acceptability of Measure Properties*, met?
(*Reliability and Validity must be rated moderate or high*) Yes☐ No☐
Provide rationale based on specific subcriteria:

If the Committee votes No, STOP

3. USABILITY

Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. (evaluation criteria)

C.1 Intended Purpose/ Use *(Check all the purposes and/or uses for which the measure is intended)*: Public Reporting, Quality Improvement (Internal to the specific organization)

3.1 Current Use *(Check all that apply; for any that are checked, provide the specific program information in the following questions)*: Public Reporting, Quality Improvement (Internal to the specific organization)

3a. Usefulness for Public Reporting: H☐ M☐ L☐ I ☐
(*The measure is meaningful, understandable and useful for public reporting.*)

3a.1. Use in Public Reporting - disclosure of performance results to the public at large *(If used in a public reporting program, provide name of program(s), locations, Web page URL(s)).* If not publicly reported in a national or community program, state the reason AND plans to achieve public reporting, potential reporting programs or commitments, and timeline, e.g., within 3 years of endorsement: [*For Maintenance – If not publicly reported, describe progress made toward achieving disclosure of performance results to the public at large and expected date for public reporting; provide rationale why continued endorsement should be considered.*]
Traditionally, we have reported our measures to clients, who then publish the results publicly. We are in the process of working with clients who are part of a number of initiatives including patient-centered medical homes and accountable care organizations. We anticipate that with these new initiatives, that we will deploy our quality measures, the results of which should be part of the

public reporting and quality initiative programs.

3a.2.Provide a rationale for why the measure performance results are meaningful, understandable, and useful for public reporting. If usefulness was demonstrated (e.g., focus group, cognitive testing), describe the data, method, and results: The measures performance results are useful because there is independent evidence that patients with CKD do not necessarily receive the appropriate intervention especially in the primary care setting.
Patients with chronic kidney disease are at high risk for cardiovascular events. The detection of dyslipidemia allows for early treatment with statins, which may decrease this risk and reduce subsequent complications and costs.

Providing public reporting of this measure will lead to increased awareness of the need to screen for cardiovascular risk factors in renal patients and where appropriate to treat.

3.2 Use for other Accountability Functions (payment, certification, accreditation). If used in a public accountability program, provide name of program(s), locations, Web page URL(s): We are in the process of working with clients who are part of a number of initiatives including patient-centered medical homes and accountable care organizations.

3b. Usefulness for Quality Improvement: H☐ M☐ L☐ I ☐
(*The measure is meaningful, understandable and useful for quality improvement.*)

3b.1. Use in QI. If used in quality improvement program, provide name of program(s), locations, Web page URL(s):
[*For Maintenance – If not used for QI, indicate the reasons and describe progress toward using performance results for improvement*].
Traditionally, we have reported our measures to clients, who then publish the results publicly. We are in the process of working with clients who are a part of a number of initiative including patient-centered medical homes and accountable care organizations. We anticipate that with these new initiatives, that we will deploy our quality measures, the results of which should be part of the public reporting and quality initiative programs.

3b.2. Provide rationale for why the measure performance results are meaningful, understandable, and useful for quality improvement. If usefulness was demonstrated *(e.g., QI initiative),* describe the data, method and results:
The measures performance results are useful because there is independent evidence that patients with CKD do not necessarily receive the appropriate intervention especially in the primary care setting.
Patients with chronic kidney disease are at high risk for cardiovascular events. The detection of dyslipidemia allows for early treatment with statins, which may decrease this risk and reduce subsequent complications and costs.

Providing public reporting of this measure will lead to increased awareness of the need to screen for cardiovascular risk factors in renal patients and where appropriate to treat.

Internally we reported a compliance rate of 86 and based on the literature there is room for improvement.

Overall, to what extent was the criterion, *Usability*, met? H☐ M☐ L☐ I ☐
Provide rationale based on specific subcriteria:

4. FEASIBILITY

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. (evaluation criteria)

4a. Data Generated as a Byproduct of Care Processes: H☐ M☐ L☐ I ☐

4a.1-2 How are the data elements needed to compute measure scores generated? *(Check all that apply).*
Data used in the measure are:
generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition,
Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims), Other
personal health record, disease management system

4b. Electronic Sources: H☐ M☐ L☐ I ☐

4b.1 Are the data elements needed for the measure as specified available electronically *(Elements that are needed to compute measure scores are in defined, computer-readable fields)*: ALL data elements are in a combination of electronic sources

4b.2 If ALL data elements are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources:

4c. Susceptibility to Inaccuracies, Errors, or Unintended Consequences: H☐ M☐ L☐ I ☐

4c.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measurement identified during testing and/or operational use and strategies to prevent, minimize, or detect. If audited, provide results:
We use a combination of data sources to mitigate the risk of inaccuracies or errors. We recognize that generally, electronic data have inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of the denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the data. In addition, where possible, we corroborate the data, for example if we receive an ICD-9 code for diabetes from claims, we also build include in the rule the requirement for diabetic medications. We have a mechanism in place to solicit feedback from providers via a feedback form, if they detect errors with the measure.
We do not anticipate significant unintended consequences from the implementation of the measure. Our measures are all developed from evidence-based literature or from clinical practice guidelines and are designed to encourage appropriate care of the patient.

4d. Data Collection Strategy/Implementation: H☐ M☐ L☐ I ☐

A.2 Please check if either of the following apply (*regarding proprietary measures*): Proprietary measure
4d.1 Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues *(e.g., fees for use of proprietary measures)*:
Generally, we have learned that we have to be flexible to take in data from all possible sources. We have also heard from providers, that they prefer that the rules err on the side of specificity, e.g., lessen the risk of false positives, that is, identifying the wrong patient for the denominator and that they want a mechanism to provide feedback.

Overall, to what extent was the criterion, *Feasibility*, met? H☐ M☐ L☐ I ☐
Provide rationale based on specific subcriteria:

OVERALL SUITABILITY FOR ENDORSEMENT

Does the measure meet all the NQF criteria for endorsement? Yes☐ No☐
Rationale:

If the Committee votes No, STOP.
If the Committee votes Yes, the final recommendation is contingent on comparison to related and competing measures.

5. COMPARISON TO RELATED AND COMPETING MEASURES

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure before a final recommendation is made.

5.1 If there are related measures *(either same measure focus or target population)* or competing measures *(both the same measure focus and same target population*), list the NQF # and title of all related and/or competing measures:
1668 : Laboratory Testing (Lipid Profile)

5a. Harmonization

5a.1 If this measure has EITHER the same measure focus OR the same target population as NQF-endorsed measure(s): Are the measure specifications completely harmonized? Yes

5a.2 If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden:

5b. Competing Measure(s)

5b.1 If this measure has both the same measure focus and the same target population as NQF-endorsed measure(s): Describe why this measure is superior to competing measures *(e.g., a more valid or efficient way to measure quality);* OR provide a rationale for the additive value of endorsing an additional measure. *(Provide analyses when possible)*:

CONTACT INFORMATION

Co.1 Measure Steward (Intellectual Property Owner): ActiveHealth Management, 1333 Broadway, New York, New York, 10018

Co.2 Point of Contact: Madhavi, Vemireddy, MD, mvemireddy@activehealth.net, 212-651-8200-

Co.3 Measure Developer if different from Measure Steward: ActiveHealth Management, 1333 Broadway, New York, New York, 10018

Co.4 Point of Contact: Madhavi, Vemireddy, MD, mvemireddy@activehealth.net, 212-651-8200-

Co.5 Submitter: Bani, Vir, MD, bvir@activehealth.net, 212-651-8200-, ActiveHealth Management

Co.6 Additional organizations that sponsored/participated in measure development:

Co.7 Public Contact: Bani, Vir, MD, bvir@ activehealth.net, 212-651-8200-, ActiveHealth Management

ADDITIONAL INFORMATION

Workgroup/Expert Panel involved in measure development
Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.
n/a

Ad.2 If adapted, provide title of original measure, NQF # if endorsed, and measure steward. Briefly describe the reasons for adapting the original measure and any work with the original measure steward: n/a

Measure Developer/Steward Updates and Ongoing Maintenance
Ad.3 Year the measure was first released: 2009
Ad.4 Month and Year of most recent revision: 09, 2011
Ad.5 What is your frequency for review/update of this measure? Every 2 years
Ad.6 When is the next scheduled review/update for this measure? 10, 2013

Ad.7 Copyright statement: This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of ActiveHealth Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.

Ad.8 Disclaimers: Date of measure revision: 09/30/2011
Items that have been revised:1a.3, 1a.4, 1b.2, 1b.3, 1b.4, 1c.4, 1c.15, 2b2.3, 3.1, 5a.1, 5b.1.
Summary of revisions: We have updated and edited our literature to reflect an emphasis on evidenced-based medicine and to more accurately support our measure as it is presented. We have also updated information regarding our test results and evidence of performance gap.

Ad.9 Additional Information/Comments:

Date of Submission (*MM/DD/YY*): 07/07/2011

NQF ID	Denominator /	Element Name	Code ID
626	Denominator	*CKD - ALL STAGES	585.5
626	Denominator	*CKD - ALL STAGES	V45.1
626	Denominator	*CKD - ALL STAGES	V56.3
626	Denominator	*CKD - ALL STAGES	585.1
626	Denominator	*CKD - ALL STAGES	585.4
626	Denominator	*CKD - ALL STAGES	585.9
626	Denominator	*CKD - ALL STAGES	996.73
626	Denominator	*CKD - ALL STAGES	V56.31
626	Denominator	*CKD - ALL STAGES	E872.2
626	Denominator	*CKD - ALL STAGES	V45.12
626	Denominator	*CKD - ALL STAGES	585.2
626	Denominator	*CKD - ALL STAGES	E874.2
626	Denominator	*CKD - ALL STAGES	V56.32
626	Denominator	*CKD - ALL STAGES	586
626	Denominator	*CKD - ALL STAGES	585.3
626	Denominator	*CKD - ALL STAGES	585.6
626	Denominator	*CKD - ALL STAGES	V56.1
626	Denominator	*CKD - ALL STAGES	E871.2
626	Denominator	*CKD - ALL STAGES	V56.8
626	Denominator	*CKD - ALL STAGES	458.21
626	Denominator	*CKD - ALL STAGES	585
626	Denominator	*CKD - ALL STAGES	V45.11
626	Denominator	*CKD - ALL STAGES	996.68
626	Denominator	*CKD - ALL STAGES	E870.2
626	Denominator	*CKD - ALL STAGES	V56.0
626	Denominator	*CKD - ALL STAGES	V56.2
626	Denominator	*CKD - ALL STAGES	996.56
626	Denominator	*CKD - ALL STAGES	E879.1
626	Denominator	*CKD - ALL STAGES	V56
626	Denominator	*CKD - ALL STAGES	792.5
626	Denominator	*DIALYSIS CHRONIC (CPT)	90918
626	Denominator	*DIALYSIS CHRONIC (CPT)	90925
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0309
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0316
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0319
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0324
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1800
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1801
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1881
626	Denominator	*DIALYSIS CHRONIC (CPT)	90922
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0313
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0314
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0325
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1834
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1842
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0315

626	Denominator	*DIALYSIS CHRONIC (CPT)	G0317
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0322
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1809
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1822
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1823
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1844
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1845
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1889
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0308
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0318
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0327
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1802
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1803
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1820
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1831
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1832
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1835
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1839
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1843
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1849
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1851
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1852
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1855
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1859
626	Denominator	*DIALYSIS CHRONIC (CPT)	90919
626	Denominator	*DIALYSIS CHRONIC (CPT)	90924
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0323
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1824
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1833
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0310
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0312
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0321
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1821
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1825
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1850
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1880
626	Denominator	*DIALYSIS CHRONIC (CPT)	90921
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0320
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0326
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1830
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1840
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1841
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1854
626	Denominator	*DIALYSIS CHRONIC (CPT)	90920
626	Denominator	*DIALYSIS CHRONIC (CPT)	90923
626	Denominator	*DIALYSIS CHRONIC (CPT)	G0311
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1804

626	Denominator	*DIALYSIS CHRONIC (CPT)	_1829
626	Denominator	*DIALYSIS CHRONIC (CPT)	_1853
626	Denominator	*DIALYSIS CHRONIC (CPT)	0882
626	Denominator	*NEPHROTIC SYNDROME	581.0
626	Denominator	*NEPHROTIC SYNDROME	581.3
626	Denominator	*NEPHROTIC SYNDROME	581.2
626	Denominator	*NEPHROTIC SYNDROME	581.8
626	Denominator	*NEPHROTIC SYNDROME	581.81
626	Denominator	*NEPHROTIC SYNDROME	581
626	Denominator	*NEPHROTIC SYNDROME	V13.03
626	Denominator	*NEPHROTIC SYNDROME	581.89
626	Denominator	*NEPHROTIC SYNDROME	581.9
626	Denominator	*NEPHROTIC SYNDROME	581.1
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	ATV14899.55973
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	HMT10.1
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	PHR606.4
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	ATV1579.4677
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	ATV1579.4679
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	ATV20620.77084
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA1579.4677
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	PHR100260001.6
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA14899.55974
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	ATV11214.41451
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA1.4681
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA11214.41451
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA1579.4679
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	ATV14899.55972
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	HMI3867.1
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	PHR606.3
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	PHR100260001.4
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA14899.55972
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA20620.77084
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA20936.78242
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	ATV20936.78242
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	PHR200000005.21
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	ATV14899.55974
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	PHR100260001.5
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	AA14899.55973
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	PHR606.6
626	Denominator	*PDD- CHRONIC KIDNEY DISEASE	ATV1.4681
626	Denominator	*TRANSPLANT RENAL (CPT)	50380
626	Denominator	*TRANSPLANT RENAL (CPT)	55.69
626	Denominator	*TRANSPLANT RENAL (CPT)	55.6
626	Denominator	*TRANSPLANT RENAL (CPT)	S2065
626	Denominator	*TRANSPLANT RENAL (CPT)	50365
626	Denominator	*TRANSPLANT RENAL (CPT)	50360
626	Denominator	*TRANSPLANT RENAL (CPT)	55.61

626	Denominator	*TRANSPLANT RENAL (CPT)	_1367
626	Denominator	*TRANSPLANT RENAL (ICD9)	996.81
626	Denominator	*TRANSPLANT RENAL (ICD9)	V42.0
626	Numerator	*CHOLESTEROL TOTAL MONITORING	2093-3
626	Numerator	*CHOLESTEROL TOTAL MONITORING	35200-5
626	Numerator	*CHOLESTEROL TOTAL MONITORING	2565-0
626	Numerator	*CHOLESTEROL TOTAL MONITORING	50339-1
626	Numerator	*HDL MONITORING	12771-2
626	Numerator	*HDL MONITORING	2086-7
626	Numerator	*HDL MONITORING	35197-3
626	Numerator	*HDL MONITORING	18263-4
626	Numerator	*HDL MONITORING	12772-0
626	Numerator	*HDL MONITORING	27340-9
626	Numerator	*HDL MONITORING	2085-9
626	Numerator	*HYPERLIPIDEMIA	272.8
626	Numerator	*HYPERLIPIDEMIA	272.0
626	Numerator	*HYPERLIPIDEMIA	272.5
626	Numerator	*HYPERLIPIDEMIA	272.1
626	Numerator	*HYPERLIPIDEMIA	272.2
626	Numerator	*HYPERLIPIDEMIA	272.3
626	Numerator	*HYPERLIPIDEMIA	272.4
626	Numerator	*HYPERLIPIDEMIA	272.7
626	Numerator	*HYPERLIPIDEMIA	272.9
626	Numerator	*LDL MONITORING	43393-8
626	Numerator	*LDL MONITORING	13457-7
626	Numerator	*LDL MONITORING	24331-1
626	Numerator	*LDL MONITORING	3046-0
626	Numerator	*LDL MONITORING	46984-1
626	Numerator	*LDL MONITORING	43392-0
626	Numerator	*LDL MONITORING	44711-0
626	Numerator	*LDL MONITORING	39469-2
626	Numerator	*LDL MONITORING	13460-1
626	Numerator	*LDL MONITORING	11054-4
626	Numerator	*LDL MONITORING	35198-1
626	Numerator	*LDL MONITORING	48143-2
626	Numerator	*LDL MONITORING	12773-8
626	Numerator	*LDL MONITORING	14155-6
626	Numerator	*LDL MONITORING	16615-7
626	Numerator	*LDL MONITORING	49027-6
626	Numerator	*LDL MONITORING	49132-4
626	Numerator	*LDL MONITORING	2089-1
626	Numerator	*LDL MONITORING	22748-8
626	Numerator	*LDL MONITORING	48090-5
626	Numerator	*LDL MONITORING	49026-8
626	Numerator	*LDL MONITORING	9346-8
626	Numerator	*LDL MONITORING	2090-9
626	Numerator	*LDL MONITORING	18261-8

626	Numerator	*LDL MONITORING	18262-6
626	Numerator	*LDL MONITORING	13459-3
626	Numerator	*LDL MONITORING	16616-5
626	Numerator	*LDL MONITORING	43394-6
626	Numerator	*LDL MONITORING	44915-7
626	Numerator	*LDL MONITORING	46985-8
626	Numerator	*LIPID PANEL (CPT)	83701
626	Numerator	*LIPID PANEL (CPT)	3049F
626	Numerator	*LIPID PANEL (CPT)	3050F
626	Numerator	*LIPID PANEL (CPT)	G8041
626	Numerator	*LIPID PANEL (CPT)	80061
626	Numerator	*LIPID PANEL (CPT)	83704
626	Numerator	*LIPID PANEL (CPT)	3278F
626	Numerator	*LIPID PANEL (CPT)	3048F
626	Numerator	*LIPID PANEL (CPT)	G8019
626	Numerator	*LIPID PANEL (CPT)	G8021
626	Numerator	*LIPID PANEL (CPT)	83700
626	Numerator	*LIPID PANEL (CPT)	G8020
626	Numerator	*LIPID PANEL (CPT)	G8040
626	Numerator	*LIPID PANEL (CPT)	83715
626	Numerator	*LIPID PANEL (CPT)	3011F
626	Numerator	*LIPID PANEL (CPT)	G8039
626	Numerator	*LIPID PANEL (CPT)	83716
626	Numerator	*LIPID PANEL (CPT)	83721
626	Numerator	*LIPID PANEL (LOINC)	12951-0
626	Numerator	*LIPID PANEL (LOINC)	12773-8
626	Numerator	*LIPID PANEL (LOINC)	14155-6
626	Numerator	*LIPID PANEL (LOINC)	13457-7
626	Numerator	*LIPID PANEL (LOINC)	16615-7
626	Numerator	*LIPID PANEL (LOINC)	2571-8
626	Numerator	*LIPID PANEL (LOINC)	3043-7
626	Numerator	*LIPID PANEL (LOINC)	17846-7
626	Numerator	*LIPID PANEL (LOINC)	35198-1
626	Numerator	*LIPID PANEL (LOINC)	3049-4
626	Numerator	*LIPID PANEL (LOINC)	14927-8
626	Numerator	*LIPID PANEL (LOINC)	14814-8
626	Numerator	*LIPID PANEL (LOINC)	18262-6
626	Numerator	*LIPID PANEL (LOINC)	2089-1
626	Numerator	*LIPID PANEL (LOINC)	13460-1
626	Numerator	*LIPID PANEL (LOINC)	22748-8
626	Numerator	*LIPID PANEL (LOINC)	39469-2
626	Numerator	*LIPID PANEL (LOINC)	2090-9
626	Numerator	*LIPID PANEL (LOINC)	16616-5
626	Numerator	*LIPID PANEL (LOINC)	9346-8
626	Numerator	*LIPID PANEL (LOINC)	24331-1
626	Numerator	*LIPID PANEL (LOINC)	13459-3
626	Numerator	*LIPID PANEL (LOINC)	18261-8

626	Numerator	*LIPID PANEL (LOINC)	28554-4
626	Numerator	*LIPID PANEL (LOINC)	2569-2
626	Numerator	*LIPID PANEL (LOINC)	11054-4
626	Numerator	*LIPID PANEL (LOINC)	2574-2
626	Numerator	*LIPID PANEL (LOINC)	14815-5
626	Numerator	*LIPID SCREENING (ICD9)	V77.91
626	Numerator	*PDD- HDL VALUE	PHR418.1
626	Numerator	*PDD- HDL VALUE	HMT143.1
626	Numerator	*PDD- HDL VALUE	SS96.908
626	Numerator	*PDD- HDL VALUE	AA13999.52412
626	Numerator	*PDD- HDL VALUE	HMI2262.1
626	Numerator	*PDD- HDL VALUE	PHR100332002.3
626	Numerator	*PDD- HDL VALUE	ATV13999.52412
626	Numerator	*PDD- HDL VALUE	PHR143.1
626	Numerator	*PDD- HDL VALUE	AA12868.47590
626	Numerator	*PDD- HDL VALUE	ATV12868.47590
626	Numerator	*PDD- HDL VALUE	PHR230000076.1
626	Numerator	*PDD- LDL 12 MOS OBS	AA13993.52391
626	Numerator	*PDD- LDL 12 MOS OBS	ATV13993.52390
626	Numerator	*PDD- LDL 12 MOS OBS	AA22174.82666
626	Numerator	*PDD- LDL 12 MOS OBS	ATV17132.64393
626	Numerator	*PDD- LDL 12 MOS OBS	PHR100331001.1
626	Numerator	*PDD- LDL 12 MOS OBS	AA14970.56240
626	Numerator	*PDD- LDL 12 MOS OBS	AA13993.52390
626	Numerator	*PDD- LDL 12 MOS OBS	ATV13993.52392
626	Numerator	*PDD- LDL 12 MOS OBS	ATV14753.55412
626	Numerator	*PDD- LDL 12 MOS OBS	ATV22174.82666
626	Numerator	*PDD- LDL 12 MOS OBS	AA17132.64393
626	Numerator	*PDD- LDL 12 MOS OBS	AA131.359
626	Numerator	*PDD- LDL 12 MOS OBS	AA22174.82667
626	Numerator	*PDD- LDL 12 MOS OBS	AA13993.52392
626	Numerator	*PDD- LDL 12 MOS OBS	ATV13993.52391
626	Numerator	*PDD- LDL 12 MOS OBS	ATV131.359
626	Numerator	*PDD- LDL 12 MOS OBS	ATV14970.56240
626	Numerator	*PDD- LDL 12 MOS OBS	ATV22174.82667
626	Numerator	*PDD- LDL 12 MOS OBS	AA14753.55412
626	Numerator	*PDD- LDL VALUE	AA17134.64398
626	Numerator	*PDD- LDL VALUE	PHR230000077.1
626	Numerator	*PDD- LDL VALUE	HMI2279.1
626	Numerator	*PDD- LDL VALUE	PHR417.1
626	Numerator	*PDD- LDL VALUE	HMI1644.1
626	Numerator	*PDD- LDL VALUE	HMI2449.1
626	Numerator	*PDD- LDL VALUE	SS99.916
626	Numerator	*PDD- LDL VALUE	ATV12866.47586
626	Numerator	*PDD- LDL VALUE	ATV17134.64398
626	Numerator	*PDD- LDL VALUE	HMI2450.1
626	Numerator	*PDD- LDL VALUE	HMI1638.1

626	Numerator	*PDD- LDL VALUE	PHR100332002.2
626	Numerator	*PDD- LDL VALUE	HMI1643.1
626	Numerator	*PDD- LDL VALUE	AA12251.45339
626	Numerator	*PDD- LDL VALUE	AA13995.52397
626	Numerator	*PDD- LDL VALUE	ATV13995.52397
626	Numerator	*PDD- LDL VALUE	AA12866.47586
626	Numerator	*PDD- LDL VALUE	AA15.45
626	Numerator	*PDD- LDL VALUE	ATV12251.45339
626	Numerator	*PDD- LDL VALUE	PHR142.1
626	Numerator	*PDD- LDL VALUE	HMI1645.1
626	Numerator	*PDD- LDL VALUE	HMT142.1
626	Numerator	*PDD- LDL VALUE	ATV15.45
626	Numerator	*PDD- LDL VALUE	HMI2448.1
626	Numerator	*PDD- LDL VALUE	HMI3765.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	ATV13991.52382
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	HMI2296.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	HMI3760.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	AA12865.47585
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	PHR100332002.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	SS93.900
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	PHR230000075.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	HMI1646.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	HMI1653.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	ATV12865.47585
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	HMI1651.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	ATV21007.78539
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	HMI2471.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	AA13991.52382
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	HMI2470.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	HMI2469.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	HMI1652.1
626	Numerator	*PDD- TOTAL CHOLESTEROL VALUE	AA21007.78539
626	Numerator	*PDD- TRIGLYCERIDE VALUE	PHR419.1
626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMI1660.1
626	Numerator	*PDD- TRIGLYCERIDE VALUE	PHR100332002.4
626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMI1654.1
626	Numerator	*PDD- TRIGLYCERIDE VALUE	ATV12870.47594
626	Numerator	*PDD- TRIGLYCERIDE VALUE	SS102.924
626	Numerator	*PDD- TRIGLYCERIDE VALUE	PHR144.1
626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMI2295.1
626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMI3769.1
626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMT144.1
626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMI2467.1
626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMI2468.1
626	Numerator	*PDD- TRIGLYCERIDE VALUE	AA12870.47594
626	Numerator	*PDD- TRIGLYCERIDE VALUE	AA14003.52427
626	Numerator	*PDD- TRIGLYCERIDE VALUE	ATV14003.52427

626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMI1661.1
626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMI2466.1
626	Numerator	*PDD- TRIGLYCERIDE VALUE	HMI1659.1
626	Numerator	*TRIGLYCERIDES MONITORING	3043-7
626	Numerator	*TRIGLYCERIDES MONITORING	28554-4
626	Numerator	*TRIGLYCERIDES MONITORING	12951-0
626	Numerator	*TRIGLYCERIDES MONITORING	2571-8
626	Numerator	*TRIGLYCERIDES MONITORING	3049-4

Code Description
CHRONIC KIDNEY DISEASE STAGE V
RENAL DIALYSIS STATUS
ENCOUNTER FOR ADEQUACY TESTING FOR DIALYSIS
CHRONIC KIDNEY DISEASE STAGE I
CHRONIC KIDNEY DISEASE STAGE IV (SEVERE)
CHRONIC KIDNEY DISEASE UNSPECIFIED
OTH COMPS DUE RENAL DIALYSIS DEVICE IMPLANT&GFT
ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS
FAILED STERILE PRECAUTIONS DUR DIALYSIS/PERFUS
NONCOMPLIANCE WITH RENAL DIALYSIS
CHRONIC KIDNEY DISEASE STAGE II (MILD)
MECH FAIL-INSTRUMNT/APPARATUS DUR DIALYS-PERFUS
ENCOUNTER ADEQUACY TESTING PERITONEAL DIALYSIS
UNSPECIFIED RENAL FAILURE
CHRONIC KIDNEY DISEASE STAGE III (MODERATE)
End stage renal disease
FITTING&ADJ EXTRACORPOREAL DIALYSIS CATHETER
FOREIGN OBJ LEFT IN BODY DUR DIALYSIS/PERFUSION
ENCOUNTER OTHER DIALYSIS
HYPOTENSION OF HEMODIALYSIS
CHRONIC KIDNEY DISEASE
RENAL DIALYSIS STATUS
INF&INFLAM REACT DUE PERITON DIALYSIS CATHETER
ACC CUT PUNCT PERF/HEMORR DUR DIALYSIS/PERFUSION
ENCOUNTER FOR EXTRACORPOREAL DIALYSIS
FITTING&ADJUSTMENT PERITONEAL DIALYSIS CATHETER
MECH COMPS DUE PERITONEAL DIALYSIS CATHETER
ABNORMAL REACTION/COMPLICAT D/T KIDNEY DIALYSIS
ENCOUNTER DIALYSIS AND DIALYSIS CATHETER CARE
CLOUDY DIALYSIS AFFLUENT
ESRD FULL MO <2 YR
ESRD < FULL MO PR D 20YR&>
ESRD REL SRVC DUR TX PTS UND 2 YRS; 2/3 VSTS MO
ESRD REL SRVC DUR TX PT BETWN 12&19 YR; 1 VST MO
ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 1 VST MONTH
ESRD REL SERVICE HOME DIALYSIS PER DAY; PT <2 YR
INPATIENT RENAL DIALYSIS - GENERAL
INPATIENT RENAL DIALYSIS - GENERAL - HEMODIALYSIS
MISCELLANEOUS DIALYSIS - ULTRAFILTRATION
ESRD < FULL MO PR D <2 YR
ESRD REL SRVC DUR TX PT BETWN 2&11 YR; 1 VST MO
ESRD REL SRVC DUR TX PT BETWN 12&19; 4/> VSTS MO
ESRD REL SERV HOME DIALYSIS PER DAY; PT 2-11 YRS
PERITONEAL DIALYSIS - MAINTENANCE 100%
CAPD - HOME SUPPLIES
ESRD REL SRVC DUR TX PT BETWN 12&19; 2/3 VSTS MO

ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 4/> VSTS MO
ESRD REL SRVC HOM DIALYSIS FULL MO; 12-19 YR AGE
INPATIENT DIALYSIS - OTHER
HEMODIALYSIS - HOME SUPPLIES
HEMODIALYSIS - HOME SUPPLIES
CAPD - MAINTENANCE 100%
CAPD - SUPPORT SYSTEMS
MISCELLANEOUS DIALYSIS - OTHER
ESRD REL SRVC DUR TX PTS UND 2 YRS; 4/> VSTS MO
ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 2/3 VSTS MO
ESRD REL SERV HOME DIALYSIS PER DAY; PT 20 YR >
INPATIENT PERITONEAL DIALYSIS (NON-CAPD)
INPATIENT CONTINUOUS DIALYSIS - (CAPD)
HEMODIALYSIS - GENERAL
PERITONEAL DIALYSIS - COMPOSITE OR OTHER RATE
PERITONEAL DIALYSIS - HOME SUPPLIES
PERITONEAL DIALYSIS - SUPPORT SERVICES
PERITONEAL DIALYSIS - OTHER OUTPATIENT SERVICES
CAPD - HOME EQUIPMENT
CAPD - OTHER OUTPATIENT SERVICES
CCPD - COMPOSITE OR OTHER RATE
CCPD - HOME SUPPLIES
CCPD - SUPPORT SERVICES
CCPD - OTHER OUTPATIENT SERVICES
ESRD FULL MO 2-11 YR
ESRD < FULL MO PR D 12-19YR
ESRD REL SRVC HOM DIALYSIS FULL MO; 20 YRS&OLDER
HEMODIALYSIS - MAINTENANCE 100%
PERITONEAL DIALYSIS - HOME EQUIPMENT
ESRD REL SRVC DUR TX PTS UND 2 YRS AGE; 1 VST MO
ESRD REL SRVC DUR TX PT BETWN 2&11; 2/3 VSTS MO
ESRD REL SRVC HOM DIALYSIS FULL MO; 2-11 YRS AGE
HEMODIALYSIS - COMPOSITE OR OTHER
HEMODIALYSIS - SUPPORT SERVICES
CCPD ? GENERAL
MISCELLANEOUS DIALYSIS - GENERAL
ESRD FULL MO 20 YR&>
ESRD REL SRVC HOM DIALYSIS FULL MO; UND 2 YR AGE
ERSD REL SERV HOME DIALYSIS PER DAY; PT 12-19 YR
PERITONEAL DIALYSIS - GENERAL
CAPD - OUTPATIENT - HOME - GENERAL
CAPD - COMPOSITE OR OTHER RATE
CCPD - MAINTENANCE 100%
ESRD FULL MO 12-19 YR
ESRD < FULL MO PR D 2-11 YR
ESRD REL SRVC DUR TX PT BETWN 2&11 YR; 4/>VST MO
INPATIENT CONTINUOUS DIALYSIS - (CCPD)

HEMODIALYSIS - OTHER OUTPATIENT
CCPD - HOME EQUIPMENT
MISCELLANEOUS DIALYSIS - Home dialysis aid visit
NEPHROTIC SYNDROME W/LESION PROLIFERATIVE GLN
NEPHROTIC SYND W/LES MIN CHG GLOMERULONEPHRIT
NEPHROTIC SYND W/LESION MEMBRANOPROLIFERAT GLN
NEPHROTIC SYND W/OTH SPEC PATHAL LESION KIDNEY
NEPHROTIC SYND W/OTH PATHAL LES DZ CLASS ELSW
NEPHROTIC SYNDROME
PERSONAL HISTORY OF NEPHROTIC SYNDROME
OTH NEPHROTIC SYND W/SPEC PATHAL LESION KIDNEY
NEPHROTIC SYNDROME W/UNSPEC PATHAL LESION KIDNEY
NEPHROTIC SYNDROME W/LESION MEMBRANOUS GLN
Do you know or has your doctor communicated which stage of CKD you are in? = Stage 4
Chronic kidney disease = Yes
Do you know or has your doctor communicated which stage of CKD you are in? = Stage 4
INACTIVE Nurse completion: Select one answer for Chronic Renal Failure = CSID scores positive for Chronic I
INACTIVE Nurse completion: Select one answer for Chronic Renal Failure = CSID does not score positive for C
What health conditions does the member have? = Chronic Kidney Disease
INACTIVE Nurse completion: Select one answer for Chronic Renal Failure = CSID scores positive for Chronic I
Do you know the stage of your kidney disease? = Stage 5
Do you know or has your doctor communicated which stage of CKD you are in? = Stage 5
What health conditions has your doctor said you have? = Chronic Kidney Disease
INACTIVE Our information suggests you may have one or more of the following conditions. Please tell me if yo
What health conditions has your doctor said you have? = Chronic Kidney Disease
INACTIVE Nurse completion: Select one answer for Chronic Renal Failure = CSID does not score positive for C
Do you know or has your doctor communicated which stage of CKD you are in? = Stage 3
Have you been diagnosed with any of the following? Choose all that apply. = true - Chronic Kidney Disease
Do you know or has your doctor communicated which stage of CKD you are in? = Stage 3
Do you know the stage of your kidney disease? = Stage 3
Do you know or has your doctor communicated which stage of CKD you are in? = Stage 3
What health conditions does the member have? = Chronic Kidney Disease
What health conditions does the member have? = Chronic Kidney Disease
What health conditions does the member have? = Chronic Kidney Disease
Which of the following health conditions have you ever had? = Kidney Disease (chronic, CKD)
Do you know or has your doctor communicated which stage of CKD you are in? = Stage 5
Do you know the stage of your kidney disease? = Stage 4
Do you know or has your doctor communicated which stage of CKD you are in? = Stage 4
Do you know or has your doctor communicated which stage of CKD you are in? = Stage 5
INACTIVE Our information suggests you may have one or more of the following conditions. Please tell me if yo
RNL AUTOTRNSPLJ RIMPLTJ KDN
OTHER KIDNEY TRANSPLANTATION
TRANSPLANT OF KIDNEY
SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION
RNL ALTRNSPLJ IMPLTJ GRF W/RCP NFRCT
RNL ALTRNSPLJ IMPLTJ GRF W/O RCP NFRCT
RENAL AUTOTRANSPLANTATION

OPERATING ROOM SERVICES - KIDNEY TRANSPLANT
COMPLICATIONS OF TRANSPLANTED KIDNEY
KIDNEY REPLACED BY TRANSPLANT
Cholesterol
CHOLESTEROL
CHOLESTEROL
Deprecated Cholesterol [Mass/volume] in Serum or Plasma
Cholesterol.in HDL
Cholesterol.in HDL
CHOLESTEROL.IN HDL
Cholesterol.in HDL
Cholesterol.in HDL
Cholesterol.in HDL
CHOLESTEROL.IN HDL
OTHER DISORDERS OF LIPOID METABOLISM
PURE HYPERCHOLESTEROLEMIA
LIPOPROTEIN DEFICIENCIES
PURE HYPERGLYCERIDEMIA
MIXED HYPERLIPIDEMIA
HYPERCHYLOMICRONEMIA
OTHER AND UNSPECIFIED HYPERLIPIDEMIA
LIPIDOSES
UNSPECIFIED DISORDER OF LIPOID METABOLISM
Cholesterol.in LDL 4
CHOLESTEROL.IN LDL
Lipid HCFA 96 panel
Triglyceride+ester.in LDL
Cholesterol.in LDL 2
Cholesterol.in LDL 1
Cholesterol.in LDL/Apolipoprotein B
Cholesterol.in LDL
Cholesterol.in LDL/Cholesterol.in HDL
Cholesterol.in LDL/Cholesterol.in HDL
Cholesterol.in LDL
LDL.oxidized Ab
Cholesterol.in LDL
Cholesterol.in LDL
Cholesterol.total/Cholesterol.in LDL
Cholesterol.in LDL 7
Cholesterol.in LDL
CHOLESTEROL.IN LDL
Cholesterol.in LDL
Cholesterol.in HDL/Cholesterol.in HDL+Cholesterol.in VLDL
Cholesterol.in LDL 6
Lipoprotein.beta
Cholesterol.in LDL
Cholesterol.in LDL

Cholesterol.in LDL
Cholesterol.in LDL/Cholesterol.total
Cholesterol.in HDL/Cholesterol.in LDL
Cholesterol.in LDL.acetylated
Cholesterol.in LDL/Cholesterol.in HDL
Cholesterol.in LDL 3
LIPOPROTEIN BLD HR SUBCLASSES
MOST RECENT LDL-C 100-129 MG/DL
MOST RECENT LDL-C >= 130 MG/DL
CLIN DOC CAD PT NOT ELIG LD LIPOPROTEIN MEASURE
Lipid panel
LIPOPROTEIN BLD QUAN NUMBERS&SUBCLASSES
SERUM LEVELS: CA, P, INTACT PTH, & LIPID PROF
MOST RECENT LDL-C < 100 MG/DL
DIAB PT MOST RECENT LD LIPOPROTEIN >/=100 MG/DL
CLIN DOC DIAB PT NOT ELIG LD LIPOPROTEIN MEASURE
LIPOPROTEIN BLD ELECTROP SEP&QUAN
DIAB PT MOST RECENT LD LIPOPROTEIN < 100 MG/DL
CAD PT LOW DENSITY LIPOPROTEIN DOC </= 100 MG/DL
LIPOPROT BLD; ELEC-PHORE SEPARATION&QUANTITATION
LIPID PANEL RESULTS DOCUMENTED & REVIEWED
CAD PT W/LOW DENSITY LIPOPROTEIN DOC > 100 MG/DL
LIPOPROTEIN BLD; HI RES FRACTIONATION & QUAN
LIPOPROTEIN DIR MEAS LDL CHOLESTEROL
TRIGLYCERIDE
Cholesterol.in LDL
Cholesterol.in LDL
Cholesterol.in LDL
Cholesterol.total/Cholesterol.in LDL
TRIGLYCERIDE
Triglyceride
Lipoprotein.beta
CHOLESTEROL.IN LDL
TRIGLYCERIDE
TRIGLYCERIDE
Lipoprotein.beta
Cholesterol.in LDL
Cholesterol.in LDL
Cholesterol.in LDL/Cholesterol.in HDL
Cholesterol.in LDL
CHOLESTEROL.IN LDL
CHOLESTEROL.IN LDL
CHOLESTEROL.IN HDL/CHOLESTEROL.IN LDL
LIPOPROTEIN.BETA
Lipid HCFA 96 panel
Cholesterol.in LDL/Cholesterol.total
Cholesterol.in LDL

Triglyceride
Lipids
Cholesterol.in LDL/Cholesterol.in HDL
Lipoprotein.beta
Lipoprotein.beta
SCREENING FOR LIPOID DISORDERS
If yes, what is your HDL value? = Value
What was your HDL value, 'good' cholesterol?
What was your HDL "good" cholesterol the last time it was checked?
What was the result of your HDL cholesterol test?
What was your most recent HDL cholesterol number? = (NUMBER) -
Please fill in any of the values from your most recent cholesterol test. = HDL ("good") cholesterol
What was the result of your HDL cholesterol test?
What was your HDL value, 'good' cholesterol?(sample HDL value: 35) = HDL
What is your most recent HDL cholesterol level?
What is your most recent HDL cholesterol level?
What was your HDL cholesterol number? = HDL
When did you have your last LDL cholesterol test done? = 3-6 months
When did you have your last LDL cholesterol test done? = 0-3 months
When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 1 - 6 months ago
Did your child have an LDL cholesterol test in the past 12 months? = Yes
Has your cholesterol been tested in the last 12 months (including LDL - "bad" cholesterol)? = Yes
Have your cholesterol profile levels (lipid panel including LDL) been tested while fasting in the last 12 months?
When did you have your last LDL cholesterol test done? = 0-3 months
When did you have your last LDL cholesterol test done? = 6-12 months
Have you had an LDL cholesterol test in the past 12 months? = Yes
When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 1 - 6 months ago
Did your child have an LDL cholesterol test in the past 12 months? = Yes
INACTIVE Did the patient have an LDL test in the last 12 months? = Yes
When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 7- 12 months ago
When did you have your last LDL cholesterol test done? = 6-12 months
When did you have your last LDL cholesterol test done? = 3-6 months
INACTIVE Did the patient have an LDL test in the last 12 months? = Yes
Have your cholesterol profile levels (lipid panel including LDL) been tested while fasting in the last 12 months?
When was your last cholesterol testing (total cholesterol, LDL, HDL, triglycerides) done? = 7- 12 months ago
Have you had an LDL cholesterol test in the past 12 months? = Yes
What was his/her last LDL cholesterol level?
What was your LDL cholesterol number? = LDL
What was your most recent LDL cholesterol number? = (NUMBER) -
If yes, what is your LDL value? = Value
What's your LDL cholesterol number? = (TEXT) -
What was your most recent LDL cholesterol number? = (TEXT) -
What was your LDL "bad" cholesterol the last time it was checked?
What is your most recent LDL cholesterol level?
What was his/her last LDL cholesterol level?
What was your most recent LDL cholesterol number? = (TEXT) -
What's your LDL cholesterol number? = (TEXT) -

Please fill in any of the values from your most recent cholesterol test. = LDL ("bad") Cholesterol
What's your LDL cholesterol number? = (TEXT) -
What was his/her last LDL level?
What was the result of your LDL cholesterol test?
What was the result of your LDL cholesterol test?
What is your most recent LDL cholesterol level?
What was your last LDL level?
What was his/her last LDL level?
What was your LDL value, 'bad' cholesterol?(sample LDL value: 130) = LDL
What's your LDL cholesterol number? = (TEXT) -
What was your LDL value, 'bad' cholesterol?
What was your last LDL level?
What was your most recent LDL cholesterol number? = (TEXT) -
What was your most recent LDL cholesterol number? = (TEXT) -
What was the result of your total cholesterol test?
What was your most recent total cholesterol number? = (NUMBER) -
What was your most recent total cholesterol number? = (TEXT) -
What is your most recent total cholesterol level?
Please fill in any of the values from your most recent cholesterol test. = Total Cholesterol
What was your total cholesterol the last time it was checked?
What was your total cholesterol number? = Total Cholesterol
Let's find out what's going on. What's your total cholesterol number? = (TEXT) -
What's your total cholesterol number? = (TEXT) -
What is your most recent total cholesterol level?
What's your total cholesterol number? = (TEXT) -
(WV/PEIA) What is your IYS total cholesterol test result?
What was your most recent total cholesterol number? = (TEXT) -
What was the result of your total cholesterol test?
What was your most recent total cholesterol number? = (TEXT) -
What was your most recent total cholesterol number? = (TEXT) -
What's your total cholesterol number? = (TEXT) -
(WV/PEIA) What is your IYS total cholesterol test result?
If yes, what is your TG value? = Value
What's your triglyceride number? = (TEXT) -
Please fill in any of the values from your most recent cholesterol test. = Triglycerides
What's your triglyceride number? = (TEXT) -
What is your most recent triglyceride level?
What was your triglyceride level the last time it was checked?
What was your Triglycerides (TG) value, a form of fat?(sample TG value: 200) = TG
What was your most recent triglycerides number? = (NUMBER) -
What was your most recent triglyceride number? = (TEXT) -
What was your Triglycerides (TG) value, a form of fat?
What was your most recent triglycerides number? = (TEXT) -
What was your most recent triglycerides number? = (TEXT) -
What is your most recent triglyceride level?
What was the result of your triglyceride test?
What was the result of your triglyceride test?

What's your triglyceride number? = (TEXT) -
What was your most recent triglycerides number? = (TEXT) -
What's your triglyceride number? = (TEXT) -
Triglyceride
Triglyceride
Triglyceride
Triglyceride
Triglyceride

Renal Failure and patient confirms condition
Chronic Renal Failure and patient states they have condition

Renal Failure and patient confirms condition

ou agree. = Renal Insufficiency

Chronic Renal Failure and patient states they have condition

ou agree. = Renal Insufficiency

= Yes

= Yes

PERFORMANCE MEASURE RULE:
Chronic Kidney Disease – Lipid Profile Monitoring

DENOMINATOR

All of the following are correct:

1. One of the following is correct:
    a. If patient age > 10 years and gender is male
    b. If patient age > 13 years and gender is female
2. One of the following is correct:
    a. CKD Any Stage Validation is confirmed (see below)
    b. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past 3 years

DENOMINATOR EXCLUSIONS

None

NUMERATOR

All of the following are correct:

1. The denominator is true
2. Lipid Panel Monitoring 15 Month Validation is confirmed (see below)

CKD Any Stage Validation

One of the following is correct:

1. Presence of at least 1 CKD - ALL STAGES diagnosis in the past 12 months from EHR data
2. Presence of at least 1 TRANSPLANT RENAL (ICD-9) diagnosis in the past 12 months from EHR data
3. Presence of at least 1 NEPHROTIC SYNDROME diagnosis in the past 12 months from EHR data

4. Presence of at least 1 CKD - ALL STAGES diagnosis in the past 12 months from disability data

5. Presence of at least 2 CKD - ALL STAGES diagnosis in the past 12 months at least 3 months apart from claims data

6. Presence of at least 2 TRANSPLANT RENAL (ICD-9) diagnosis in the past from claims data

7. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past from claims data

8. Presence of at least 2 NEPHROTIC SYNDROME diagnosis anytime in the past at least 3 months apart from claims data

9. Presence of at least 1 DIALYSIS CHRONIC (CPT) procedure in the past from claims data

10. Presence of patient data confirming PDD - CHRONIC KIDNEY DISEASE in the past

---

Lipid Panel Monitoring 15 Months

One of the following is correct:

1. All of the following are correct:

    a. Presence of at least 1 TRIGLYCERIDES MONITORING lab result in the past 15 months

    b. Presence of at least 1 HDL MONITORING lab result in the past 15 months

    c. Presence of at least 1 CHOLESTEROL TOTAL MONITORING labs result in the past 15 months

2. Presence of at least 1 LIPID PANEL (CPT) procedure In the past 15 months

3. Presence of at least 1 LIPID PANEL (LOINC) lab result in the past 15 months

4. Presence of at least 1 LIPID SCREENING (ICD9) diagnosis in the past 15 Months

5. Presence of at least 1 HYPERLIPIDEMIA diagnosis in the past 15 months

6. Presence of at least 1 LDL MONITORING Labs Result value in the past 15 Months

7. Presence of patient data confirming PDD - LDL VALUE in the past 12 months

8. Presence of patient data confirming PDD - LDL 12 MOS OBS in the past 12 months

9. All of the following are correct:

    a. Presence of patient data confirming PDD - TOTAL CHOLESTEROL VALUE in the past 12 months

    b. Presence of patient data confirming PDD - HDL VALUE in the past 12 months

    c. Presence of patient data confirming PDD - TRIGLYCERIDE VALUE in the past 12 months

Note: A 3-month time window has been added to certain timeframes to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the total day supply of a drug plus a grace period of an additional 30 days extends into the end of the measurement window.