

Preventive Care and Screening

Influenza Vaccination for Patients ≥ 50 Years Old

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?			Code Required on Claim Form
	Yes	No	
Patient is aged 50 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
If No is checked for any of the above, STOP. Do not report a G-code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Influenza Immunization	Yes	No	
Received	<input type="checkbox"/>	<input type="checkbox"/>	G8482
Not received for the following reason: • Documented reasons (eg, patient was not an eligible candidate for influenza immunization)	<input type="checkbox"/>	<input type="checkbox"/>	G8483
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report G8484 (Influenza immunization was not ordered or administered, reason not specified)