

End Stage Renal Disease (ESRD)

Influenza Vaccination in Patients with ESRD

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?

	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of end stage renal disease (ESRD).	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT Procedure Code or G-Code for dialysis.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			

Step 2 Does patient meet or have an acceptable reason for not meeting the measure?

Influenza Immunization	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Received	<input type="checkbox"/>	<input type="checkbox"/>	4037F
Not received for one of the following reasons:			
• Medical (eg, not indicated, contraindicated other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4037F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4037F-2P
• System (eg, resources to perform the services not available, insurance coverage/payer-related limitations, or other reason attributable to health care delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	4037F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4037F-8P (Influenza immunization not received, reason not otherwise specified.)