End Stage Renal Disease (ESRD)

Plan of Care for ESRD Patients with Anemia

PQRI Data Collection Sheet

		/ /	☐ Male ☐ Female
Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy)	Gender

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.	☐	☐	Verify date of birth on claim form.
Patient has a diagnosis of end stage renal disease (ESRD).	☐	☐	Refer to coding specifications document for list of applicable codes.
There is a CPT Procedure Code or G-Code for dialysis.	☐	☐	
If **No** is checked for any of the above, STOP. Do not report a CPT category II code.			

Step 2 Does patient also have the other requirements for this measure?

	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is patient's hemoglobin level < 11 g/dL?	☐	☐	If **No** (ie, patient's hemoglobin level ≥ 13 g/dL), report only 3279F and STOP.
			If **No** (ie, patient's hemoglobin level 11 g/dL to 12.9 g/dL), report only 3280F and STOP.
			If **Yes,** report 3281F and proceed to Step 3.
			If hemoglobin level not performed or documented, report 3279F–8P and STOP.

Step 3 Does patient meet the measure?

Anemia Plan of Care	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if *Yes* (or Service Line 24 of Electronic Claim Form)
Documented	☐	☐	0516F
			If **No** is checked for the above, report 0516F–8P (Anemia plan of care not documented, reason not otherwise specified.)