## Influenza Immunization

## **Physician Quality Reporting System 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 on date of encounter.   |     |                                | Verify date of birth on claim form.  |
| Patient has a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]). |     |                                | Refer to coding specifications document for list<br>of applicable codes. Codes determining a patient's<br>eligibility must be reported on the same claim as<br>the quality code(s) identified below. |
| There is a CPT Code for this visit.  |     |                                |  |
| If <b>No</b> is checked for any of the above, STOP. Do not report<br>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,<br>if Yes (or Service Line 24 of Electronic Claim Form)   |
| Ordered or administered <sup>1</sup>   |     |                                | G8639  |
| Not ordered or administered for one of the following reasons:  |     |                                |  |
| <ul> <li>Documented reasons (eg, patient allergy, patient declined, vaccine not available)</li> </ul>  |     |                                | G8640  |
| Document reason here and in medical chart.   |     |                                | If <b>No</b> is checked for <b>all</b> of the above, report<br>G8641<br>(Influenza immunization not ordered or administered,<br>reason not otherwise specified.)                                     |

<sup>1</sup>If reporting this measure between January 1, 2010 and August 31, 2010, CPT Category II code 4037F should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, and December of 2009 or January and February of 2010 for the flu season ending February 28, 2010.

If reporting this measure between September 1, 2010 and December 31, 2010, CPT Category II code 4037F should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, and December of 2010 for the flu season ending February 28, 2011.