

End Stage Renal Disease (ESRD)

Influenza Immunization in Patients with ESRD

Physician Quality Reporting System 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 on date of encounter.	<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. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT 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)
Ordered or Administered ¹	<input type="checkbox"/>	<input type="checkbox"/>	G8636
Not ordered or administered for one of the following reasons: • Documented reasons (eg, patient was not an eligible candidate for influenza immunization)	<input type="checkbox"/>	<input type="checkbox"/>	G8637
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report G8638 (Influenza immunization not received, reason not otherwise specified.)

¹Previous receipt — May include receipt of influenza immunization from another provider OR receipt of influenza immunization from same provider during a visit prior to October 1