

Chronic Kidney Disease (CKD)

Plan of Care — Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)

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 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of advanced CKD (stage 4 or 5, not receiving renal replacement therapy [RRT]).	<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 E/M Service Code for this visit.	<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 also have the other requirements for this measure?			Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Is patient receiving ESA therapy?	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, patient is not receiving ESA therapy), report only 4172F and STOP. If Yes , report 4171F and proceed to the next question.
Is hemoglobin level greater than or equal to 13 g/dL?	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, patient's hemoglobin level less than 11 g/dL), report 3281F and STOP. If No (ie, patient's hemoglobin level 11 g/dL to 12.9 g/dL), report 3280F and STOP. If Yes (ie, hemoglobin level greater than or equal to 13 g/dL), report 3279F and proceed to Step 3. If hemoglobin level measurement is not documented, report 3281F–8P and STOP.
Step 3 Does patient meet the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Elevated Hemoglobin Level Plan of Care ¹	Yes	No	
Documented	<input type="checkbox"/>	<input type="checkbox"/>	0514F
			If No is checked for the above, report 0514F–8P (Plan of care for elevated hemoglobin level not documented for patient receiving ESA therapy, reason not otherwise specified.)

¹A documented plan of care should include reducing the ESA dose and repeating hemoglobin at a specified future date.