

Pediatric End Stage Renal Disease (ESRD)

Influenza Immunization

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 6 months through 17 years on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item 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 Procedure 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 or previously received	<input type="checkbox"/>	<input type="checkbox"/>	4274F
Not ordered or administered for one of the following reasons:			
• Medical (eg, patient allergy, other contraindication)	<input type="checkbox"/>	<input type="checkbox"/>	4274F-1P
• Patient (eg, patient/caregiver declined)	<input type="checkbox"/>	<input type="checkbox"/>	4274F-2P
• System (eg, vaccine not available)	<input type="checkbox"/>	<input type="checkbox"/>	4274F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4274F-8P (Influenza immunization not administered or previously received, reason not otherwise specified.)