Influenza Immunization in Patients with ESRD

PQRI Data Collection Sheet			
			/ / □ Male □ Fema
t's Name Practice Medical Record Number (MRN)			Birth Date (mm/dd/yyyy) Gender
ational 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 line item diagnosis of end stage renal disease (ESRD).			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.			
If \mathbf{No} is checked for any of the above, STOP. Do not repor a CPT category II code.	rt		
Step 2 Does patient meet or have an acceptal for not meeting the measure?	ble reas	on	
Influenza Immunization	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)
Ordered or Administered			4037F
Not ordered or administered for one of the following reasons:			
 Medical (eg, not indicated, contraindicated other medical reason) 			4037F–1P
 Patient (eg, patient declined, economic, social, religious, other patient reason) 			4037F-2P
 System (eg, resources to perform the services not available, insurance coverage/payer-related limitations, or other reason attributable to health care delivery system) 			4037F-3P
Document reason here and in medical chart.			If No is checked for all of the above, report 4037F–8P (Influenza immunization not received, reason not otherwise specified.)