

# End Stage Renal Disease (ESRD)

## Influenza Immunization in Patients with ESRD

### 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 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 <b>No</b> 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?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Influenza Immunization	Yes	No	
Ordered or Administered <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	4037F
Not ordered or administered for one of the following reasons:			
• Medical (eg, not indicated, contraindicated other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4037F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input type="checkbox"/>	4037F-3P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4037F-8P (Influenza immunization not received, 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.