

Diabetes Mellitus

Low Density Lipoprotein Cholesterol (LDL-C) Control in Type 1 or 2 Diabetes Mellitus

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 18 through 75 years. | <input type="checkbox"/> | <input type="checkbox"/> | Verify date of birth on claim form. |
| Patient has a diagnosis of diabetes mellitus. | <input type="checkbox"/> | <input type="checkbox"/> | Refer to coding specifications document for list of applicable codes. |
| There is a CPT E/M Service Code or G-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 meet the measure? | | | |
| Most Recent LDL-C Level | Yes | No | Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form) |
| LDL-C < 100 mg/dL | <input type="checkbox"/> | <input type="checkbox"/> | 3048F |
| LDL-C 100–129 mg/dL | <input type="checkbox"/> | <input type="checkbox"/> | 3049F |
| LDL-C ≥ 130 mg/dL | <input type="checkbox"/> | <input type="checkbox"/> | 3050F |
| | | | If No is checked for all of the above, report 3048F–8P (LDL-C was not performed during the performance period [12 months], reason not otherwise specified.) |