Ischemic Vascular Disease

Blood Pressure Management Control

Physician Quality Reporting System Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	/ / ☐ Male ☐ Female
		Birth Date (mm/dd/yyyy) Gender

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 years and older on date of encounter.	☐	☐	Verify date of birth on claim form.
Patient has a diagnosis of Ischemic Vascular Disease.	☐	☐	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 G-Code for this visit	☐	☐	
If **No** is checked for any of the above, STOP. Do not report a G-code.			
Step 2 Does patient meet meet or have an acceptable reason for not meeting the measure?			
Most Recent Blood Pressure Measurement[1] (Both Systolic and Diastolic)	**Yes**	**No**	**Code to be Reported on Line 24D of Paper Claim Form, if *Yes* (or Service Line 24 of Electronic Claim Form)**
Systolic blood pressure < 140 mmHg	☐	☐	G8588
Systolic blood pressure ≥ 140 mmHg	☐	☐	G8589
Diastolic blood pressure < 90 mmHg	☐	☐	G8590
Diastolic blood pressure ≥ 90 mmHg	☐	☐	G8591
			If **No** is checked for **all** of the above, report G8592 (No documentation of blood pressure measurement.)

[1]To describe both systolic and diastolic blood pressure values, each must be reported separately. If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.