

# Ischemic Vascular Disease

## Complete Lipid Profile

### Physician Quality Reporting System 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
<b>Step 1 Is patient eligible for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
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 diagnosis of Ischemic Vascular Disease.	<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 G-Code for this visit	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a G-code.			
<b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
<b>Lipid Panel Results</b>			
Documented and reviewed (including total cholesterol, HDL-C, triglycerides and calculated LDL-C) <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	G8593
			If <b>No</b> is checked for the above, report G8594 (Lipid profile not performed, reason not otherwise specified.)

<sup>1</sup>If LDL-C could not be calculated due to high triglycerides, count as complete lipid profile.