

Ischemic Vascular Disease Measures Group

PQRI Data Collection Sheet*

Male Female

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

National Provider Identifier (NPI) Date of Encounter

Step 1 Preliminary reporting requirements

You must identify your intent to report the Ischemic Vascular Disease Measures Group by submitting the measures group-specific G-code on the first patient claim (G8547: I intend to report the Ischemic Vascular Disease Measures Group). You do not need to resubmit the measures group-specific G-code on more than one claim.

Step 2 Determine patient eligibility

(Codes determining a patient's eligibility must be reported on the **same claim** as the quality code(s) identified in Step 3 below.)

	Yes	No	
Patient is aged 18 and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to date of birth listed above or on claim form.
Patient has a line item diagnosis of Ischemic Vascular Disease (IVD).	<input type="checkbox"/>	<input type="checkbox"/>	410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91, 411.0, 411.1, 411.81, 411.89, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9, 429.2, 433.00, 433.01, 433.10, 433.11, 433.20, 433.21, 433.30, 433.31, 433.80, 433.81, 433.90, 433.91, 434.00, 434.01, 434.10, 434.11, 434.90, 434.91, 440.1, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.4, 444.0, 444.1, 444.21, 444.22, 444.81, 444.89, 444.9, 445.01, 445.02, 445.81, 445.89
There is a CPT Code for an office visit.	<input type="checkbox"/>	<input type="checkbox"/>	99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215
OR			OR
One of the following coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) surgical procedure codes.			33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 33140, 92980, 92982, 92995

If **No** is checked for any of the above, STOP. This patient is not eligible for reporting on this measures group. Do not report a CPT category II code.

Step 3 Complete individual measures

Tobacco Use Assessment		Report two codes for tobacco assessed OR NOT assessed.	
PQRI Measure #114 • reporting frequency: Tobacco use must be assessed at least once every two years and reported once during the calendar year	Tobacco Use	Assessed, patient is current tobacco non-user	<input type="checkbox"/> 1000F AND 1036F
		Assessed, patient is current smokeless tobacco user (eg, chew, snuff)	<input type="checkbox"/> 1000F AND 1035F
		Assessed, patient is current tobacco smoker	<input type="checkbox"/> 1000F AND 1034F
		OR	
		Tobacco use NOT assessed	<input type="checkbox"/> 1000F-8P

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*For additional information on the PQRI program and reporting on measures groups, please visit the CMS Web site at <http://www.cms.hhs.gov/pqri>.

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Advising Smokers and Tobacco Users to Quit (Preventive Care and Screening)		Report two codes for assessed and received cessation intervention OR one code for tobacco non-user OR NOT counseled or assessed.	
PQRI Measure #115 • reporting frequency: tobacco cessation intervention must be reported once during the calendar year for current tobacco smokers	Tobacco use cessation intervention, if appropriate	Patient is current tobacco non-user and not eligible for cessation intervention	<input type="checkbox"/> G8457
		Patient is current tobacco smoker, patient received tobacco use cessation intervention, counseling	<input type="checkbox"/> G8455 AND 4000F
		Patient is current tobacco smoker, patient received tobacco use cessation intervention, pharmacologic therapy	<input type="checkbox"/> G8455 AND 4001F
		Patient is current smokeless tobacco user, patient received tobacco use cessation intervention, counseling	<input type="checkbox"/> G8456 AND 4000F
		Patient is current smokeless tobacco user, patient received tobacco use cessation intervention, pharmacologic therapy or tobacco use not assessed	<input type="checkbox"/> G8456 AND 4001F
		OR	
		Patient is current tobacco smoker or smokeless tobacco user AND tobacco use cessation intervention NOT provided	<input type="checkbox"/> 4000F-8P
Blood Pressure Management Control		Report two codes for blood pressure management OR NOT assessed.	
PQRI Measure #201 • PQRI target: < 140/90 mmHg • reporting frequency: patient must have blood pressure assessed and reported at least once during the reporting period • most recent BP should be reported	Blood Pressure Management	Most recent systolic blood pressure < 140 mmHg AND Most recent diastolic blood pressure < 90 mmHg	<input type="checkbox"/> G8588 AND G8590
		Most recent systolic blood pressure < 140 mmHg AND Most recent diastolic blood pressure ≥ 90 mmHg	<input type="checkbox"/> G8588 AND G8591
		Most recent systolic blood pressure ≥ 140 mmHg AND Most recent diastolic blood pressure < 90 mmHg	<input type="checkbox"/> G8589 AND G8590
		Most recent systolic blood pressure ≥ 140 mmHg AND Most recent diastolic blood pressure ≥ 90 mmHg	<input type="checkbox"/> G8589 AND G8591
		OR	
		Blood Pressure NOT measured	<input type="checkbox"/> G8592
Complete Lipid Profile		Report one code for lipid profile documented and reviewed OR NOT performed.	
PQRI Measure #202 • reporting frequency: lipid profile must be documented and reviewed at least once during the reporting period Note: If LDL-C could not be calculated due to high triglycerides, count as complete lipid profile	Lipid Profile	Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C)	<input type="checkbox"/> G8593
		OR	
		Lipid profile NOT performed	<input type="checkbox"/> G8594

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Low Density Lipoprotein (LDL-C) Control	Report one of the following LDL-C levels OR NOT assessed.	
PQRI Measure #203 • <i>PQRI target: Patients with most recent LDL-C < 100 mg/dL</i> • <i>reporting frequency: Patient must have most recent LDL-C level in control (less than 100 mg/dL) at least once during the reporting period</i> • <i>most recent LDL-C should be reported</i>	Most recent LDL-C < 100 mg/dL	<input type="checkbox"/> G8595
	Most recent LDL-C ≥ 100 mg/dL	<input type="checkbox"/> G8597
	LDL-C was not performed	<input type="checkbox"/> G8596
Use of Aspirin or Another Antithrombotic	Report the following code for aspirin OR NOT Used.	
PQRI Measure #204 • <i>reporting frequency: Aspirin or another antithrombotic therapy must be used at least once during the reporting period</i>	Aspirin or another antithrombotic therapy used	<input type="checkbox"/> G8598
	OR	
	Aspirin or Another Antithrombotic Therapy NOT Used	<input type="checkbox"/> G8599

Step 4 Reporting Instructions

This measure can be reported for each eligible patient in one of two ways:

1. Report the corresponding CPT category II code(s) as selected above for each of the six measures in the Ischemic Vascular Disease (IVD) Measures Group

OR

2. If all quality actions for the patient have been performed for each of the six measures in the Ischemic Vascular Disease Measures Group, **G8552** may be reported. *Note: If any of the following codes have been selected from above, G8552 is not appropriate for this patient: G8592, G8594, G8596, and G8599 any CPT category II code with the 8P modifier.*