

Ischemic Vascular Disease

Complete Lipid Profile

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

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