

Ischemic Vascular Disease

Low Density Lipoprotein (LDL-C) Control

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?			
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"/>	G8595
LDL-C ≥ 100 mg/dL	<input type="checkbox"/>	<input type="checkbox"/>	G8597
			If No is checked for all of the above, report G8596 (LDL-C was not performed.)