

Ischemic Vascular Disease

Use of Aspirin or Another Antithrombotic

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?			Code Required on Claim Form
	Yes	No	
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?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Aspirin or Another Antithrombotic Therapy	Yes	No	
Used	<input type="checkbox"/>	<input type="checkbox"/>	G8598
			If No is checked for the above, report G8599 (Aspirin or another antithrombotic therapy not used, reason not otherwise specified.)