

Ischemic Vascular Disease Measures Group

Physician Quality Reporting System 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 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, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99455, 99456
OR One of the following coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) surgical procedure codes.			OR 33140, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 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.

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

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Step 3 Complete individual measures			
Blood Pressure Management Control		Report two codes for blood pressure management OR NOT assessed.	
Physician Quality Reporting Measure Measure #201 <ul style="list-style-type: none"> • <i>Physician Quality Reporting System target: < 140/90 mmHg</i> • <i>reporting frequency: a minimum of once during the reporting period</i> • <i>most recent BP should be reported</i> 	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.	
Physician Quality Reporting Measure Measure #202 <ul style="list-style-type: none"> • <i>reporting frequency: a minimum of once during the reporting period</i> <i>Note: If LDL-C could not be calculated due to high triglycerides, count as complete lipid profile</i>	Lipid Profile	Lipid profile 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
Low Density Lipoprotein (LDL-C) Control		Report one of the following LDL-C levels OR NOT assessed.	
Physician Quality Reporting Measure Measure #203 <ul style="list-style-type: none"> • <i>Physician Quality Reporting System target: Patients with most recent LDL-C < 100 mg/dL</i> • <i>reporting frequency: a minimum of 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.	
Physician Quality Reporting Measure Measure #204 <ul style="list-style-type: none"> • <i>reporting frequency: a minimum of once during the reporting period</i> • <i>Oral antithrombotic therapy consists of aspirin, clopidogrel or combination of aspirin and extended release dipyridamole</i> 	Aspirin or another antithrombotic therapy used	<input type="checkbox"/> G8598	
			OR
		Aspirin or Another Antithrombotic Therapy NOT Used	<input type="checkbox"/> G8599

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Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention		Report two Codes for Screened for Tobacco Use and Received Cessation Counseling Intervention OR one Code for Tobacco Non-user OR one Code for Screening NOT Performed	
Physician Quality Reporting Measure Measure #226 <ul style="list-style-type: none"> reporting frequency: patient must be screened for tobacco use one or more times within 24 months and reported once during the reporting period Tobacco Use includes all forms of tobacco Cessation Counseling Intervention includes counseling or pharmacotherapy 	Tobacco Use Screening and Cessation Intervention	Patient is a current Tobacco Non-User	<input type="checkbox"/> 1036F
		Patient Screened for Tobacco Use AND Received Tobacco Cessation Counseling, if identified as a tobacco user	<input type="checkbox"/> 4004F
		Patient NOT Screened for Tobacco Use, Documentation of Medical Reason(s) for NOT screening for tobacco use (eg, limited life expectancy)	<input type="checkbox"/> 4004F-1P
		Patient NOT Screened for Tobacco Use, Reason Not Otherwise Specified	<input type="checkbox"/> 4004F-8P

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 five 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 five 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.*