

A. DEMOGRAPHICS

Last Name ²⁰⁰⁰ :	First Name ²⁰¹⁰ :	Middle Name ²⁰²⁰ :
SSN ²⁰³⁰ : - - <input type="checkbox"/> SSN N/A ²⁰³¹	Patient ID ²⁰⁴⁰ : (auto)	Other ID ²⁰⁴⁵ :
Birth Date ²⁰⁵⁰ : mm / dd / yyyy	Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female	Patient Zip Code ³⁰⁰⁵ : <input type="checkbox"/> Zip Code N/A ³⁰⁰⁶
Race: (check all that apply) <input type="checkbox"/> White ²⁰⁷⁰ <input type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³ <input type="checkbox"/> Asian ²⁰⁷² → If Yes, <input type="checkbox"/> Asian - Indian ²⁰⁸⁰ <input type="checkbox"/> Chinese ²⁰⁸¹ <input type="checkbox"/> Filipino ²⁰⁸² <input type="checkbox"/> Japanese ²⁰⁸³ <input type="checkbox"/> Korean ²⁰⁸⁴ <input type="checkbox"/> Vietnamese ²⁰⁸⁵ <input type="checkbox"/> Other ²⁰⁸⁶ <input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴ → If Yes, <input type="checkbox"/> Native Hawaiian ²⁰⁹⁰ <input type="checkbox"/> Guamanian or Chamorro ²⁰⁹¹ <input type="checkbox"/> Samoan ²⁰⁹² <input type="checkbox"/> Other Island ²⁰⁹³		
Hispanic or Latino Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Ethnicity Type: (check all that apply) <input type="checkbox"/> Mexican, Mexican-American, Chicano ²¹⁰⁰ <input type="checkbox"/> Puerto Rican ²¹⁰¹ <input type="checkbox"/> Cuban ²¹⁰² <input type="checkbox"/> Other Hispanic, Latino or Spanish Origin ²¹⁰³		

B. EPISODE OF CARE

Arrival Date/Time ^{3000/3001} : mm / dd / yyyy HH:MM
Admit Source ³⁰¹⁰ : <input type="radio"/> Emergency department <input type="radio"/> Transfer in from another acute care facility <input type="radio"/> Elective <input type="radio"/> Other
Insurance Payors: (check all that apply) <input type="checkbox"/> Private Health Insurance ³⁰²⁰ <input type="checkbox"/> Medicare ³⁰²¹ <input type="checkbox"/> Medicaid ³⁰²² <input type="checkbox"/> Military Health Care ³⁰²³ <input type="checkbox"/> State-Specific Plan (non-Medicaid) ³⁰²⁴ <input type="checkbox"/> Indian Health Service ³⁰²⁵ <input type="checkbox"/> Non-US Insurance ³⁰²⁶ <input type="checkbox"/> None ³⁰²⁷
HIC # ³⁰³⁰ : _____ Research Study ³⁰³⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Study Name ³⁰³⁶ , Patient ID ³⁰³⁷ : _____, _____

C. HISTORY (LEADING TO EPISODE OF CARE)

Hypertension ⁴⁰⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	Severe/Very Severe Lung Disease ⁴⁰⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes
Dyslipidemia ⁴⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes	MI ⁴⁰⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes
Diabetes Mellitus ⁴⁰¹⁰ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Within 30 Days ⁴⁰⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Diabetes Therapy: (check all that apply) <input type="checkbox"/> None ⁴⁰¹⁵ <input type="checkbox"/> Diet ⁴⁰¹⁶ <input type="checkbox"/> Oral ⁴⁰¹⁷ <input type="checkbox"/> Insulin ⁴⁰¹⁸ <input type="checkbox"/> Other ⁴⁰¹⁹	Cardiomyopathy or LV Systolic Dysfunction ⁴⁰⁷⁵ : <input type="radio"/> No <input type="radio"/> Yes
ESRD On Dialysis ⁴⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes	Heart Failure ⁴⁰⁸⁰ : <input type="radio"/> No <input type="radio"/> Yes
Coronary Artery Disease ⁴⁰²⁵ : <input type="radio"/> No <input type="radio"/> Yes	PCI ⁴⁰⁹⁰ : <input type="radio"/> No <input type="radio"/> Yes
Cerebrovascular Disease ⁴⁰⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes	CABG ⁴⁰⁹⁵ : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, (check all that apply) <input type="checkbox"/> Stroke ⁴⁰⁴¹ <input type="checkbox"/> TIA ⁴⁰⁴² <input type="checkbox"/> Carotid Stent ⁴⁰⁴³ <input type="checkbox"/> Carotid Endarterectomy ⁴⁰⁴⁴ <input type="checkbox"/> Other ⁴⁰⁴⁵	Prior Valve Surgery/Procedure ⁴¹⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes
Peripheral Arterial Disease ⁴⁰⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes	Tobacco Use ⁴¹⁰⁵ : <input type="radio"/> Never <input type="radio"/> Current - Every Day <input type="radio"/> Former <input type="radio"/> Current - Some Days <input type="radio"/> Current - Frequency Unknown
→ If Yes, (check all that apply) <input type="checkbox"/> Claudication ⁴⁰⁵¹ <input type="checkbox"/> CLI ⁴⁰⁵² <input type="checkbox"/> ALI ⁴⁰⁵³ <input type="checkbox"/> Peripheral Intervention ⁴⁰⁵⁴ <input type="checkbox"/> Peripheral Bypass ⁴⁰⁵⁵ <input type="checkbox"/> Other ⁴⁰⁵⁶	Family History of Premature CAD ⁴¹¹⁰ : <input type="radio"/> No <input type="radio"/> Yes
	Height ⁴¹¹⁵ : _____ cm Weight ⁴¹²⁰ : _____ kg

D. PRESENTATION AND EVALUATION (COMPLETE FOR EACH PROCEDURE, ONLY FOR THE TARGET VESSEL SIDE(S) AFFECTED)

	RIGHT	LEFT
PAD Presentation ^{5000,5100} :	<input type="radio"/> Asymptomatic <input type="radio"/> Atypical Claudication <input type="radio"/> Claudication - Mild (Rutherford 1) <input type="radio"/> Claudication - Moderate (Rutherford 2) <input type="radio"/> Claudication - Severe (Rutherford 3) <input type="radio"/> CLI - Ischemic Pain at Rest (Rutherford 4) <input type="radio"/> CLI - Minor Tissue Loss (Rutherford 5) <input type="radio"/> CLI - Major Tissue Loss (Rutherford 6) <input type="radio"/> ALI - Acute Limb Ischemia	<input type="radio"/> Asymptomatic <input type="radio"/> Atypical Claudication <input type="radio"/> Claudication - Mild (Rutherford 1) <input type="radio"/> Claudication - Moderate (Rutherford 2) <input type="radio"/> Claudication - Severe (Rutherford 3) <input type="radio"/> CLI - Ischemic Pain at Rest (Rutherford 4) <input type="radio"/> CLI - Minor Tissue Loss (Rutherford 5) <input type="radio"/> CLI - Major Tissue Loss (Rutherford 6) <input type="radio"/> ALI - Acute Limb Ischemia
→ If Claudication, Patient Reported Maximum Claudication Distance ^{5005,5105} :	<input type="radio"/> <200m <input type="radio"/> >=200m (2 blocks) <input type="radio"/> Unable to walk	<input type="radio"/> <200m <input type="radio"/> >=200m (2 blocks) <input type="radio"/> Unable to walk
→ If Claudication, Location(s):	<input type="checkbox"/> Buttock ⁵⁰¹⁰ <input type="checkbox"/> Hip ⁵⁰¹¹ <input type="checkbox"/> Thigh ⁵⁰¹² <input type="checkbox"/> Calf ⁵⁰¹³ <input type="checkbox"/> Foot ⁵⁰¹⁴ <input type="checkbox"/> Other ⁵⁰¹⁵	<input type="checkbox"/> Buttock ⁵¹¹⁰ <input type="checkbox"/> Hip ⁵¹¹¹ <input type="checkbox"/> Thigh ⁵¹¹² <input type="checkbox"/> Calf ⁵¹¹³ <input type="checkbox"/> Foot ⁵¹¹⁴ <input type="checkbox"/> Other ⁵¹¹⁵

D. PRESENTATION AND EVALUATION (CONT.)

PAD Presentation (Con't):	RIGHT	LEFT
	<p>→ If CLI, Rest Pain^{5020,5120}:</p> <p>→ If CLI, Tissue Loss:</p>	<p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown</p> <p><input type="checkbox"/> Shin⁵⁰²⁵ <input type="checkbox"/> Malleolus⁵⁰²⁶ <input type="checkbox"/> Heel⁵⁰²⁷ <input type="checkbox"/> Midfoot⁵⁰²⁸ <input type="checkbox"/> Forefoot⁵⁰²⁹ <input type="checkbox"/> Toes⁵⁰³⁰ <input type="checkbox"/> Other⁵⁰³¹</p>
<p>→ If ALI, Symptom Onset Date^{5035,5135}:</p> <p>→ If ALI, Location(s):</p> <p>→ If ALI, Symptoms:</p> <p>→ If ALI, Suspected Occluded Vessel^{5055,5155}:</p> <p>→ If ALI, Suspected Occluded Vessel Type^{5060,5160}:</p> <p>→ If ALI, Viability^{5065,5165}:</p>	<p>mm / dd / yyyy</p> <p><input type="checkbox"/> Thigh⁵⁰⁴⁰ <input type="checkbox"/> Calf⁵⁰⁴¹ <input type="checkbox"/> Ankle⁵⁰⁴² <input type="checkbox"/> Foot⁵⁰⁴³ <input type="checkbox"/> Toes⁵⁰⁴⁴ <input type="checkbox"/> Other⁵⁰⁴⁵</p> <p><input type="checkbox"/> Motor⁵⁰⁵⁰ <input type="checkbox"/> Sensory⁵⁰⁵¹</p> <p><input type="radio"/> Aorta <input type="radio"/> Iliac <input type="radio"/> Femoral <input type="radio"/> Popliteal <input type="radio"/> Tibioperoneal <input type="radio"/> Unknown</p> <p><input type="radio"/> Native <input type="radio"/> Graft <input type="radio"/> Both <input type="radio"/> Uncertain</p> <p><input type="radio"/> Viable (I) <input type="radio"/> Marginally Threatened (IIa) <input type="radio"/> Immediately Threatened (IIb) <input type="radio"/> Non-Viable (III)</p>	<p>mm / dd / yyyy</p> <p><input type="checkbox"/> Thigh⁵¹⁴⁰ <input type="checkbox"/> Calf⁵¹⁴¹ <input type="checkbox"/> Ankle⁵¹⁴² <input type="checkbox"/> Foot⁵¹⁴³ <input type="checkbox"/> Toes⁵¹⁴⁴ <input type="checkbox"/> Other⁵¹⁴⁵</p> <p><input type="checkbox"/> Motor⁵¹⁵⁰ <input type="checkbox"/> Sensory⁵¹⁵¹</p> <p><input type="radio"/> Aorta <input type="radio"/> Iliac <input type="radio"/> Femoral <input type="radio"/> Popliteal <input type="radio"/> Tibioperoneal <input type="radio"/> Unknown</p> <p><input type="radio"/> Native <input type="radio"/> Graft <input type="radio"/> Both <input type="radio"/> Uncertain</p> <p><input type="radio"/> Viable (I) <input type="radio"/> Marginally Threatened (IIa) <input type="radio"/> Immediately Threatened (IIb) <input type="radio"/> Non-Viable (III)</p>
<p>Aneurysm^{5070,5170}:</p> <p>(Below the Aortic Bifurcation)</p> <p>→ If Yes, Presenting Symptoms:</p> <p>→ If Symptomatic, Symptom Etiology:</p> <p>→ If Yes, Location(s):</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="checkbox"/> Asymptomatic⁵⁰⁷⁵ <input type="checkbox"/> Rest Pain⁵⁰⁷⁶ <input type="checkbox"/> Claudication⁵⁰⁷⁷ <input type="checkbox"/> Venous Obstruction⁵⁰⁷⁸ <input type="checkbox"/> Other⁵⁰⁷⁹</p> <p><input type="checkbox"/> Thrombosis⁵⁰⁸⁰ <input type="checkbox"/> Embolization⁵⁰⁸¹ <input type="checkbox"/> Rupture⁵⁰⁸² <input type="checkbox"/> Other⁵⁰⁸³</p> <p><input type="checkbox"/> Common Iliac⁵⁰⁸⁵ <input type="checkbox"/> External Iliac⁵⁰⁸⁶ <input type="checkbox"/> Internal Iliac⁵⁰⁸⁷ <input type="checkbox"/> Common Femoral⁵⁰⁸⁸ <input type="checkbox"/> Profunda⁵⁰⁸⁹ <input type="checkbox"/> Popliteal⁵⁰⁹⁰</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="checkbox"/> Asymptomatic⁵¹⁷⁵ <input type="checkbox"/> Rest Pain⁵¹⁷⁶ <input type="checkbox"/> Claudication⁵¹⁷⁷ <input type="checkbox"/> Venous Obstruction⁵¹⁷⁸ <input type="checkbox"/> Other⁵¹⁷⁹</p> <p><input type="checkbox"/> Thrombosis⁵¹⁸⁰ <input type="checkbox"/> Embolization⁵¹⁸¹ <input type="checkbox"/> Rupture⁵¹⁸² <input type="checkbox"/> Other⁵¹⁸³</p> <p><input type="checkbox"/> Common Iliac⁵¹⁸⁵ <input type="checkbox"/> External Iliac⁵¹⁸⁶ <input type="checkbox"/> Internal Iliac⁵¹⁸⁷ <input type="checkbox"/> Common Femoral⁵¹⁸⁸ <input type="checkbox"/> Profunda⁵¹⁸⁹ <input type="checkbox"/> Popliteal⁵¹⁹⁰</p>

PRE-PROCEDURE ASSESSMENT (COMPLETE FOR EACH PROCEDURE, ONLY FOR THE TARGET VESSEL SIDE(S) AFFECTED)

	RIGHT	LEFT
<p>Ankle-Brachial Index^{5300, 5500}:</p> <p>→ If Yes, ABI Value^{5305, 5505}:</p> <p>→ If Yes, Non-compressible^{5310, 5510}:</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>_____</p> <p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>_____</p> <p><input type="radio"/> No <input type="radio"/> Yes</p>
<p>Exercise Ankle-Brachial Index^{5315, 5515}:</p> <p>→ If Yes, Exercise ABI Result^{5320,5520}:</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="radio"/> Negative <input type="radio"/> Positive</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="radio"/> Negative <input type="radio"/> Positive</p>
<p>Toe Pressure Performed^{5325,5525}:</p> <p>→ If Yes, Toe Pressure Value^{5330,5530}:</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>_____ mmHg</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>_____ mmHg</p>
<p>Duplex Ultrasound^{5335,5535}:</p> <p>→ If Yes, Segment^{5340,5540}: (Code most severe location)</p> <p>→ If Yes, Peak Systolic Velocity in Lesion^{5345,5545}:</p> <p>→ If Yes, Peak Systolic Velocity Proximal To Lesion^{5350,5550}:</p> <p>- OR -</p> <p>→ If Yes, Peak Systolic Velocity Ratio^{5355,5555}:</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>_____</p> <p>_____ cm/sec</p> <p>_____ cm/sec</p> <p>_____</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>_____</p> <p>_____ cm/sec</p> <p>_____ cm/sec</p> <p>_____</p>
<p>CT Angiography^{5380,5580}:</p> <p>→ If Yes, Max Stenosed Segment^{5385,5585}: (Code most severe location)</p> <p>→ If Yes, Max Stenosis^{5390,5590}:</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>_____</p> <p>_____ %</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>_____</p> <p>_____ %</p>
<p>MR Angiography^{5410,5610}:</p> <p>→ If Yes, Max Stenosed Segment^{5415,5615}: (Code most severe location)</p> <p>→ If Yes, Max Stenosis^{5420,5620}:</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>_____</p> <p>_____ %</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>_____</p> <p>_____ %</p>

E. PROCEDURE (COMPLETE FOR EACH PROCEDURE)

Procedure Start Date/Time ^{6000/6001} : mm/dd/yyyy / hh:mm	Operator Name ^{6015, 6020, 6025} :
Procedure End Date/Time ^{6005/6006} : mm/dd/yyyy / hh:mm <small>(break scrub at end of case)</small>	Operator NPI ⁶⁰³⁰ :
Procedure Type ⁶⁰¹⁰ : <input type="radio"/> Carotid Artery Stent <input type="radio"/> Carotid Endarterectomy <input type="radio"/> Lower Extremity Vascular Catheter-Based Intervention	
Procedure Status ⁶⁰³⁵ : <input type="radio"/> Elective <input type="radio"/> Urgent <input type="radio"/> Emergency Location of Procedure ⁶⁰³⁸ : <input type="radio"/> Cath Lab <input type="radio"/> IR <input type="radio"/> OR	
Procedure Indication ⁶⁰⁴⁰ : <input type="radio"/> Typical Claudication <input type="radio"/> Acute Limb Ischemia <input type="radio"/> Atypical Claudication <input type="radio"/> Prevention of Aneurysm Rupture <input type="radio"/> Maintenance of Patency (Asymptomatic) <input type="radio"/> Treatment of Symptomatic Aneurysm <input type="radio"/> Critical Limb Ischemia <input type="radio"/> Facilitation of Other Procedure	
Sedation ⁶⁰⁵⁰ : <input type="radio"/> Minimal Sedation/Anxiolysis <input type="radio"/> Deep Sedation/Analgesia <input type="radio"/> Moderate Sedation/Analgesia (Conscious Sedation) <input type="radio"/> General Anesthesia	
Blood Pressure ^{6055/6060} : (start of procedure) _____ / _____	
Dual Antiplatelet Therapy Candidate ⁶⁰⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes	

ARTERIAL ACCESS (COMPLETE FOR EACH PROCEDURE. CODE IN THE ORDER ATTEMPTED.)

Site(s) ⁶²⁰⁰	Side ⁶²⁰⁵	Vessel ⁶²¹⁰	Directionality ⁶²¹⁵	Closure Method(s) ^{6220,25,30}	UDI ⁶²³⁵⁻⁶²⁴⁵	
1	<input type="radio"/> Right	<input type="radio"/> Femoral <input type="radio"/> Radial <input type="radio"/> Popliteal <input type="radio"/> Brachial <input type="radio"/> Dorsalis Pedis <input type="radio"/> Other <input type="radio"/> Posterior Tibial	<input type="radio"/> Antegrade <input type="radio"/> Retrograde	<input type="checkbox"/> Not Documented	1	(future)
	<input type="radio"/> Left				2	(future)
2	<input type="radio"/> Right	<input type="radio"/> Femoral <input type="radio"/> Radial <input type="radio"/> Popliteal <input type="radio"/> Brachial <input type="radio"/> Dorsalis Pedis <input type="radio"/> Other <input type="radio"/> Posterior Tibial	<input type="radio"/> Antegrade <input type="radio"/> Retrograde	<input type="checkbox"/> Not Documented	1	(future)
	<input type="radio"/> Left				2	(future)

BEST (VISUAL) ESTIMATE OF VASCULAR ANATOMY (CODE MOST SEVERE LESION IN EACH VESSEL OR GRAFT VISUALIZED)

Native Vessel	Right – Max Stenosis	Left – Max Stenosis
Iliac:	_____ % ⁶³⁰⁰ <input type="checkbox"/> CTO ⁶³⁰¹ <input type="checkbox"/> Not Available ⁶³⁰²	_____ % ⁶⁴⁰⁰ <input type="checkbox"/> CTO ⁶⁴⁰¹ <input type="checkbox"/> Not Available ⁶⁴⁰²
Common Femoral:	_____ % ⁶³⁰⁵ <input type="checkbox"/> CTO ⁶³⁰⁶ <input type="checkbox"/> Not Available ⁶³⁰⁷	_____ % ⁶⁴⁰⁵ <input type="checkbox"/> CTO ⁶⁴⁰⁶ <input type="checkbox"/> Not Available ⁶⁴⁰⁷
Profunda ^{6310,6410} :	<input type="radio"/> Patent <input type="radio"/> Occluded <input type="checkbox"/> Not Available ⁶³¹¹	<input type="radio"/> Patent <input type="radio"/> Occluded <input type="checkbox"/> Not Available ⁶⁴¹¹
Superficial Femoral Artery:	_____ % ⁶³¹⁵ <input type="checkbox"/> CTO ⁶³¹⁶ <input type="checkbox"/> Not Available ⁶³¹⁷	_____ % ⁶⁴¹⁵ <input type="checkbox"/> CTO ⁶⁴¹⁶ <input type="checkbox"/> Not Available ⁶⁴¹⁷
Popliteal:	_____ % ⁶³²⁰ <input type="checkbox"/> CTO ⁶³²¹ <input type="checkbox"/> Not Available ⁶³²²	_____ % ⁶⁴²⁰ <input type="checkbox"/> CTO ⁶⁴²¹ <input type="checkbox"/> Not Available ⁶⁴²²
Runoff ^{6325,6425} :	<input type="radio"/> 3 Vessel <input type="radio"/> 2 Vessel <input type="checkbox"/> Not Available ⁶³²⁶ <input type="radio"/> 1 Vessel <input type="radio"/> None	<input type="radio"/> 3 Vessel <input type="radio"/> 2 Vessel <input type="checkbox"/> Not Available ⁶⁴²⁶ <input type="radio"/> 1 Vessel <input type="radio"/> None
Bypass Graft Present ^{6345,6445} :	<input type="radio"/> No <input type="radio"/> Yes → If Yes, Specify Graft Location/Stenosis:	<input type="radio"/> No <input type="radio"/> Yes → If Yes, Specify Graft Location/Stenosis:
Graft	Right – Max Stenosis	Left – Max Stenosis
Axillo - Femoral:	_____ % ⁶³⁵⁰ <input type="checkbox"/> Not Available ⁶³⁵¹	_____ % ⁶⁴⁵⁰ <input type="checkbox"/> Not Available ⁶⁴⁵¹
Aorto - Femoral:	_____ % ⁶³⁵⁵ <input type="checkbox"/> Not Available ⁶³⁵⁶	_____ % ⁶⁴⁵⁵ <input type="checkbox"/> Not Available ⁶⁴⁵⁶
Femoral - Popliteal:	_____ % ⁶³⁶⁰ <input type="checkbox"/> Not Available ⁶³⁶¹	_____ % ⁶⁴⁶⁰ <input type="checkbox"/> Not Available ⁶⁴⁶¹
Femoral - Tibial:	_____ % ⁶³⁶⁵ <input type="checkbox"/> Not Available ⁶³⁶⁶	_____ % ⁶⁴⁶⁵ <input type="checkbox"/> Not Available ⁶⁴⁶⁶
Femoral - Femoral:	_____ % ⁶³⁷⁰ <input type="checkbox"/> Not Available ⁶³⁷¹	_____ % ⁶⁴⁷⁰ <input type="checkbox"/> Not Available ⁶⁴⁷¹
Other:	_____ % ⁶³⁷⁵ <input type="checkbox"/> Not Available ⁶³⁷⁶	_____ % ⁶⁴⁷⁵ <input type="checkbox"/> Not Available ⁶⁴⁷⁶

F. LOWER EXTREMITY CATHETER-BASED PROCEDURE (COMPLETE FOR EACH INTERVENTION ATTEMPTED OR PERFORMED)

Lesion Counter ⁷⁰⁰⁰ :	1	2
Segment Number(s) ⁷⁰⁰⁵ :	_____, _____, _____, _____	_____, _____, _____, _____
Lesion in Graft ⁷⁰¹⁰ : → If Yes, Type of Graft ⁷⁰¹⁵ : → If Yes, Location in Graft ⁷⁰²⁰ :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Vein <input type="radio"/> Prosthetic <input type="radio"/> Other <input type="radio"/> Ostial <input type="radio"/> Proximal <input type="radio"/> Mid/Body <input type="radio"/> Distal <input type="radio"/> Distal Anastomosis	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Vein <input type="radio"/> Prosthetic <input type="radio"/> Other <input type="radio"/> Ostial <input type="radio"/> Proximal <input type="radio"/> Mid/Body <input type="radio"/> Distal <input type="radio"/> Distal Anastomosis
If Proc Ind ⁶⁰⁴⁰ = ALI, Culprit Lesion ⁷⁰²⁵ :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Prev Treated Lesion ⁷⁰³⁰ : → If Yes, Timeframe ⁷⁰³⁵ : → If Yes, Previous Rx: → If Stent, In-Stent Restenosis ⁷⁰⁴⁵ : → If Stent, In-Stent Thrombosis ⁷⁰⁵⁰ : → If Stent, Type ⁷⁰⁵⁵ : → If Stent, Delivery Method ⁷⁰⁶⁰ :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input type="radio"/> 6-12 months <input type="radio"/> 1-2 years <input type="radio"/> >2 years <input type="radio"/> Time unknown <input type="checkbox"/> PTA ⁷⁰⁴⁰ <input type="checkbox"/> Atherectomy ⁷⁰⁴¹ <input type="checkbox"/> Stent ⁷⁰⁴² <input type="checkbox"/> DEB ⁷⁰⁴³ <input type="checkbox"/> Unknown ⁷⁰⁴⁴ <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DES <input type="radio"/> BMS <input type="radio"/> Covered <input type="radio"/> Unknown <input type="radio"/> Balloon Expand <input type="radio"/> Self Expand <input type="radio"/> Unknown	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input type="radio"/> 6-12 months <input type="radio"/> 1-2 years <input type="radio"/> >2 years <input type="radio"/> Time unknown <input type="checkbox"/> PTA ⁷⁰⁴⁰ <input type="checkbox"/> Atherectomy ⁷⁰⁴¹ <input type="checkbox"/> Stent ⁷⁰⁴² <input type="checkbox"/> DEB ⁷⁰⁴³ <input type="checkbox"/> Unknown ⁷⁰⁴⁴ <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DES <input type="radio"/> BMS <input type="radio"/> Covered <input type="radio"/> Unknown <input type="radio"/> Balloon Expand <input type="radio"/> Self Expand <input type="radio"/> Unknown
Stenosis Prior to Rx ⁷⁰⁶⁵ : → If 100%, Chronic Total Occlusion ⁷⁰⁷⁰ :	_____% <input type="radio"/> No <input type="radio"/> Yes	_____% <input type="radio"/> No <input type="radio"/> Yes
Guidewire Across Lesion ⁷⁰⁷⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Lesion Length ⁷⁰⁸⁰ :	_____ mm	_____ mm
Thrombus Present ⁷⁰⁸⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Bifurcation Lesion ⁷⁰⁹⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Pressure Gradient Performed ⁷⁰⁹⁵ : → If Yes, Rest Pressures ^{7100,7105} : → If Yes, Hyperemia Pressures ^{7110,7115} :	<input type="radio"/> No <input type="radio"/> Yes _____ mmHg (p-p) _____ mmHg (mean) _____ mmHg (p-p) _____ mmHg (mean)	<input type="radio"/> No <input type="radio"/> Yes _____ mmHg (p-p) _____ mmHg (mean) _____ mmHg (p-p) _____ mmHg (mean)
Aneurysm ⁷¹²⁰ : → If Yes, Max Diameter ⁷¹²⁵ : → If Yes, Morphology ⁷¹³⁰ : → If Yes, Course ⁷¹³⁵ :	<input type="radio"/> No <input type="radio"/> Yes _____ mm <input type="radio"/> Fusiform <input type="radio"/> Saccular <input type="radio"/> Stable <input type="radio"/> Enlarging	<input type="radio"/> No <input type="radio"/> Yes _____ mm <input type="radio"/> Fusiform <input type="radio"/> Saccular <input type="radio"/> Stable <input type="radio"/> Enlarging
Intentional Subintimal Strategy ⁷¹⁴⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Lesion Treatment Incomplete or Aborted ⁷¹⁴⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Final Stenosis ⁷¹⁵⁰ :	_____ %	_____ %

LIST ALL DEVICES IN CHRONOLOGICAL ORDER:

Device(s) Used ^{7200,7205}	Associated Lesion(s) ⁷²¹⁰ (Specify Lesion Counter, Seq. 7000)	Device Activated ⁷²¹⁵	UDI ⁷²²⁰⁻⁷²³⁰
1	_____, _____, _____	<input type="radio"/> No <input type="radio"/> Yes	(future)
2	_____, _____, _____	<input type="radio"/> No <input type="radio"/> Yes	(future)
3	_____, _____, _____	<input type="radio"/> No <input type="radio"/> Yes	(future)

I. PRE- AND INTRA-PROCEDURE MEDICATIONS (ADMINISTERED WITHIN 24 HOURS PRIOR TO AND DURING THE PROCEDURE, COMPLETE FOR EACH PROCEDURE TYPE)

MEDICATION ⁷⁸⁰⁰		ADMINISTERED ⁷⁸⁰⁵	MEDICATION ⁷⁸⁰⁰		ADMINISTERED ⁷⁸⁰⁵
Anticoagulants	Heparin and Derivatives	Unfractionated Heparin	<input type="radio"/> No	<input type="radio"/> Yes	Aspirin <input type="radio"/> No <input type="radio"/> Yes Glycoprotein IIb/IIIa Inhibitor (Any) <input type="radio"/> No <input type="radio"/> Yes Clopidogrel <input type="radio"/> No <input type="radio"/> Yes Prasugrel <input type="radio"/> No <input type="radio"/> Yes Ticagrelor <input type="radio"/> No <input type="radio"/> Yes Ticlopidine <input type="radio"/> No <input type="radio"/> Yes P2Y12 Antagonist (Other) <input type="radio"/> No <input type="radio"/> Yes Reteplase <input type="radio"/> No <input type="radio"/> Yes Streptokinase <input type="radio"/> No <input type="radio"/> Yes Tenecteplase <input type="radio"/> No <input type="radio"/> Yes TPA <input type="radio"/> No <input type="radio"/> Yes Thrombolytic (Other) <input type="radio"/> No <input type="radio"/> Yes Lipid Lowering Statin (Any) <input type="radio"/> No <input type="radio"/> Yes Phosphodiesterase Inhibitor (Any) <input type="radio"/> No <input type="radio"/> Yes
		Fondaparinux	<input type="radio"/> No	<input type="radio"/> Yes	
		Low Molecular Wt Heparin	<input type="radio"/> No	<input type="radio"/> Yes	
		Heparin / Derivative (Other)	<input type="radio"/> No	<input type="radio"/> Yes	
	Direct Thrombin Inhibitors	Argatroban	<input type="radio"/> No	<input type="radio"/> Yes	
		Bivalirudin	<input type="radio"/> No	<input type="radio"/> Yes	
		Dabigatran	<input type="radio"/> No	<input type="radio"/> Yes	
		Lepirudin	<input type="radio"/> No	<input type="radio"/> Yes	
	Direct Factor Xa Inhibitors	Direct Thrombin Inhibitor (Other)	<input type="radio"/> No	<input type="radio"/> Yes	
		Apixaban	<input type="radio"/> No	<input type="radio"/> Yes	
		Rivaroxaban	<input type="radio"/> No	<input type="radio"/> Yes	
	Vtk Ant	Direct Factor Xa Inhibitors (Other)	<input type="radio"/> No	<input type="radio"/> Yes	
		Warfarin	<input type="radio"/> No	<input type="radio"/> Yes	
	Oral	ACE-Inhibitor (Any)	<input type="radio"/> No	<input type="radio"/> Yes	
ARB (Any)		<input type="radio"/> No	<input type="radio"/> Yes		
Diuretics (Any)		<input type="radio"/> No	<input type="radio"/> Yes		
Calcium Channel Blockers (Any)		<input type="radio"/> No	<input type="radio"/> Yes		
Vasodilators (Any)		<input type="radio"/> No	<input type="radio"/> Yes		
Beta Blockers (Any)		<input type="radio"/> No	<input type="radio"/> Yes		

J. PROCEDURE TOTALS (COMPLETE FOR EACH PROCEDURE)

Contrast Volume⁸⁰⁰⁰: _____ mL **Fluoro Time⁸⁰⁰⁵:** _____ minutes
Cumulative Air Kerma⁸⁰¹⁰⁻¹¹: _____ mGy **OR** _____ Gy (Note: Complete only one unit, based on your equipment.)
Dose Area Product⁸⁰¹⁵⁻¹⁸: _____ Gy-cm² **OR** _____ cGy-cm² **OR** _____ mGy-cm² **OR** _____ μGy-M²

K. LABS (COMPLETE FOR EACH PROCEDURE)

Pre-Procedure (performed at your facility)	Post-Procedure (post-procedure only)
Creatinine⁸¹⁰⁰ _____ ng/mL <input type="checkbox"/> Not Drawn ⁸¹⁰⁵ mm/dd/yyyy / hh:mm ^{8101/8102}	Creatinine⁸¹³⁰ _____ ng/mL <input type="checkbox"/> Not Drawn ⁸¹³⁵ (peak value 6-24 hrs) mm/dd/yyyy / hh:mm ^{8131/8132}
Hemoglobin⁸¹¹⁰ _____ g/dL <input type="checkbox"/> Not Drawn ⁸¹¹⁵ mm/dd/yyyy / hh:mm ^{8111/8112}	Hemoglobin⁸¹⁴⁰ _____ g/dL <input type="checkbox"/> Not Drawn ⁸¹⁴⁵ (lowest value w/in 72 hrs) mm/dd/yyyy / hh:mm ^{8141/8142}
LDL⁸¹²⁰ _____ mg/dL <input type="checkbox"/> Not Drawn ⁸¹²⁵ mm/dd/yyyy / hh:mm ^{8121/8122}	

L. POST-PROCEDURE ASSESSMENT (COMPLETE FOR EACH PROCEDURE, ONLY FOR THE TARGET VESSEL SIDE(S) AFFECTED)

	RIGHT	LEFT
Ankle-Brachial Index ^{8200,8300} : → If Yes, ABI Value ^{8205,8305} : _____ → If Yes, Non-compressible ^{8210,8310} :	<input type="radio"/> No <input type="radio"/> Yes _____ <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes _____ <input type="radio"/> No <input type="radio"/> Yes
Exercise Ankle-Brachial Index ^{8215,8315} : → If Yes, Exercise ABI Result ^{8220,8320} :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Negative <input type="radio"/> Positive	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Negative <input type="radio"/> Positive
Toe Pressure ^{8225,8325} : → If Yes, Toe Pressure Value ^{8230,8330} : _____ mmHg	<input type="radio"/> No <input type="radio"/> Yes _____ mmHg	<input type="radio"/> No <input type="radio"/> Yes _____ mmHg
Duplex Ultrasound ^{8235,8335} : → If Yes, Segment ^{8240,8340} : (Code most severe location) _____ → If Yes, Peak Systolic Velocity in Lesion ^{8245,8345} : _____ cm/sec → If Yes, Peak Systolic Velocity Proximal To Lesion ^{8250,8350} : _____ cm/sec - OR - → If Yes, Peak Systolic Velocity Ratio ^{8255,8355} : _____	<input type="radio"/> No <input type="radio"/> Yes _____ _____ cm/sec _____ cm/sec _____	<input type="radio"/> No <input type="radio"/> Yes _____ _____ cm/sec _____ cm/sec _____

M. INTRA OR POST-PROCEDURE EVENTS

Myocardial Infarction ⁸⁴⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	Emergency Vascular Surgery ⁸⁵¹⁰ : (directly from lab) <input type="radio"/> No <input type="radio"/> Yes
Cardiogenic Shock ⁸⁴⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes	Major Amputation (unplanned) ⁸⁵¹⁵ : <input type="radio"/> No <input type="radio"/> Yes
Heart Failure ⁸⁴¹⁰ : <input type="radio"/> No <input type="radio"/> Yes	Compartment Syndrome ⁸⁵²⁰ : <input type="radio"/> No <input type="radio"/> Yes
TIA ⁸⁴²⁵ : <input type="radio"/> No <input type="radio"/> Yes	Anaphylactoid Contrast Reaction ⁸⁵²⁵ : <input type="radio"/> No <input type="radio"/> Yes
Ischemic Stroke ⁸⁴³⁰ : <input type="radio"/> No <input type="radio"/> Yes	Procedure-Related Infection Req Antibiotics ⁸⁵³⁰ : <input type="radio"/> No <input type="radio"/> Yes
Hemorrhagic Stroke ⁸⁴³⁵ : <input type="radio"/> No <input type="radio"/> Yes	Bleeding Event w/in 72 Hours ⁸⁵³⁵ : <input type="radio"/> No <input type="radio"/> Yes
Undetermined Stroke ⁸⁴⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Bleeding at Access Site ⁸⁵⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes
New Requirement for Dialysis ⁸⁴⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Access Bleed Location ⁸⁵⁴⁵ : Use Access Site ID / Seq. Num 6200: _____, _____, _____
Unexpected Intubation or Resuscitation ⁸⁴⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Hematoma at Access Site ⁸⁵⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes
Thrombosis ⁸⁴⁷⁵ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Access Hematoma Location ⁸⁵⁵⁵ : Use Access Site ID / Seq. Num 6200: _____, _____, _____
Embolism ⁸⁴⁸⁰ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Retroperitoneal Bleeding ⁸⁵⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes
Significant Dissection ⁸⁴⁸⁵ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, GI Bleed ⁸⁵⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes
Perforation ⁸⁴⁹⁰ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, GU Bleed ⁸⁵⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Specific Treatment ⁸⁴⁹¹⁻⁸⁴⁹⁷ : <input type="checkbox"/> Prolonged Balloon Inflation <input type="checkbox"/> Coiling <input type="checkbox"/> Covered Stent <input type="checkbox"/> External Compression <input type="checkbox"/> Surgery <input type="checkbox"/> Other <input type="checkbox"/> No Specific Rx	→ If Yes, Other Bleed ⁸⁵⁷⁵ : <input type="radio"/> No <input type="radio"/> Yes
Other Vascular Complication Req Treatment ⁸⁵⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	RBC/Whole Blood Transfusion ⁸⁵⁸⁰ : <input type="radio"/> No <input type="radio"/> Yes
Unplanned Vascular Intervention/Surgery ⁸⁵⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Hgb Prior to 1st Transfusion ⁸⁵⁸⁵ : _____ mg/dL

N. DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE)

Discharge Date⁹⁰⁰⁰: mm / dd / yyyy

Discharge Status⁹⁰⁰⁵: Alive Deceased

→ If Alive, Discharge Location⁹⁰¹⁰: Home Skilled Nursing facility
 Extended care/TCU/rehab Other
 Other acute care hospital Left against medical advice (AMA)

→ If Alive, Hospice Care⁹⁰¹⁵: No Yes

→ If Alive and Current Tobacco User, Cessation Counseling⁹⁰²⁰: No Yes

→ If Deceased, Death During Procedure⁹⁰²⁵: No Yes

→ If Deceased, Cause of Death⁹⁰³⁰:

- | | | |
|---|--|---|
| <input type="radio"/> Acute myocardial infarction | <input type="radio"/> Pulmonary | <input type="radio"/> Hemorrhage |
| <input type="radio"/> Sudden cardiac death | <input type="radio"/> Renal | <input type="radio"/> Non-cardiovascular procedure or surgery |
| <input type="radio"/> Heart failure | <input type="radio"/> Gastrointestinal | <input type="radio"/> Trauma |
| <input type="radio"/> Stroke | <input type="radio"/> Hepatobiliary | <input type="radio"/> Suicide |
| <input type="radio"/> Cardiovascular procedure | <input type="radio"/> Pancreatic | <input type="radio"/> Neurological |
| <input type="radio"/> Cardiovascular hemorrhage | <input type="radio"/> Infection | <input type="radio"/> Malignancy |
| <input type="radio"/> Other cardiovascular reason | <input type="radio"/> Inflammatory/Immunologic | <input type="radio"/> Other non-cardiovascular reason |

DISCHARGE MEDICATIONS

Discharge medications are not required for patients who expired, discharged to "Other acute care Hospital," "AMA", or are receiving Hospice Care.

Medication ⁹⁵⁰⁰		Administered ⁹⁵⁰⁵					
		Yes	No - No Reason	No - Medical Reason	No - Pt. Reason	No - System Reason	
Anticoagulants	Thrombin Inhibitors	Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Direct Thrombin Inhibitor (Other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Direct Factor Xa Inhibitors	Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Direct Factor Xa Inhibitor (Other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	VitK Ant	Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiplatelets	P2Y12 Antagonists	Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Ticagrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Ticlopidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	P2Y12 Antagonist (Other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ACE-I	ACE-Inhibitor (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ARB	ARB (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Beta Blocker	Beta Blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
LL Statin	Lipid Lowering Statin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
LL Non Statin	Lipid Lowering Non-Statin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PDE Inhibitor	Phosphodiesterase Inhibitor (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

O. FOLLOW-UP (COLLECT FOLLOW-UP FROM ONE DAY TO ONE YEAR POST-DISCHARGE)

Assessment Date¹⁰⁰⁰⁰: mm / dd / yyyy

Reference Procedure Start Date/Time^{10001/10002}: mm / dd / yyyy HH:MM

Method(s) to Determine Status¹⁰⁰⁰⁵⁻¹¹:
 Office Visit Medical Records Letter from Medical Provider
 Phone Call Social Security Death Master File Hospitalized Other

Follow-up Status¹⁰⁰¹⁵: Alive Deceased Lost to Follow-up Withdrawn

→ If Deceased, **Date of Death**¹⁰⁰²⁰: mm / dd / yyyy → If Deceased, **Cause of Death**¹⁰⁰²⁵:

- | | | |
|---|--|---|
| <input type="radio"/> Acute myocardial infarction | <input type="radio"/> Pulmonary | <input type="radio"/> Hemorrhage |
| <input type="radio"/> Sudden cardiac death | <input type="radio"/> Renal | <input type="radio"/> Non-cardiovascular procedure or surgery |
| <input type="radio"/> Heart failure | <input type="radio"/> Gastrointestinal | <input type="radio"/> Trauma |
| <input type="radio"/> Stroke | <input type="radio"/> Hepatobiliary | <input type="radio"/> Suicide |
| <input type="radio"/> Cardiovascular procedure | <input type="radio"/> Pancreatic | <input type="radio"/> Neurological |
| <input type="radio"/> Cardiovascular hemorrhage | <input type="radio"/> Infection | <input type="radio"/> Malignancy |
| <input type="radio"/> Other cardiovascular reason | <input type="radio"/> Inflammatory/Immunologic | <input type="radio"/> Other non-cardiovascular reason |

CLINICAL ASSESSMENT

Symptoms at Follow-Up¹⁰⁰⁶⁰:
 Asymptomatic Claudication - Moderate (Rutherford 2) CLI - Minor Tissue Loss (Rutherford 5)
 Atypical Claudication Claudication - Severe (Rutherford 3) CLI - Major Tissue Loss (Rutherford 6)
 Claudication - Mild (Rutherford 1) CLI - Ischemic Pain at Rest (Rutherford 4) ALI - Acute Limb Ischemia

Complete for the Target Vessel Side(s) Affected:

	RIGHT	LEFT
Ankle-Brachial Index ^{10065,10265} : → If Yes, ABI Value ^{10070,10270} : _____ → If Yes, Non-compressible ^{10075,10275} :	<input type="radio"/> No <input type="radio"/> Yes _____ <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes _____ <input type="radio"/> No <input type="radio"/> Yes
Exercise Ankle-Brachial Index ^{10080,10280} : → If Yes, Exercise ABI Result ^{10085,10285} :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Negative <input type="radio"/> Positive	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Negative <input type="radio"/> Positive
Toe Pressure ^{10090,10290} : → If Yes, Toe Pressure Value ^{10095,10295} : _____ mmHg	<input type="radio"/> No <input type="radio"/> Yes _____ mmHg	<input type="radio"/> No <input type="radio"/> Yes _____ mmHg
Duplex Ultrasound ^{10100,10300} : → If Yes, Segment ^{10105,10305} : (Code most severe location) → If Yes, Peak Systolic Velocity in Lesion ^{10110,10310} : _____ cm/sec → If Yes, Peak Systolic Velocity Proximal To Lesion ^{10115,10315} : _____ cm/sec - OR - → If Yes, Peak Systolic Velocity Ratio ^{10120,10320} :	<input type="radio"/> No <input type="radio"/> Yes _____ _____ cm/sec _____ cm/sec _____	<input type="radio"/> No <input type="radio"/> Yes _____ _____ cm/sec _____ cm/sec _____

EVENTS SINCE DISCHARGE

Readmitted ¹⁰⁴⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Readmission Length of Stay ¹⁰⁴⁰⁵ : _____ days → If Yes, Readmission Date ¹⁰⁴¹⁰ : mm / dd / yyyy → If Yes, Hospitalized at time of Follow-up ¹⁰⁴¹⁵ : <input type="radio"/> No <input type="radio"/> Yes	New Requirement for Dialysis ¹⁰⁴⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes Lower Extremity Vascular Intervention ¹⁰⁴⁵⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Target Vessel Revascularization ¹⁰⁴⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes Surgical Revascularization ¹⁰⁴⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes									
Myocardial Infarction ¹⁰⁴²⁰ : <input type="radio"/> No <input type="radio"/> Yes Ischemic Stroke ¹⁰⁴²⁵ : <input type="radio"/> No <input type="radio"/> Yes Hemorrhagic Stroke ¹⁰⁴³⁰ : <input type="radio"/> No <input type="radio"/> Yes Undetermined Stroke ¹⁰⁴³⁵ : <input type="radio"/> No <input type="radio"/> Yes Major Vascular Complication ¹⁰⁴⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes Life Threatening Bleeding ¹⁰⁴⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes	Amputation ¹⁰⁴⁹⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Limb/Level/Circumstance : <table border="1"> <thead> <tr> <th></th> <th>RIGHT</th> <th>LEFT</th> </tr> </thead> <tbody> <tr> <td>Level¹⁰⁴⁹⁵: <input type="radio"/> AKA <input type="radio"/> BKA <input type="radio"/> Minor</td> <td><input type="radio"/> AKA <input type="radio"/> BKA <input type="radio"/> Minor</td> <td>Level¹⁰⁵⁰⁵: <input type="radio"/> AKA <input type="radio"/> BKA <input type="radio"/> Minor</td> </tr> <tr> <td>Staged¹⁰⁵⁰⁰: <input type="radio"/> Unplanned/ Unintended <input type="radio"/> Planned/Staged</td> <td>Staged¹⁰⁵¹⁰: <input type="radio"/> Unplanned/ Unintended <input type="radio"/> Planned/Staged</td> <td>Staged¹⁰⁵¹⁰: <input type="radio"/> Unplanned/ Unintended <input type="radio"/> Planned/Staged</td> </tr> </tbody> </table>		RIGHT	LEFT	Level ¹⁰⁴⁹⁵ : <input type="radio"/> AKA <input type="radio"/> BKA <input type="radio"/> Minor	<input type="radio"/> AKA <input type="radio"/> BKA <input type="radio"/> Minor	Level ¹⁰⁵⁰⁵ : <input type="radio"/> AKA <input type="radio"/> BKA <input type="radio"/> Minor	Staged ¹⁰⁵⁰⁰ : <input type="radio"/> Unplanned/ Unintended <input type="radio"/> Planned/Staged	Staged ¹⁰⁵¹⁰ : <input type="radio"/> Unplanned/ Unintended <input type="radio"/> Planned/Staged	Staged ¹⁰⁵¹⁰ : <input type="radio"/> Unplanned/ Unintended <input type="radio"/> Planned/Staged
	RIGHT	LEFT								
Level ¹⁰⁴⁹⁵ : <input type="radio"/> AKA <input type="radio"/> BKA <input type="radio"/> Minor	<input type="radio"/> AKA <input type="radio"/> BKA <input type="radio"/> Minor	Level ¹⁰⁵⁰⁵ : <input type="radio"/> AKA <input type="radio"/> BKA <input type="radio"/> Minor								
Staged ¹⁰⁵⁰⁰ : <input type="radio"/> Unplanned/ Unintended <input type="radio"/> Planned/Staged	Staged ¹⁰⁵¹⁰ : <input type="radio"/> Unplanned/ Unintended <input type="radio"/> Planned/Staged	Staged ¹⁰⁵¹⁰ : <input type="radio"/> Unplanned/ Unintended <input type="radio"/> Planned/Staged								