

## Revisions to 0938-1011 Carotid Artery Stenting Data Entry Form

Issue #	Page #	Section	Action to be performed	Changes to the Data Entry Form	Reason for the Change
1.	1	Data entry form	Remove 10 data elements	Remove: last name, first name, gender, patient has angina, patient has contralateral occlusion, CHF class, lesion location, location of stent, location of lesion within carotid, device manufacturer	These data elements are not collected

## Revisions to 0938-1011 Carotid Artery Stenting Data Collection Elements

Issue #	Page #	Section	Action to be performed	Changes to the Data Collection Elements	Reason for the Change
1.	1	12	Add “facility” before “Provider number”	Change “Provider number” to “Facility provider number”	To accurately reflect the terminology used on the form
2.	1	14	Add “Patient’s” before “Medicare ID number”	Change “Medicare ID number” to “Patient’s Medicare ID number”	To accurately reflect the terminology used on the form
3.	1	15	Add “Patient’s” before “Date of birth”	Change “Date of birth” to “Patient’s date of birth”	To accurately reflect the terminology used on the form
4.	1	17	Delete “1=yes, 2=no” and replace with “Y/N”	Change “1=yes, 2=no” to “Y/N”	To accurately reflect the terminology used on the form
5.	1	18	Delete “1=yes, 2=no” and replace with “Y/N”	Change “1=yes, 2=no” to “Y/N”	To accurately reflect the terminology used on the form
6.	1	22	Delete “1=yes, 2=no” and replace with “Y/N”	Change “1=yes, 2=no” to “Y/N”	To accurately reflect the terminology used on the form
7.	1	23	Delete “1=yes, 2=no” and replace with “Y/N”	Change “1=yes, 2=no” to “Y/N”	To accurately reflect the terminology used on the form
8.	1	24	Delete “Missing or invalid data”	Remove element from list	This field is present in the collection form but not part of the data collection. It is used by the contractor who processes submitted forms to annotate missing or invalid data in submitted forms.