

Diabetic Foot and Ankle Care, Peripheral Neuropathy — Neurological Evaluation

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.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form. Refer to coding specifications document for list of applicable codes.
Patient has diabetes mellitus.	<input type="checkbox"/>	<input type="checkbox"/>	
There is a CPT 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)
Lower Extremity Neurological Exam ¹	Yes	No	
Performed	<input type="checkbox"/>	<input type="checkbox"/>	G8404
Not performed for the following reason: • Documented reasons (eg, patient was not an eligible candidate for lower extremity neurological exam)	<input type="checkbox"/>	<input type="checkbox"/>	G8406
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report G8405 (Lower extremity neurological exam not performed.)

¹A lower extremity neurological exam consists of a documented evaluation of motor and sensory abilities including reflexes, vibratory, proprioception, sharp/dull and 5.07 filament detection.