Diabetic Foot and Ankle Care, Ulcer Prevention — Evaluation of Footwear

| PQRI Data Collection She | eet | | | | |
|--|--------------------------------------|----------|-------------------------|---|-----------------|
| | | | | / / | ☐ Male ☐ Female |
| Patient's Name | Practice Medical Record Number (MRN) | | Birth Date (mm/dd/yyyy) | Gender | |
| National Provider Identifier (NPI) | | | | Date of Service | |
| Clinical Information | | | | Billing Information | |
| Step 1 Is patient eligible for this measure? | | | | | |
| | | Yes | No | Code Required on Claim Form | |
| Patient is aged 18 years and older. | | | | Verify date of birth on claim form. | |
| Patient has a diagnosis of diabetes mellitus. | | | | Refer to coding specifications document for list | |
| There is a CPT E/M Service (| Code for this visit. | | | of applicable codes. | |
| If No is checked for any of the above, STOP. Do not report a G-code. | | | | | |
| Step 2 Does patient me for not meeting | - | ble reas | on | | |
| Footwear Evaluation ¹ | | Yes | No | Code to be Reported on Line 24 if <i>Yes</i> (or Service Line 24 of El | • |
| Performed | | | | G8410 | |
| Not performed for the following reason: | | | | | |
| Documented reasons (eg, patient was not an e candidate for footwear evaluation) | | | | G8416 | |
| | | | | If No is checked for all of the a G8415 (Footwear evaluation not perfo | • |

¹Evaluation for proper footwear includes a foot examination documenting the vascular, neurological, dermatological, and structural/biomechanical findings. The foot should be measured using a standard measuring device and counseling on appropriate footwear should be based on risk categorization.