

## Diabetic Foot and Ankle Care, Peripheral Neuropathy — Neurological Evaluation

*This measure is to reported for all patients aged 18 years and older with diabetes mellitus — a minimum of **once** per reporting period. This measure may be reported by non-MD/DO clinicians who perform the quality actions described based on the services provided and the measure-specific denominator coding.*

### Measure description

Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities<sup>1</sup> within 12 months

### What will you need to report for each patient with diabetes mellitus for this measure?

If you select this measure for reporting, you will report:

- Whether or not you performed a lower extremity neurological exam<sup>1</sup>

### What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to perform a lower extremity neurological exam, due to:

- Documented reasons (eg, patient was not an eligible candidate for lower extremity neurological exam)

In these cases, you will need to indicate that a documented reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report the G-code that represents these valid reasons (also called exclusions).

<sup>1</sup>A lower extremity neurological exam consists of a documented evaluation of motor and sensory abilities and may include: reflexes, vibratory, proprioception, sharp/dull and 5.07 filament detection. The components listed are consistent with the neurological assessment recommended by the Task Force of the Foot Care Interest Group of the American Diabetes Association. They gradually recommend at least two of the listed tests be performed when evaluating for loss of protective sensation; however the clinician should perform all necessary tests to make the proper evaluation.

Evaluation of neurological status in patients with diabetes to assign risk category and therefore have appropriate foot and ankle care to prevent ulcerations and infections ultimately reduces the number and severity of amputations that occur. Risk categorization and follow up treatment plan should be done according to the following table:

Risk Categorization System		
Category	Risk Profile	Evaluation Frequency
0	Normal	Annual
1	Peripheral Neuropathy (LOPS)	Semi-annual
2	Neuropathy, deformity, and/or PAD	Quarterly
3	Previous ulcer or amputation	Monthly to quarterly