

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

### Physician Quality Reporting System 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 on date of encounter.  | <input type="checkbox"/> | <input type="checkbox"/> | Verify date of birth on claim form.   |
| Patient has a diagnosis of diabetes mellitus.   | <input type="checkbox"/> | <input type="checkbox"/> | Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below. |
| There is a CPT Code for this visit.   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| If <b>No</b> 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 <sup>1</sup>  | Yes                      | No                       |   |
| Performed   | <input type="checkbox"/> | <input type="checkbox"/> | G8404   |
| Not performed for the following reason:<br>• 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.<br>_____<br>_____  |                          |                          | If <b>No</b> is checked for <b>all</b> of the above, report G8405 (Lower extremity neurological exam not performed.)  |

<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 generally 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.