

Diabetes Mellitus

Foot Exam

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 through 75 years 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 or G-code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II 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)
Foot Exam (includes visual inspection, sensory exam with monofilament or pulse exam)	Yes	No	
Performed	<input type="checkbox"/>	<input type="checkbox"/>	2028F
Not performed for the following reason: • Medical (ie, patient with bilateral foot/leg amputation)	<input type="checkbox"/>	<input type="checkbox"/>	2028F-1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 2028F-8P (Foot exam was not performed, reason not otherwise specified.)