Diabetes Mellitus

Foot Exam

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	/ / ☐ Male ☐ Female
		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 through 75 years on date of encounter.	☐	☐	Verify date of birth on claim form.
Patient has a line item diagnosis of diabetes mellitus.	☐	☐	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 E/M Service Code or G-code for this visit.	☐	☐	

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?

Foot Exam (includes visual inspection, sensory exam with monofilament or pulse exam)	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Performed	☐	☐	2028F
Not performed for the following reason: • Medical (ie, patient with bilateral foot/leg amputation)	☐	☐	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.)