Diabetic Foot and Ankle Care, Peripheral Neuropathy — Neurological Evaluation

PQRI Data Collection Sheet						
				/ /	☐ Male ☐ Female	
Patient's Name Practi	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 t	his measure?					
		Yes	No	Code Required on Claim Form		
Patient is aged 18 years and older on	s aged 18 years and older on date of encounter.			Verify date of birth on claim form.		
Patient has a line item diagnosis of di	abetes mellitus.			Refer to coding specifications document for list		
There is a CPT Code for this visit.				of applicable codes. Codes de eligibility must be reported on		
If No is checked for any of the above, STOP. Do not report a G-code.				the quality code(s) identified below.		
Step 2 Does patient meet or h for not meeting the me	-	ble reas	son			
Lower Extremity Neurological Exam ¹		Yes	No	Code to be Reported on Line 24 if <i>Yes</i> (or Service Line 24 of El		
Performed				G8404		
Not performed for the following reaso	n:					
Documented reasons (eg, patient was not an eligible candidate for lower extremity neurological exam)				G8406		
Document reason here and in medical chart.				If No is checked for all of the above, report G8405 (Lower extremity neurological exam not performed.)		

¹A 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 theFoot 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.