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

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*This measure is to be reported for all patients aged 18 years and older with diabetes mellitus — a minimum of **once** per reporting period.*

#### 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

#### 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).

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<sup>1</sup>A lower extremity neurological exam consists of a documented evaluation of motor and sensory abilities including reflexes, vibratory, proprioception, sharp/dull and 5.07 filament detection.

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

### PQRI 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																		
<b>Step 1 Is patient eligible for this measure?</b>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Patient is aged 18 years and older.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Patient has diabetes mellitus.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>There is a CPT Code for this visit.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Patient has diabetes mellitus.	<input type="checkbox"/>	<input type="checkbox"/>	There is a CPT Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Code Required on Claim Form</th> </tr> </thead> <tbody> <tr> <td>Verify date of birth on claim form.</td> </tr> <tr> <td>Refer to coding specifications document for list of applicable codes.</td> </tr> </tbody> </table>	Code Required on Claim Form	Verify date of birth on claim form.	Refer to coding specifications document for list of applicable codes.			
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<p>If <b>No</b> is checked for any of the above, STOP. Do not report a G-code.</p>																			
<b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b>																			
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<p>Document reason here and in medical chart.</p> <p>_____</p> <p>_____</p>																			
<p>If <b>No</b> is checked for <b>all</b> of the above, report G8405 (Lower extremity neurological exam not performed.)</p>																			

<sup>1</sup>A lower extremity neurological exam consists of a documented evaluation of motor and sensory abilities including reflexes, vibratory, proprioception, sharp/dull and 5.07 filament detection.

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

### Coding Specifications

Codes required to document patient has diabetes mellitus and a visit occurred:

An ICD-9 diagnosis code for diabetes mellitus and a CPT code are required to identify patients to be included in this measure.

#### Diabetes mellitus ICD-9 diagnosis codes

- 250.00, 250.01, 250.02, 250.03 (diabetes mellitus without mention of complication),
- 250.10, 250.11, 250.12, 250.13 (diabetes with ketoacidosis),
- 250.20, 250.21, 250.22, 250.23 (diabetes with hyperosmolarity),
- 250.30, 250.31, 250.32, 250.33 (diabetes with other coma),
- 250.40, 250.41, 250.42, 250.43 (diabetes with renal manifestations),
- 250.50, 250.51, 250.52, 250.53 (diabetes with ophthalmic manifestations),
- 250.60, 250.61, 250.62, 250.63 (diabetes with neurological manifestations),
- 250.70, 250.71, 250.72, 250.73 (diabetes with peripheral circulatory disorders),
- 250.80, 250.81, 250.82, 250.83 (diabetes with other specified manifestations),
- 250.90, 250.91, 250.92, 250.93 (diabetes with unspecified complication)

AND

### CPT codes

- 10060, 10061 (incision and drainage of abscess),
- 10180 (incision and drainage, complex, postoperative wound infection),
- 11000 (debridement of extensive eczematous or infected skin),
- 11040, 11041, 11042, 11043, 11044 (debridement),
- 11055, 11056, 11057 (paring or cutting of benign hyperkeratotic lesion),
- 11719 (trimming of nondystrophic nails),
- 11720, 11721 (debridement of nail(s) by any method(s)),
- 11730 (avulsion of nail plate, partial or complete, simple; single),
- 11740 (evacuation of subungual hematoma),
- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99211, 99212, 99213, 99214, 99215 (office — established patient),
- 99304, 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility care),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit)

Quality codes for this measure (one of the following for every eligible patient):

### G-Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **G8404:** Lower extremity neurological exam performed and documented
- **G8406:** Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure
- **G8405:** Lower extremity neurological exam not performed