

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

Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has diabetes mellitus.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No 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?			
Lower Extremity Neurological Exam ¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Performed	<input type="checkbox"/>	<input type="checkbox"/>	G8404
Not performed for the following reason: • 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. _____ _____			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 including reflexes, vibratory, proprioception, sharp/dull and 5.07 filament detection.