

Diabetic Foot and Ankle Care, Peripheral Neuropathy — Neurological Evaluation

*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 within 12 months

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 exam¹

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).

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.

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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?			Code Required on Claim Form
	Yes	No	
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form. 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.
Patient has a line item diagnosis of diabetes mellitus.	<input type="checkbox"/>	<input type="checkbox"/>	
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?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Lower Extremity Neurological Exam ¹	Yes	No	
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.)

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Coding Specifications

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

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

All measure-specific coding should be reported ON THE SAME CLAIM.

Diabetes mellitus line item ICD-9-CM 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

- 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),
- 97802, 97803 (medical nutrition therapy),
- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99251, 99252, 99253, 99254, 99255 (inpatient consult),
- 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:

G-code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **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