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. This measure may be reported by non-MD/DO clinicians who perform the quality actions described based on the services provided and the measure-specific denominator coding.

Measure description
Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities1 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 (e.g., 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 exceptions).

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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 the Foot 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.

Evaluation of neurological status in patients with diabetes to assign risk category and therefore have appropriate foot and ankle care to prevent ulcerations and infections ultimately reduces the number and severity of amputations that occur. Risk categorization and follow up treatment plan should be done according to the following table:

<table>
<thead>
<tr>
<th>Risk Categorization System</th>
<th>Risk Profile</th>
<th>Evaluation Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Normal</td>
<td>Annually</td>
</tr>
<tr>
<td>1</td>
<td>Peripheral Neuropathy (LOPS)</td>
<td>Semi-annually</td>
</tr>
<tr>
<td>2</td>
<td>Neuropathy, deformity, and/or PAD</td>
<td>Quarterly</td>
</tr>
<tr>
<td>3</td>
<td>Previous ulcer or amputation</td>
<td>Monthly to quarterly</td>
</tr>
</tbody>
</table>

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(Disclaimer, Copyright and other Notices indicated on the Coding Specifications document are incorporated by reference)
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-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 claim(s) representing the eligible encounter.

Diabetes mellitus 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

- 11042, 11043, 11044
- 11055, 11056, 11057
- 11719
- 11720, 11721
- 11730
- 11740
- 97001, 97002
- 97597, 97598
- 97802, 97803
- 99201, 99202, 99203, 99204, 99205
- 99212, 99213, 99214, 99215
- 99304, 99305, 99306, 99307, 99308, 99309, 99310
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

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

ICD-10-CM diagnosis codes can be found in the 2013 Physician Quality Reporting System Specifications Manual, which is located on the CMS website at http://www.cms.hhs.gov/pqrs. Because these codes are not reportable until 2014, they have not been included in the participation tools for PQRS 2013.
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Physician Quality Reporting System Data Collection Sheet

<table>
<thead>
<tr>
<th>Clinical Information</th>
<th>Billing Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong> Is patient eligible for this measure?</td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>Patient is aged 18 years and older on date of encounter.</td>
<td>☐</td>
</tr>
<tr>
<td>Patient has a diagnosis of diabetes mellitus.</td>
<td>☐</td>
</tr>
<tr>
<td>There is a CPT code for this visit.</td>
<td>☐</td>
</tr>
<tr>
<td>If No is checked for any of the above, STOP. Do not report a G-code.</td>
<td></td>
</tr>
</tbody>
</table>

| **Step 2** Does patient meet or have an acceptable reason for not meeting the measure? | **Yes** | **No** | **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\(^1\) | ☐ | ☐ | G8404 |
| Performed | ☐ | ☐ | |
| Not performed for the following reason: | ☐ | ☐ | G8406 |
| • Documented reasons (eg, patient was not an eligible candidate for lower extremity neurological exam) | | | |
| 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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\(^1\)A 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 the Foot 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.