This measure is to be reported for all patients aged 18 through 75 years with diabetes mellitus — a minimum of once per reporting period.

Measure description
Percentage of patients aged 18 through 75 years with diabetes mellitus who had a foot examination

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 foot examination (includes visual inspection, sensory exam with monofilament, or pulse exam)

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 foot examination, due to:
- Medical reasons (ie, patient with bilateral foot/leg amputation)

In these cases, you will need to indicate that the medical reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exceptions).
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 or HCPCS 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)
- 357.2 (polyneuropathy in diabetes)
- 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07 (diabetic retinopathy)
- 366.41 (diabetic cataract)
- 648.00, 648.01, 648.02, 648.03, 648.04 (diabetes mellitus in pregnancy, not gestational)

AND

CPT or HCPCS codes

- 97802, 97803, 97804
- 99201, 99202, 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
- G0270, G0271
- G0402

Quality codes for this measure:

CPT II code descriptors

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

- **CPT II 2028F**: Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam — report when any of the three components are completed)
- **2028F–1P**: Documentation of medical reason for not performing foot exam (ie, patient with bilateral foot/leg amputation)
- **2028F–8P**: Foot exam was not performed, reason not otherwise specified

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](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>Step 2</strong> Does patient meet or have an acceptable reason for not meeting the measure?</td>
</tr>
</tbody>
</table>
| Patient is aged 18 through 75 years on date of encounter. | Foot Exam (includes visual inspection, sensory exam with monofilament or pulse exam)  
Patient Exam (includes visual inspection, sensory exam with monofilament or pulse exam)  
Performed | Yes | No | Code Required on Claim Form |
| Patient has a diagnosis of diabetes mellitus. | Yes | No | Verify date of birth on claim form. |
| There is a CPT or HCPCS code for this visit. | Yes | No | 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. |

If **No** is checked for any of the above, STOP. Do not report a CPT category II code.

If **No** is checked for all of the above, report **2028F–8P** (Foot exam was not performed, reason not otherwise specified).