

Physical Therapy PQRS

Pat Name:	Medicare/SSN:	DOB:	Facility Code / Name:		Therapist Name:			
PT Eval Date	PQRS Measure #	QDC	QDC	QDC	QDC	QDC	QDC	QDC
	126 DM Foot /Ankle Evaluation	G8404						
	127 DM: Footwear Evaluation	G8410	G8416					
	128 BMI	G8420	G8417	G8418	G8422	G8938		
	130 Documentation of Current Medications in the Medical Record	G8427	G8430					
	131 Pain	G8730	G8731	G8442	G8939			
	154 Fall Risk	3288F	1100F	3288F-1P	1101F	1101F-8P		
	155 Fall POC	0518F	0518F-1P					
	182 Functional Outcome	G8539	G8542	G8942	G8540	G9227		
PT Re-Eval Date	PQRS Measure #	QDC	QDC	QDC	QDC			
	126 DM Foot /Ankle Evaluation	G8404						
	127 DM: Footwear Evaluation	G8410	G8416					
	130 Documentation of Current Medications in the Medical Record	G8427	G8430					
	131 Pain	G8730	G8731	G8442	G8939			
	154 Fall Risk	3288F	1100F	3288F-1P	1101F	1101F-8P		
	155 Fall POC	0518F	0518F-1P					
	182 Functional Outcome	G8539	G8542	G8942	G8540	G9227		

Physical Therapy PQRS
