ACP does not support QPP measure 126: “Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation.” This measure has several issues. First, the measure developer cites a 44% performance gap based on data from the 2012 PQRS reporting year. However, this data only represents clinicians who chose to report on the measure and may inaccurately represent nation-wide performance levels. Second there is insufficient evidence to support a dedicated monofilament examination or the need to repeat the exam once the patient produces negative examination results. Clinical trials have proven the effectiveness of additional neurological assessment tools in diagnosing neurological deficits in diabetic patients. The numerator should specify the utilization of neurological assessment tools that are equally as effective as the monofilament in diagnosing neurological deficits in diabetic patients. Third, there is a lack of high-quality evidence to suggest that regular, comprehensive full lower extremity neurological examinations in the primary care setting improves outcomes for asymptomatic patients. Therefore, while this measure represents good clinical care, quality improvement programs should not implement this measure to assess the performance quality of individual clinicians. While we note several issues with this measure, the measure specifications do include appropriate exclusion criteria for patients with previously documented loss of protective sensation, bilateral amputees, and patients with clinical conditions that prohibit accurate response to a neurological exam (e.g., dementia, Alzheimer’s).