

<u>Provider ID Number</u>	<u>Submit Date</u>	<u>Client Medicaid ID Number</u>	<u>Patient Name</u>	<u>New Patient</u>	<u>Diabetes Diagnosis Code</u>	<u>MH Diagnosis Code</u>	<u>DD Diagnosis Code</u>	<u>DM Plan</u>
9 Digit (numeric Provider ID)	Last Date of reported information MM/DD/YYYY	7 digit (Numeric) MID	Last name, First name	Yes/No	Range 250xx-250.9x	Range 295xx-299.9x	Range 317-319	Date clients plan was created/reviewed MM/DD/YYYY
		(new\$50 /established\$0)						\$10 per date per year

<u>A₁C 1st</u>	<u>A₁C</u> <u>Results</u>	<u>A₁C 2nd</u>	<u>A₁C</u> <u>Results</u>	<u>A₁C 3rd</u>	<u>A₁C</u> <u>Results</u>	<u>A₁C 4th</u>	<u>A₁C</u> <u>Results</u>	<u>Influenza</u> <u>Vaccine</u>	<u>Blood</u> <u>Pressure</u> <u>Evaluation</u>
<u>QTR</u>	<u>1st QTR</u>	<u>QTR</u>	<u>2nd QTR</u>	<u>QTR</u>	<u>3rd QTR</u>	<u>QTR</u>	<u>4th QTR</u>		
Date of Test		Date of Test		Date of Test		Date of Test		Date of inoculation	Date of Test
MM/DD/YYYY	Test results	MM/DD/YYYY	Test results	MM/DD/YYYY	Test results	MM/DD/YYYY	Test results	MM/DD/YYYY	MM/DD/YYYY
\$10 per date up		\$10 per date up		\$10 per date up		\$10 per date up			
to 4 times per		to 4 times per		to 4 times per		to 4 times per		\$10 per date per	\$10 per date per
year if A1C >7		year if A1C >7		year if A1C >7		year if A1C >7		year	year

<u>Blood</u>	<u>Pressure</u>	<u>Lipid</u>	<u>Total</u>	<u>HDL</u>	<u>LDL</u>	<u>Urine</u>	<u>Urine</u>	<u>Foot exam</u>		
<u>Elevation</u>	<u>Result</u>	<u>Studies</u>	<u>Triglycerides</u>	<u>Cholesterol</u>	<u>Test results</u>	<u>Test results</u>	<u>Microalbumin</u>	<u>Microalbumin</u>	<u>Result</u>	<u>Inspection</u>
	Date of test MM/DD/YY				Test results	Test results	Date of test MM/DD/YYYY			Date of test MM/DD/YYYY
Test results	YY	Test results	Test results					Test results		
	\$10 per date per year						\$10 per date per year			\$10 per date per year

<u>Foot exam</u> <u>Monofilament</u>	<u>Funduscopy</u> <u>Exam</u>	<u>Depression</u> <u>Screening</u>	<u>Behavioral</u> <u>Monitoring</u> <u>Smoking</u>	<u>Behavioral</u> <u>Monitoring</u> <u>Weight</u> <u>Control</u>
Date of test MM/DD/YYYY	Date of appointment MM/DD/YYYY	Date of test MM/DD/YYYY	Yes/No	Yes/No
\$10 per date per year	\$10 per date per year	\$10 per date per year	\$10 per date per year	\$10 per date per year