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|---|---|---|
| **Provider ID Number** | 9-digit (Numeric Provider ID) | |
| **Submit Date** | Last date of reported information MM/DD/YYYY | |
| **Participant Medicaid ID Number** | 11 digit (Numeric) MID last 4 digits are zeros | (new$50 /established$0) |
| **Patient Name** | Last name, First name | |
| **New Patient** | Yes/No | |
| **Diabetes Diagnosis Code** | Range 250xx-250.9x | |
| **MH Diagnosis Code** | Range 295xx-299.9x | |
| **DD Diagnosis Code** | Range 317-319 | |
| **DM Plan** | Date participant's plan was created/reviewed MM/DD/YYYY | $10 per date per year |
| **A1C 1st QTR** | Date of test MM/DD/YYYY | $10 per date up to 4 times per year if A1C >7 |
| **A1C Results 1st QTR** | Test results | |
| **A1C 2nd QTR** | Date of test MM/DD/YYYY | $10 per date up to 4 times per year if A1C >7 |
| **A1C Results 2nd QTR** | Test results | |
| **A1C 3rd QRT** | Date of test MM/DD/YYYY | $10 per date up to 4 times per year if A1C >7 |
| **A1C Results 3rd QTR** | Test results | |
| **A1C 4th QTR** | Date oftest MM/DD/YYYY | $10 per date up to 4 times per year if A1C >7 |
| **A1C Results 4th QTR** | Test results | |

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|---|---|---|
| **Influenza Vaccine** | Date of inoculation MM/DD/YYYY | $10 per date per year |
| **Blood Pressure Evaluation** | Date of test MM/DD/YYYY | $10 per date per year |
| **Blood Pressure Elevation** | Test results | |
| **Lipid Studies** | Date of test MM/DD/YYYY | $10 per date per year |
| **Triglycerides** | Test results | |
| **Total Cholesterol** | Test results | |
| **HDL** | Test results | |
| **LDL** | Test results | |
| **Urine Microalbumin** | Date of test MM/DD/YYYY | $10 per date per year |
| **Urine Microalbumin** | Test results | |
| **Foot Exam Inspection** | Date of test MM/DD/YYYY | $10 per date per year |
| **Foot Exam Monofilament** | Date of test MM/DD/YYYY | $10 per date per year |
| **Funduscopic Exam** | Date of appointment MM/DD/YYYY | $10 per date per year |
| **Depression Screening** | Date of test MM/DD/YYYY | $10 per date per year |
| **Behavioral Monitoring Smoking** | Yes/No | $10 per date per year |
| **Behavioral Monitoring Weight Control** | Yes/No | $10 per date per year |