



## DIABETIC FINDINGS REPORT

HPM FAX #: 313-202-0006

**DOCTOR-Please complete and return to HPM. (This is required for the bonus payment of this service)**

Member Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

HbA1c result: \_\_\_\_\_ %      Date of test: \_\_\_\_\_

\*Appropriate billing code is 83036

LDL-C control: \_\_\_\_\_      Date of test: \_\_\_\_\_

\*Appropriate billing codes are: 83715, 83716, 83721

Foot Exam Findings: (Please check all that apply)      ICD 9 Code: \_\_\_\_\_

\*Appropriate billing code is 99429

**Assessment of:**

- |   |  |
|---|--|
| <input type="checkbox"/> protective sensation   | <input type="checkbox"/> vascular status |
| <input type="checkbox"/> foot structure   | <input type="checkbox"/> skin integrity  |
| <input type="checkbox"/> biomechanics   | <input type="checkbox"/> pedal pulses    |
| <input type="checkbox"/> evaluation of neurological status (monofilament test or vibratory sensation) |  |
| <input type="checkbox"/> education on preventive foot care  |  |

**On the diagram below, please label sensory level in the circled areas of the foot with a positive sign (+) if the patient can feel the nylon monofilament and negative sign (-) if the patient can not feel.**



Physician Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev. 3/06

Date of Service \_\_\_\_\_