

# cpt diabetic foot exam

CPT Diabetic Foot Exam: What You Need to Know for Effective Diabetes Care

**cpt diabetic foot exam** is an essential part of managing diabetes and preventing serious complications. For people living with diabetes, foot health is a critical concern because they are at higher risk for foot ulcers, infections, and even amputations if problems go unnoticed. This exam, coded specifically in the Current Procedural Terminology (CPT) system, helps healthcare providers systematically evaluate the feet to catch issues early. In this article, we'll explore what a CPT diabetic foot exam entails, why it's important, and how it fits into comprehensive diabetes care.

## Understanding the CPT Diabetic Foot Exam

The CPT diabetic foot exam is a standardized medical procedure designed to assess the condition of a diabetic patient's feet. It includes various components such as checking for neuropathy (nerve damage), vascular health, skin integrity, and musculoskeletal abnormalities. The exam is crucial because diabetes can cause peripheral neuropathy and poor circulation, which reduce a patient's ability to feel pain or notice injuries. This lack of sensation often leads to untreated wounds that can become infected.

## What Does the CPT Code Cover?

The CPT code for a diabetic foot exam—often billed under codes like 2028F or 1100F for quality measure reporting—includes specific elements that must be documented for billing and insurance purposes. These elements usually involve:

- Visual inspection of the feet for deformities, skin breakdown, or ulcers.
- Assessment of peripheral pulses to evaluate blood flow.
- Testing for loss of protective sensation using monofilament testing or tuning forks.
- Checking for any signs of infection or calluses.

By following these steps, healthcare providers ensure a thorough evaluation, which not only helps in early detection but also supports proper coding and reimbursement.

## Why Is the CPT Diabetic Foot Exam So Important?

Diabetic foot complications are one of the leading causes of hospitalization among people with diabetes. According to the American Diabetes Association, a foot ulcer precedes approximately 85% of diabetes-related amputations. These statistics highlight why regular foot exams are indispensable.

## **Preventing Serious Complications**

The CPT diabetic foot exam is more than just a routine check; it's a preventive measure. Detecting neuropathy or circulatory issues early allows for interventions that can prevent ulcers and infections. For example:

- Identifying loss of sensation can prompt patients to take extra precautions like wearing protective footwear.
- Poor circulation detected during the exam might lead to vascular studies or referrals to specialists.
- Recognition of skin breakdown or calluses can trigger timely wound care.

## **Improving Patient Outcomes and Reducing Costs**

Regular diabetic foot exams can drastically reduce the risk of severe complications that require costly treatments, surgeries, or long hospital stays. From a healthcare system perspective, encouraging adherence to CPT diabetic foot exam protocols aligns with quality measures and value-based care initiatives.

## **How Is the CPT Diabetic Foot Exam Performed?**

A diabetic foot exam is a hands-on, step-by-step process that healthcare providers follow to ensure nothing is missed. Here's a closer look at the typical components of the exam.

### **Visual Inspection**

The provider examines both feet meticulously, looking for:

- Skin changes such as dryness, cracking, or discoloration.
- Presence of ulcers, blisters, or scars.
- Deformities like hammer toes, bunions, or Charcot foot.
- Signs of infection, including redness, swelling, or pus.

### **Neurological Testing**

Peripheral neuropathy is assessed using tools like the 10-gram monofilament, which is gently pressed on various points on the sole of the foot. Loss of sensation here indicates nerve damage. Additional tests may include vibration testing with a tuning fork or pinprick testing.

### **Vascular Assessment**

Checking the dorsalis pedis and posterior tibial pulses helps evaluate blood flow. Absence or weakening of pulses suggests peripheral arterial disease, which increases the risk of foot complications.

## **Musculoskeletal Evaluation**

The examiner looks for joint mobility, foot arch abnormalities, and signs of deformity. These can influence pressure points that lead to ulcers.

## **Documentation and Billing for the CPT Diabetic Foot Exam**

Accurate documentation is key to proper billing and insurance reimbursement. The exam must be fully documented in the patient's medical record, including:

- Findings from inspection, neurological, and vascular assessments.
- Any interventions or referrals made.
- Patient education provided regarding foot care.

Healthcare providers use specific CPT codes and quality measure codes to report the exam. For example, CPT code 2028F is often used to indicate a diabetic foot exam was performed as part of diabetes care management.

## **Tips for Providers**

- Always document both positive and negative findings.
- Use standardized tools like monofilaments and tuning forks.
- Educate patients about daily foot care and warning signs.
- Schedule regular foot exams annually or more frequently if risk factors exist.

## **The Role of Patient Education in Diabetic Foot Care**

Performing the CPT diabetic foot exam is just one piece of the puzzle. Educating patients about their foot health is equally vital. Many complications arise due to neglect or lack of awareness.

## **Key Points to Share with Patients**

- Inspect feet daily for cuts, blisters, redness, or swelling.
- Keep feet clean and moisturized but avoid soaking.
- Wear comfortable, well-fitting shoes and socks.
- Avoid walking barefoot, even at home.
- Report any signs of infection or injury immediately.

Empowering patients with knowledge encourages proactive foot care and reduces long-term risks.

# **Integrating the CPT Diabetic Foot Exam into Routine Diabetes Management**

Incorporating the diabetic foot exam as a standard part of diabetes visits helps maintain comprehensive care. Many clinics use reminder systems and electronic health records to ensure these exams are not overlooked.

## **Frequency Recommendations**

The American Diabetes Association recommends at least an annual foot exam for all patients with diabetes. Patients with existing neuropathy, foot deformities, or previous ulcers may need more frequent evaluations.

## **Collaboration with Specialists**

When abnormalities are detected, referrals to podiatrists, endocrinologists, or vascular surgeons may be necessary. Multidisciplinary care improves outcomes and addresses complex foot problems effectively.

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The CPT diabetic foot exam is a cornerstone of diabetes management, designed to catch problems before they escalate. By understanding its components, importance, and integration into care routines, healthcare providers and patients alike can work together to maintain healthy feet and prevent serious complications. This proactive approach not only enhances quality of life but also supports the broader goals of efficient, patient-centered diabetes care.

## **Frequently Asked Questions**

### **What is the CPT code for a diabetic foot exam?**

The CPT code commonly used for a diabetic foot exam is 2028F, which indicates a diabetic foot exam was performed.

### **Is the diabetic foot exam included in the annual diabetic assessment CPT codes?**

Yes, the diabetic foot exam is often included as part of the comprehensive diabetes management codes, such as 99213 or 99214, but specific foot exam documentation can be coded separately using CPT code 2028F for quality reporting.

### **How is a diabetic foot exam documented for CPT coding purposes?**

Documentation should include inspection of the skin, assessment for ulcers, deformities, neuropathy testing (such as monofilament test), and vascular status to support the use of the diabetic foot exam CPT code.

## **Can the diabetic foot exam CPT code be billed separately from the office visit?**

Typically, the diabetic foot exam is included in the evaluation and management (E/M) visit and may not be billed separately; however, it can be reported separately for quality reporting using CPT code 2028F.

## **What components are required in a diabetic foot exam to meet CPT coding standards?**

The exam should include inspection of the feet, checking for ulcers or infections, assessment of skin integrity, evaluation of peripheral neuropathy (e.g., monofilament test), and vascular examination to ensure comprehensive assessment.

## **Are there any specific ICD-10 codes to accompany the diabetic foot exam CPT code?**

Yes, ICD-10 codes such as E11.621 (Type 2 diabetes mellitus with foot ulcer) or Z13.1 (Encounter for screening for diabetes mellitus) should accompany the CPT code depending on the clinical context.

## **How often should a diabetic foot exam be performed according to guidelines?**

Current guidelines recommend at least an annual diabetic foot exam for all diabetic patients to screen for neuropathy and vascular complications.

## **Does the diabetic foot exam CPT code contribute to quality reporting measures?**

Yes, CPT code 2028F is used in quality reporting programs such as MIPS to document that a diabetic foot exam was performed as part of diabetes care.

## **What are common tests included in the diabetic foot exam for CPT coding?**

Common tests include the 10-g monofilament test for neuropathy, vibration testing with a tuning fork, inspection for ulcers or deformities, and assessment of peripheral pulses.

## **Additional Resources**

CPT Diabetic Foot Exam: A Critical Component in Diabetes Management

**cpt diabetic foot exam** is an essential procedure coded within the Current Procedural Terminology (CPT) system, designed specifically to assess and monitor the foot health of patients with diabetes. Given the high prevalence of diabetes worldwide and the significant risk of foot complications such as ulcers, infections, and amputations, this exam plays a pivotal role in preventive care and early intervention. This article delves into the nuances of the CPT diabetic foot exam, its clinical importance, coding specifics, and

its role in comprehensive diabetes management.

## Understanding the CPT Diabetic Foot Exam

The CPT diabetic foot exam is typically coded under CPT code 2028F or is part of the broader evaluation and management services linked with diabetes care. It involves a systematic evaluation of the lower extremities to identify risk factors that may predispose patients to foot complications. This includes assessing sensory neuropathy, vascular status, skin integrity, and structural deformities.

Diabetes mellitus affects an estimated 537 million adults globally as of 2021, according to the International Diabetes Federation. Among the many complications, diabetic foot ulcers are particularly concerning due to their high morbidity and potential to lead to lower limb amputations. The CPT diabetic foot exam is therefore indispensable in routine diabetic care protocols, emphasizing a proactive approach to mitigate severe outcomes.

## Components of the Diabetic Foot Exam

The diabetic foot exam is comprehensive, incorporating several key assessments:

- **Neurological Assessment:** Testing for peripheral neuropathy using monofilament testing (usually the 10-g Semmes-Weinstein monofilament), vibration perception with a tuning fork, or pinprick sensation.
- **Vascular Evaluation:** Palpation of dorsalis pedis and posterior tibial pulses to assess arterial blood flow; sometimes augmented with Ankle-Brachial Index (ABI) measurements.
- **Skin and Nail Inspection:** Checking for ulcers, calluses, infections, fungal changes, or dryness that may increase the risk for injury or infection.
- **Structural Examination:** Identifying foot deformities such as Charcot foot, hammer toes, or bunions that can cause abnormal pressure points.

Together, these components provide a holistic picture of the patient's foot health and risk profile.

## Clinical Significance and Outcomes

Early detection of foot complications through the CPT diabetic foot exam can drastically reduce the incidence of serious outcomes. Studies have demonstrated that regular foot assessments reduce ulceration risk by up to 50%, and timely intervention can prevent up to 85% of diabetes-related amputations. This makes the exam not only a clinical necessity but also a cost-effective strategy in long-term diabetes care.

The exam supports healthcare providers in stratifying patients based on risk levels – low, moderate, or high – which informs the frequency of follow-up visits and the need for specialist referrals. For example, patients identified with neuropathy and peripheral arterial disease (PAD) may require more frequent monitoring and aggressive management.

## **Integration of CPT Codes in Documentation and Billing**

Accurate documentation using the appropriate CPT codes for the diabetic foot exam ensures proper billing and reimbursement. Insurers, including Medicare, often require evidence of these exams as part of the quality metrics for diabetes care, impacting healthcare providers' performance evaluations and financial incentives.

While CPT code 2028F covers the foot exam itself, it is often bundled with other diabetes-related services such as counseling (CPT 99401-99404) or comprehensive diabetes management codes (CPT 99214, 99215). Providers must document the exam findings clearly, including sensory testing results, vascular assessment, and any abnormalities found, to justify the use of these codes.

## **Challenges and Considerations in Performing the Diabetic Foot Exam**

Despite its importance, the diabetic foot exam faces certain challenges in clinical practice. Time constraints in busy outpatient settings can lead to incomplete assessments. Furthermore, variability in provider training on foot exam techniques may affect the consistency and reliability of findings.

Another consideration is patient adherence. Patients may underestimate the seriousness of foot care or fail to report symptoms such as numbness or pain. Educational efforts integrated into the exam visit can improve patient engagement and self-care behaviors.

## **Emerging Technologies and Enhancements**

Advancements in medical technology are shaping the future of diabetic foot exams. Devices such as electronic monofilaments, handheld Doppler ultrasound tools, and infrared thermography are enhancing the precision and ease of assessments. Telemedicine platforms now offer remote foot screenings, increasing access for patients in underserved areas.

While these innovations hold promise, standardized protocols and CPT coding guidelines are continually evolving to incorporate new modalities. Providers must stay informed to optimize care delivery and maintain compliance.

## **Summary**

The CPT diabetic foot exam is a cornerstone of comprehensive diabetes management, offering a structured approach to identify and mitigate risk

factors associated with diabetic foot complications. Its integration into routine care not only improves patient outcomes but also supports healthcare systems in delivering quality, preventive care. As the diabetes epidemic continues to grow, the role of systematic foot exams, guided by CPT coding standards, remains critical to reducing the burden of diabetic foot disease globally.

## **Cpt Diabetic Foot Exam**

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**cpt diabetic foot exam: Levin and O'Neal's the Diabetic Foot** Marvin E. Levin, John H. Bowker, Michael A. Pfeifer, 2008-01-01 Fully updated, now in full color, this latest edition of Levin and O'Neal's The Diabetic Foot provides diagnostic and management information for the challenging problems faced by patients with diabetic foot problems. The book has a team care focus and offers tips and pearls in every chapter.

**cpt diabetic foot exam: Digital Eye Care and Teleophthalmology** Kanagasingam Yogesan, Leonard Goldschmidt, Jorge Cuadros, Giselle Ricur, 2023-06-19 This book describes digital ophthalmology and telemedicine applications for both front of the eye and retina. It includes technical issues, digital imaging, what clinical parameters to use, which technologies are suitable, and collective experiences of practitioners in different parts of the world practicing a wide range of digital eye care delivery. The main purpose of this book is to provide adequate information to



clinicians and other health professionals who are involved in eye care delivery to assess how digital health in ophthalmology might be applied to their working practice, how digital screenings are performed, and to learn about virtual image reading. Many of the chapters are also helpful to health service managers, imaging specialists, and information technology staff. *Digital Eye Care and Teleophthalmology: A Practical Guide to Applications* examines digital eye care to provide state of art ophthalmic services. It is an essential resource for professionals involved in eye care seeking to develop or improve their digital applications in daily practice.

**cpt diabetic foot exam: Coding Exam Success** Jacqueline Thelian, 2011-09-16 Learn the ins and outs of coding and how to successfully navigate the CPC and CCS-P exams. This comprehensive, straightforward review takes the complicated process of coding and makes it easy to understand. With a comprehensive review of CPT, ICD-9-CM, and HCPCS and helpful test-taking strategies, this is the best way to prepare for the coding certification exams. It's also the perfect reference for professional coders looking to stay sharp.

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**cpt diabetic foot exam: ICD-9-CM Inpatient Coding Reference and Study Guide** Ba Kobayashi, 2010-07 If you need to have a strong understanding of how ICD-9-CM diagnosis and procedure codes are determined, then you have chosen the right book, *ICD-9-CM Inpatient Coding Reference and Study Guide*. The author designed a book that goes beyond the fundamentals, that gets into the details of ICD-9-CM diagnosis and procedure code assignment as would be experienced on the job. This user-friendly reference teaches coders how to handle many coding situations, while also being comprehensive enough to teach someone with a basic knowledge of medical coding how to move to the next level of advanced inpatient coding. Updated every year to reflect the annual ICD-9-CM coding changes, the text enables HIM professionals to master the concepts of medical coding while also gaining critical knowledge to pass the CCS exam administered by AHIMA and the CPC-H exam from the AAPC. The book also serves as an excellent desk reference and resource for coders who need to refresh their ICD-9-CM coding skills. Among the topics covered in Volume 1 are inpatient coding guidelines, coding conventions, coding tables, and a drug reference. However, the heart of this manual is the body system analysis, based on chapters 1 - 17 of the Tabular list in Volume I of the ICD-9-CM Official Coding Guidelines. The chapters are categorized by body system such as respiratory, digestive, et al. The chapters in this study guide follow the same sequence as the Official Coding Guidelines. All chapters, in addition to highlighting basic coding guidelines, contain situation-based coding tips and coding examples. A quiz follows each chapter reinforcing concepts in a rigorous manner that applies directly to the professional coding environment. The book also contains a selective discussion of invasive procedures that the coder will most likely encounter on the job and on the exam. At the end of *ICD-9-CM Inpatient Coding Reference and Study Guide* are 15 case studies, providing the reader with an opportunity to assess their ICD-9-CM coding skill set and speed at coding inpatient medical records. Each record contains a face sheet, history & physical, progress notes, and answer sheet. Some of the case studies contain ER reports, consultations, as well as operative and pathology reports. The answer key at the end of this study guide contains a rationale for all code assignments. 456 short answer questions 116 multiple choice questions 15 full medical record case studies Each question is highly relevant and reflects a coding situation most hospital-based inpatient coders will face. The text strives to ensure the reader understands every diagnosis and procedure discussed: thorough discussion of symptoms, standard treatment protocols, and medications. Coding examples and quizzes help clarify the information presented. Linda Kobayashi, BA, RHIT, CCS, has been a coder and coding manager for almost 20 years. Since 1998, Ms. Kobayashi has owned and operated Codebusters, Inc., a nationwide coding consulting company. Widely regarded as a medical coding and auditing expert, she has conducted workshops on a variety of coding topics, including CCS Exam preparation workshops. Throughout her career the author has remained professionally active, as an AHIMA member as well as a member

of her state association, CHIA (California Health Information Association). Her formal training includes a teaching credential from California State University Los Angeles, a B.A. degree in English Literature from University of California Los Angeles, an RHIT from AHIMA after completing the RHIT program at East Los Angeles College, and a CCS certificate from AHIMA. Extensive experience as a hands-on coder, auditor and educator, and has given the author the expertise to help coders prepare for the professional coding environment.

**cpt diabetic foot exam: Certified coding specialist exam pathway 2025/2026 version**  
Brittany Deaton, 2025-07-21 Prepare for CCS certification with a focused, adaptable guide that delivers clarity, confidence, and competence. Key Features & Benefits 600 High-Yield Practice Questions - Full-length, scenario-based questions designed to mirror the format, style, and complexity of the official exam, with clear and concise answer explanations to support comprehension. Structured Exam Roadmap - A step-by-step breakdown of core CCS exam domains, including ICD-10-CM & PCS, CPT/HCPCS, inpatient and outpatient coding, DRG assignment, compliance, and data quality management. Real-World Case Scenarios - Patient-based simulations that replicate coding challenges professionals face on the job, paired with detailed solution walkthroughs to build real-world application skills. Proven Test-Taking Strategies - Time management techniques, tips for decoding tricky wording, and methods to approach complex multiple-choice and scenario-based questions with confidence. Exam-Focused Layout - Chapters and practice sets organized to help you target high-yield topics efficiently and retain key information for long-term recall. Why This Edition Stands Out Most exam prep guides stop at general content and minimal practice. This 2025/2026 edition is built to maximize readiness with: A 600-question bank, including chapter-based drills and full-length mock questions Focused content that filters out irrelevant material and centers on what's truly tested Application-driven structure—equally useful for students, coding professionals, and career changers Ideal For First-time CCS exam takers seeking a focused and practical prep approach Health Information Management (HIM) professionals looking to certify or re-certify Students in medical coding programs aiming to transition into clinical coding roles Career changers entering the healthcare documentation and coding field This book provides the clarity, structure, and practice volume you need to move from preparation to certification Translator: Brittany Deaton PUBLISHER: TEKTIME

**cpt diabetic foot exam: Advanced Practice Nursing** Ann B. Hamric, PhD, RN, FAAN, Charlene M. Hanson, Mary Fran Tracy, Eileen T. O'Grady, PhD, RN, ANP, 2013-07-18 Addressing all major advanced practice nursing competencies, roles, and issues, *Advanced Practice Nursing: An Integrative Approach*, 5th Edition provides a clear, comprehensive, and current introduction to APN today. It applies APN core competencies to the major APN roles - including the burgeoning Nurse Practitioner role - and covers topics ranging from the evolution of APN to evidence-based practice, leadership, ethical decision-making, and health policy. This edition includes a new chapter on the international development of APN, new and enhanced illustrations, and a colorful new reader-friendly format for improved readability. From internationally known APN experts Ann Hamric, Charlene Hanson, Mary Fran Tracy, and Eileen O'Grady, along with a host of internationally recognized APN contributors, *Advanced Practice Nursing* introduces you to APN and helps you identify an APN role, develop key competencies for that role, and succeed as an APN. Coverage of APN core competencies defines and describes all competencies, including direct clinical practice, guidance and coaching, consultation, evidence-based practice (EBP), leadership, collaboration, and ethical decision-making. Operationalizes and applies APN core competencies to the major APN specialties including the Clinical Nurse Specialist, the Primary Care Nurse Practitioner, the Acute Care Nurse Practitioner, the Certified Nurse-Midwife, and the Certified Registered Nurse Anesthetist. Content on managing APN environments addresses such factors as business planning and reimbursement; marketing, negotiating, and contracting; regulatory, legal, and credentialing requirements; health policy issues; and nursing outcomes and performance improvement research. Unique Exemplar boxes provide real-life scenarios, showing APN competencies in action. In-depth discussions of educational strategies show how nurses develop competencies as they progress into

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**cpt diabetic foot exam: Mastering Medical Coding - E-Book** Marsha Diamond, 2006-06-02 Expansion of ICD-9-CM information. - Sample patient charts include explanatory notes. - A simulated medical practice (identified as Godfrey Regional) lets you study in a real-world scenario. - Key Terms lists highlight the most important vocabulary and content. - More exercises!

**cpt diabetic foot exam: Acute Care Neuroconsultation and Neurorehabilitation Management** Amy K. Wagner, Justin Weppner, 2024-04-08 This book is a comprehensive resource on acute neurorehabilitation consultations. When a patient first undergoes a traumatic brain or acquired spinal cord injury, an immediate consultation is needed with a rehabilitation specialist. In-depth literature reviews, practice guidelines, and case studies offer in-depth, practical coverage of the complete neurorehabilitation consultation with information on specific testing tools and metrics. The acute care consultant works in concert with other physicians and medical professionals,

so throughout the text considerations on how to best organize the team to maximize care is carefully considered. Chapters also explore acute neurological sequelae, including arousal and stimulation, sleep, agitation, spasticity, and seizure prevention, for which an acute care consultant could provide important insight, treatment, and future management recommendations. The book concludes with advice on how to best transition patients from acute to long-term care, including patient prognostication and family education. This is an ideal guide for physiatrists and neurologists aiming to maximize recovery outcomes for their patients.

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**cpt diabetic foot exam: 101 Primary Care Case Studies** Sampath Wijesinghe, 2020-12-15 Real-life primary care case studies\* from more than 50 primary care providers, including physician assistants, nurse practitioners, and physicians! *101 Primary Care Case Studies* offers real-life patient scenarios and critical thinking exercises to help you work through a patient's chief complaint. Through narrative case studies, you will determine how best to diagnose, treat, and manage your patient based on the history of present illness, review of systems, relevant history, and physical examination findings. This workbook will ask probing questions to help you determine differential and most likely diagnoses, diagnostic tests to order, and appropriate patient management strategies using relevant and timely references to support your decisions. The organization of each case study simulates the patient care journey from chief complaint to outcome. Serving as a virtual clinical preceptor, this workbook can be used independently or in a classroom setting. It is accompanied by a robust online student supplement that provides answers to all questions, real outcomes of the cases, and valuable personal insights from the authors on how the patient was successfully managed. Not only will this workbook help you work through patient cases clinically, it will also share important, but often overlooked, bedside manner skills needed to successfully communicate with and care for your patients. Covering conditions across all organ systems and across the lifespan, this workbook is organized by chief complaint, providing an authentic perspective on what to expect in the patient care environment. It even includes information on pathophysiology and how to use ICD-10 and CPT (E/M) codes in your documentation. The book uniquely weaves together both the science and art of medicine by including personal insights into quality and compassionate care. Key Features Provides real-life patient cases from an interprofessional author team of physician assistants, nurse practitioners, and physicians Uses a templated case study design and critical thinking exercises to help you methodically work through various patient scenarios Teaches clinical and bedside manner skills imperative for delivering quality patient care Covers patients across the lifespan, including pediatric, adolescent, adult, and geriatric populations Offers additional insight on patient education, medical and legal concerns, and interprofessional collaboration Includes a robust online student supplement with valuable insights from the authors on how they successfully managed the cases Provides instructors with a table of contents that is filterable by chief complaint, diagnosis, patient population, and organ system

\*Details changed to protect patient information.

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