

# FOOT HEALTH CENTER

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### CERTIFICATION OF MEDICAL NECESSITY FOR FOOT CARE SERVICES

This is to certify that Mr./Mrs./Ms. \_\_\_\_\_ date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ is being treated by me.

Diagnosis:

- |   |   |
|---|---|
| <input type="checkbox"/> 030.0 Leprosy  | <input type="checkbox"/> 357.3 Polyneuropathy in malignant disease          |
| <input type="checkbox"/> 094.0 Neurosyphilis, tabe doralis  | <input type="checkbox"/> 357.4 Polyneuropathy, other (B6, B12, uremia, etc) |
| <input type="checkbox"/> 094.1 Neurosyphilis w/ paresis   | <input type="checkbox"/> 357.5 Alcoholic polyneuropathy                     |
| <input type="checkbox"/> 094.9 Neurosyphilis, unspec.   | <input type="checkbox"/> 357.6 Polyneuropathy due to drugs                  |
| <input type="checkbox"/> 250.60 NIDDM w/ neuropathy   | <input type="checkbox"/> 357.7 Polyneuropathy due to toxic agents           |
| <input type="checkbox"/> 250.61 IDDM w/ neuropathy  | <input type="checkbox"/> 358.1 Myoneural disorder                           |
| <input type="checkbox"/> 250.70 NIDDM w/ PVD  | <input type="checkbox"/> 358.2 Toxic myoneural disorder                     |
| <input type="checkbox"/> 250-71 IDDM w/PVD  | <input type="checkbox"/> 440.20 Atherosclerosis of extremity, unspec.       |
| <input type="checkbox"/> 263.9 Dystrophy due to malnutrition  | <input type="checkbox"/> 440.21 Atherosclerosis w/ intermittent claudic.    |
| <input type="checkbox"/> 265.0 Beriberi (Thiamine/Niacin def)   | <input type="checkbox"/> 440.22 Atherosclerosis w/ rest pain                |
| <input type="checkbox"/> 265.2 Pellagra (Niacin, etc)   | <input type="checkbox"/> 440.23 Atherosclerosis w/ ulceration               |
| <input type="checkbox"/> 266.1 B6 deficiency  | <input type="checkbox"/> 440.24 Atherosclerosis w/ gangrene                 |
| <input type="checkbox"/> 266.2 B complex deficiency   | <input type="checkbox"/> 443.0 Raynaud's syndrome                           |
| <input type="checkbox"/> 272.7 Lipidoses  | <input type="checkbox"/> 443.1 TAO Buerger's disease                        |
| <input type="checkbox"/> 277.3 Amyloidosis  | <input type="checkbox"/> 444.22 Arterial embolism and thrombosis-LE         |
| <input type="checkbox"/> 281.0 Pernicious anemia  | <input type="checkbox"/> 446.0 Polyarteritis nodosa                         |
| <input type="checkbox"/> 281.3 B-12 folate anemia   | <input type="checkbox"/> 446.7 Takayasu's disease                           |
| <input type="checkbox"/> 334.0 Friedreich's ataxia  | <input type="checkbox"/> 451.0 Phlebitis/thrombophlebitis; superficial-LE   |
| <input type="checkbox"/> 340 Multiple Sclerosis   | <input type="checkbox"/> 451.11 Phlebitis/thrombophlebitis; Femoral deep    |
| <input type="checkbox"/> 356.0 Hereditary neuropathy  | <input type="checkbox"/> 451.19 Fem-pop, tibial, popletial thrombophlebitis |
| <input type="checkbox"/> 356.1 CMT; peroneal musc. Atrophy  | <input type="checkbox"/> 579.0 Celiac disease                               |
| <input type="checkbox"/> 356.2 Hereditary sensory neuropathy  | <input type="checkbox"/> 579.1 Tropical sprue                               |
| <input type="checkbox"/> 356.4 Idiopathic prog. Polyneuropathy  | <input type="checkbox"/> 579.2 Blind loop syndrome                          |
| <input type="checkbox"/> 356.8 (other) idiopathic periph neurop   | <input type="checkbox"/> Malnutrition/hypoglycemia after GI surgery         |
| <input type="checkbox"/> 356.9 Unspecified neuropathy   | <input type="checkbox"/> 579.4 Pancreatic steatorrhea                       |
| <input type="checkbox"/> 357.0 Guillain-Barre' syndrome   | <input type="checkbox"/> 585 Chronic renal failure                          |
| <input type="checkbox"/> 357.1 Neuropathy w/ collagen disease (lupus, polyarteritis nodosa, rheumatoid arthritis) | <input type="checkbox"/> 586 Renal failure                                  |
| <input type="checkbox"/> 357.2 Neuropathy w/ diabetes   |   |

NOTE: The following conditions require documentation of class findings through the use of modifiers Q7, Q8, or Q9.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> 440.24 Atherosclerosis of the extremities with gangrene (includes any condition classifiable to 440.20 - 440.23 with mention of gangrene) |   |   |  |
| <input type="checkbox"/> 447.9 Absence of the posterior tibial pulse   |   |   |  |
| <input type="checkbox"/> 447.9 Absence of the dorsalis pedis pulse   |   |   |  |
| <input type="checkbox"/> 440.20 Atherosclerosis of lower extremity with manifestations of:   |   |   |  |
| <input type="checkbox"/> Shiny skin  | <input type="checkbox"/> Rubor/redness of skin of lower leg     |   |  |
| <input type="checkbox"/> Thickened/pigmented toenails  | <input type="checkbox"/> Decreased/absence of hair on lower leg |   |  |
| <input type="checkbox"/> Atherosclerosis of the extremities with:  |   |   |  |
| <input type="checkbox"/> 459.9 Cold feet   | <input type="checkbox"/> 459.8 Edema                            | <input type="checkbox"/> 782.0 Paresthesias | <input type="checkbox"/> 782.9 Burning |

Patients must have 3 of the above 4 manifestations to qualify for coverage of foot care services.

I am not treating this patient for any of the above diagnosis codes.

This patient was last seen by me on: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Signature (M.D./D.O.)

Date

UPIN#

MD Name (Please Print)