



NORTH MISSISSIPPI HEALTH SERVICES

Preventive Foot Care

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Provider Order Form

Provider Name: _____ Phone: _____

Patient Name: _____ Phone: _____

Date of Birth: _____ SSN: _____

ICD-10 Diagnosis: _____

RN Assessment/Treatment for Routine Foot Care

RN Frequency/Duration

One visit every 2-3 months for 6 months

Other: _____

Signature (MD, DO, NP, PA)

Date/Time

Patient must have one Class A finding, two Class B findings or one Class B and two Class C findings in addition to primary diagnosis.

- Class A: Non-traumatic amputation of foot or integral skeletal portion thereof
- Class B: Absent posterior tibial pulse or absent dorsalis pedis pulse
- Advanced trophic changes as evidenced by three of the following:
 - hair growth (increase or decrease)
 - nail changes (thickening)
 - pigmentary changes (discoloring)
 - skin texture (thin, shiny)
 - skin color (rubor or redness)
- Class C: Claudication, temperature changes (e.g., cold feet), edema, paresthesias (abnormal spontaneous sensations in the feet) or burning

Some acceptable primary diagnoses: diabetes, chronic venous insufficiency, lymphedema secondary to specific disease, peripheral vascular disease, peripheral neuropathies involving feet (associated with malnutrition and vitamin deficiency, carcinoma, multiple sclerosis, etc. See LCD for complete list.