



# NORTH MISSISSIPPI HEALTH SERVICES

## Preventive Foot Care

830 S. Gloster St. | Fourth Floor | East Tower | Tupelo  
Phone: (662) 377-5284 Fax: (662) 377-4799

### 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.