

**CENTRAL ILLINOIS FOOT & ANKLE CENTER**

**COVERED ROUTINE FOOTCARE  
PERIPHERAL VASCULAR DISEASE/DIABETES**

Patient \_\_\_\_\_ Date \_\_\_\_\_

Medicare Number \_\_\_\_\_

( ) The left foot is involved      ( ) The right foot is involved      ( ) Both feet

Diagnosis \_\_\_\_\_ 250.00 \_\_\_\_\_ 250.60 \_\_\_\_\_ 250.70 \_\_\_\_\_ 443.90(PVD) \_\_\_\_\_ 286.5(COUMAD  
IN) \_\_\_\_\_ 357.4(POLYGEN) \_\_\_\_\_ 357.10(POLYVASC) \_\_\_\_\_

Class A: 1. Non-traumatic amputation of foot or integral skeletal portion.

Class B: 1. Absent posterior tibial pulse.  
2. Absent dorsalis pedis pulse.  
3. Advanced trophic changes. (Must be three)  
a) Hair growth decreased  
b) Nail Changes  
c) Pigmentary changes  
d) Skin texture, thin shiny  
e) Skin color or rubor

Class C: 1. Claudication  
2. Temperature changes  
3. Edema  
4. Parathesias  
5. Burning

Coverage = \_\_\_\_\_ 1 class A finding 'or' = **Q7**  
\_\_\_\_\_ 2 class B finding 'or' = **Q8**  
\_\_\_\_\_ 1 class B finding and 2 class C findings = **Q9**

Name of attending (primary) physician \_\_\_\_\_

UPIN # \_\_\_\_\_ Date Last Seen \_\_\_\_/\_\_\_\_/\_\_\_\_