## NON-DIABETIC FOOT/NAIL CARE APPLICATION FORM

### CLIENT INFORMATION

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<th>LAST NAME</th>
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<th>DATE OF BIRTH</th>
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<tr>
<th>ADDRESS</th>
<th>CITY, TOWN, VILLAGE</th>
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<th>TELEPHONE</th>
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The physician or nurse practitioner must complete part I, II, and III.

### Part I

Please check the patient’s diagnosis(es) that provide(s) the medical justification for this benefit.

- Amyotrophic Lateral Sclerosis (ALS)
- Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis)
- Arteritis of the feet
- Buerger’s disease (thromboangiitis obliterans)
- Chronic indurated cellulitis
- Chronic thrombophlebitis
- Chronic venous insufficiency
- Intractable edema-secondary to a specific disease (e.g., congestive heart failure, kidney disease, hypothyroidism)
- Lymphedema-secondary to a specific disease (e.g., Milroy’s disease, malignancy)
- Peripheral neuropathies involving the feet
  - Associated with malnutrition and vitamin deficiency
    - Malnutrition (general, pellagra)
    - Alcoholism
    - Malabsorption (celiac disease, tropical sprue)
    - Pernicious anemia
  - Associated with carcinoma
  - Associated with drugs and toxins
  - Associated with multiple sclerosis
  - Associated with uremia (chronic kidney disease)
  - Associated with traumatic injury
  - Associated with leprosy or neurosyphilis
  - Associated with hereditary disorders
  - Hereditary sensory radicular neuropathy
  - Amyloid neuropathy
- Peripheral vascular disease
- Raynaud’s disease

### Part II

In order for routine foot/nail care to be considered a “medically necessary” service, the patient must have one of the following conditions:

- **A systemic disease**, such as metabolic, neurologic, or peripheral vascular disease, of sufficient severity that performance of routine foot care services by a nonprofessional person (including the patient) would put the patient at risk (for example, a systemic condition that has resulted in severe circulatory compromise or areas of desensitization in the patient’s legs or feet).

- **Mycotic nails**
  - For mycotic nails in an *ambulatory* patient, there must be documentation in the medical record of:
    - Clinical evidence of mycosis of the toenail; and
    - Marked limitation of ambulation, pain and/or secondary infection resulting from the thickening and dystrophy of the infected toenail plate
  - For mycotic nails in a *non-ambulatory* patient, there must be documentation in the medical record of:
    - Clinical evidence of mycosis of the toenail; and
    - Pain and/or secondary infection resulting from the thickening and dystrophy of the infected toenail plate

- **Onychogryphosis** is defined as long-standing thickening of the nail, in which typically a curved hooked nail formation (ram’s horn nail) occurs and there is marked limitation of ambulation, pain and/or secondary infection due to the nail plate causing symptomatic indentation of or minor laceration of the affected distal toe

- **Onychauxis** is defined as a thickening or hypertrophy of the base of the nail/nail bed with marked limitation of ambulation pain and/or secondary infection that causes symptoms

- **Peripheral neuropathy** involving the feet, but *without* the vascular impairment (as outlined in Class B findings below). The neuropathy should be of such severity that care by a non-professional person (including the patient) would put the patient at risk. If the patient has evidence of neuropathy but no vascular impairment, the use of class findings modifiers is **not** necessary.
Part III

Documentation of the following physical and clinical findings (which are indicative of severe peripheral involvement) is required. Coverage for routine foot/nail care will be dependent upon whether or not the requesting physician/nurse practitioner has identified the following:

1. A Class A finding (one); or
2. Two of the Class B findings; or
3. One Class B and two Class C findings

Class A Findings
- Non-traumatic amputation of foot or integral skeletal portion thereof

Class B Findings
- Absent posterior tibial pulse
- Advanced trophic changes as evidenced by any three of the following:
  - hair growth (decrease or absence)
  - nail changes (thickening)
  - pigmented changes (discoloration)
  - skin texture (thin, shiny)
  - skin color (rubor or redness)
  - Absent dorsalis pedis pulse

Class C Findings
- Claudication
- Temperature changes (e.g., cold feet)
- Edema
- Paresthesias (abnormal spontaneous sensations in the feet)
- Burning

NAME

SIGNATURE

TELEPHONE

DATE

NAME

VENDOR ID

ADDRESS

PHONE

FAX

E-MAIL

MAXIMUM ALLOWABLE BENEFIT IS $45.00 EVERY 60 DAYS

FOR OFFICE USE ONLY

APPROVED

REFUSED

APPROVAL NUMBER

START DATE

END DATE

COMMENTS

Administrator: __________________________ Date: __________________________