

ORDERING FORM / MEDICAL NECESSITY - PODIATRY



STEP 1 COMPLETE PATIENT INFORMATION

Fax to: (404) 424-9436

Patient Name:

Pt. Address:

Primary Ins. ID # Ins. Phone #

Secondary Ins. ID # Ins. Phone #

Date of Birth Female Male SS # Pt. Phone #

STEP 2 CHECK OFF APPROPRIATE DIAGNOSES

LOWER NERVE CONDUCTION STUDY Duration: 30 minutes

LOWER EXTREMITY ARTERIAL 93925 Duration: 30 minutes

LOWER EXTREMITY VENOUS 93970 Duration: 30 minutes

- Diabetes - Specify Type 250.60
- Entrapment Sural 355.0
- Muscle Weakness 728.87
- Neuropathy Plantar Nerve 355.6
- Neuropathy Lower Limb 355.68
- Orofacial Dyskinesia 333.82
- Other Musculoskeletal Symptoms 728.89
- Pain in Limb 729.5
- Peroneal Entrapment 355.3
- Spinal Cord Myelopathy 336.9
- Swelling of Limb 729.81
- Tarsal Tunnel 355.5
- Tibial Neuropathy 355.4
- Uspec. Disorder of muscle/ligament/728.9
- Peripheral Neuropathy 356.9

- Bilateral 93923 & 93925**
- Unilateral 93926** Lt. Rt.
- Atherosclerosis of Aorta 440.0
- Atherosclerosis w/ Pain Walking 440.21
- Atherosclerosis w/ Rest Pain 440.22
- Atherosclerosis w/ Ulcers 440.23
- Arterial Embolism & Thrombosis 444.21
- Chronic Ulcer of skin 707.10
- Due to Cardiac Pacemaker 996.01
- Gangrene 785.4
- Hematoma Complicating a Procedure 998.12
- Injury to Blood Vessel Lower Ext. 904.0
- Injury to Vessel 903.00
- Other Peripheral Vascular Disease 443.89
- Palmar Artery 903.4
- Peripheral Vascular Disease, Unspec. 443.9
- Radial Blood Vessels 903.2
- Ulcer of Ankle 707.13
- Ulcer of Heel and Mid-Foot 707.14
- Ulcer of Other Part of Foot 707.15
- Ulnar Blood Vessels 903.3

- Bilateral 93970**
- Unilateral 93971** Lt. Rt.
- Chronic Venous Hypertension w/ Ulcer 459.31
- Chronic Venous Hypertension w/ Other 459.39
- Edema 782.3
- Gangrene 785.4
- Localized Superficial Swelling 782.2
- Pain in Limb 729.5
- Phlebitis & Thrombophlebitis 451.0
- Swelling in Limb 729.81
- Varicose Veins of Lower Extremities w/ Ulcer 454.0

Other Procedure:

Other Diagnosis:

Checking Diagnosis Code Indicates Ordering Test In Highlighted Box Above

Based on the patient's examination, diagnosis, and history, it is my professional opinion that these tests are medically necessary for diagnosis and treatment.

Physician's Name

Physician's Signature

Date

STEP 3 MUST BE SIGNED BY PHYSICIAN

Address (stamp for convenience):