

ADDENDUM TO CLINICAL NOTES

Patient Name: _____

Date of Last Visit: _____

This addendum is being added to the clinical notes of the above patient in order to comply with the documentation requirements of this patient's insurance company. These findings were all observed by me while this patient has been under my care, and are hereby incorporated into my official clinical notes and I certify that a copy of this form has been placed with this patient's chart.

1. This patient has diabetes mellitus- ICD-9 Code: 2_____. _____ (Five digit ICD-9 Diagnosis Code Required 249.00-250.93)
2. This patient has the following checked conditions:

History of partial or complete amputation of the foot.	<input type="checkbox"/> Lower limb amputation, foot (V49.73 & 755.38) <input type="checkbox"/> Lower limb amputation, great toe (V49.71 & 755.39) <input type="checkbox"/> Lower limb amputation, lesser toe(s) (V49.72 & 755.39)
History of previous foot ulceration.	<input type="checkbox"/> Ulcer of heel and midfoot (707.14) <input type="checkbox"/> Ulcer other part of foot (707.15)
History of pre-ulcerative foot callus.	<input type="checkbox"/> History of pre-ulcerative callus (707.9)
Peripheral neuropathy <u>and</u> evidence of callus formation.	<input type="checkbox"/> Polyneuropathy in diabetes (357.2) <u>and</u> History of pre-ulcerative callus (707.9)
Foot deformity. Other ICD-9: _____	<input type="checkbox"/> Claw toe (735.5) <input type="checkbox"/> Hammer toe (735.4) <input type="checkbox"/> Hallux valgus (735.0) <input type="checkbox"/> Hallux rigidus (735.2) <input type="checkbox"/> Unspecified acquired deformity of toe (735.9) <input type="checkbox"/> Unspecified deformity of ankle and foot, acquired (736.70) <input type="checkbox"/> Charcot Arthropathy (713.5)
Poor circulation in either foot. Other ICD-9: _____	<input type="checkbox"/> Atherosclerosis of the extremities, unspecified (440.20) <input type="checkbox"/> Atherosclerosis of the extremities with intermittent claudication (440.21) <input type="checkbox"/> Atherosclerosis of the extremities with ulceration (440.23) <input type="checkbox"/> Peripheral vascular disease, unspecified (443.9)

3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) and/or inserts because of his/her diabetes.
5. With diabetic footwear, the patient's prognosis is _____
6. I have documented this information on forms required by the patient's payor. I have provided these forms to a DMEPOS supplier to provide required DMEPOS.

Notes: _____

I CERTIFY THAT A COPY OF THIS DOCUMENT HAS BEEN INSERTED INTO THE PATIENT'S CHART:

Physician Name (printed)	<u>MD or DO</u> <small>(circle one)</small>	Physician Signature	Date
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