



Provider Referral:

**\*Please attach most recent chart notes and labs**

**Community Health Programs**

Patient First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ A1c Value: \_\_\_\_\_ A1c Test Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

LANGUAGE PREFERENCE: English \_\_\_\_\_ Spanish \_\_\_\_\_

**Nail Care Referral**

Authorization# \_\_\_\_\_ (Medicare/Medicaid allow visits every 3 months)

Dx code must be included. Please select all that apply from the list below:

<b>*** E11.9 Does not support medical necessity and is NOT covered by insurance</b>		
Nail care services needs primary and secondary dx:		
<b>Group 1 = primary dx on the order (REQUIRED)</b>		
<input type="checkbox"/>	L60.3	Nail Dystrophy
<input type="checkbox"/>	B35.1	Onchomycosis
<input type="checkbox"/>	L60.8	Other Nail disorder
<input type="checkbox"/>	B35.1	Tinea unguium
<b>Group 2 = secondary dx on the order (REQUIRED)</b>		
<input type="checkbox"/>	E10.40/42/49	Type 1 Diabetes mellitus with diabetes neuropathy, unspecified
<input type="checkbox"/>	E11.40/42/49	Type II Diabetes mellitus with diabetic neuropathy
<input type="checkbox"/>	E11.610	Type 2 Diabetes Mellitus with diabetes neuropathy, unspecified
<input type="checkbox"/>	N18.3	Chronic Kidney Disease, Stage 3
<input type="checkbox"/>	N18.4	Chronic Kidney Disease, stage 4
<input type="checkbox"/>	N18.5	Chronic Kidney Disease, stage 5
<input type="checkbox"/>	N18.6	End Stage Renal Disease
<b>Group 4 = when used with group 1 codes, they meet medical necessity</b>		
<input type="checkbox"/>	189.0	Lymphedema, not elsewhere classified
<input type="checkbox"/>	Z79.01	Long term (current) use of anticoagulants

Additional notes or information: \_\_\_\_\_

**Referring Provider Information**

Health Care Provider Name (Please print): \_\_\_\_\_

Provider Signature (Required): \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**For questions, call Community Wellness at 509-249-5243 | Fax completed form to 509-577-5006**

Entered: \_\_\_\_\_