

Premier Health Plan

POLICY AND PROCEDURE MANUAL

Policy Number: MP.010.PH
Last Review Date: 08/09/2018
Effective Date: 10/01/2018

MP.010.PH - Routine Foot Care

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Routine Foot Care** medically necessary for the following indications:

When the member has a systemic condition resulting in severe circulatory insufficiency and/or areas of desensitization in the legs or feet, such as diabetes mellitus, peripheral vascular disease, peripheral neuropathy, and severe collagen vascular diseases with the following indications:

- One Class A finding or
- Two Class B findings; or
- One Class B finding and two Class C findings.

Class A Findings:

A non-traumatic amputation of foot or integral skeletal portion thereof.

Class B Findings:

Absent posterior tibial pulse or

Advanced trophic changes such as *(3 of the following sub categories must be documented to qualify as a Class B finding):*

- Hair growth (decrease or absence),
- Nail changes (thickening),
- Pigmentary changes (discoloration),
- Skin color (rubor or redness),
- Skin texture (thin, shiny),
- Absent dorsalis pedis pulse.

Class C Findings:

- Paresthesias (abnormal spontaneous sensations)
- Edema
- Temperature changes (e.g., cold feet)
- Claudication
- Burning

MP.010.PH - Routine Foot Care

Policy Number: MP.010.PH
Last Review Date: 08/09/2018
Effective Date: 10/01/2018

2. **Treatment of Mycotic Nails:** Payment may be made for the debridement of mycotic nails only when the physician attending the member with a mycotic condition documents that the following indications are met:
 - Ambulatory patient must have marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of infected toenail plate.
 - Non ambulatory patient suffers from pain or secondary infection resulting from the thickening and dystrophy of infected toenail plate.

Limitations

1. Claims submitted by a podiatrist for routine foot care must identify the attending or referring physician and list the diagnosis or medical reason necessitating the treatment.
2. Routine foot care is limited to once every 60 days when performed by a physician or podiatrist unless documentation substantiates the medical necessity for the increased frequency. The documentation should include evidence of the patient's physical status as being of such an acute or severe nature that more frequent services are appropriate.
3. Medical care provided on the same day as routine foot care by the same doctor for the same condition is not eligible for payment except if it is the initial Evaluation and Management (E&M) service performed to diagnose the patient's condition or if the E&M service is a significant separately identifiable service. In this case, the modifier 25 must be reported with the E&M service and the medical records must clearly document the E&M service reported.
4. Whirlpool treatment performed prior to routine foot care to soften the nails or skin is **not** eligible for separate reimbursement.
5. Services normally considered routine may be covered if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of ulcers, wounds or infections.
6. Fungus cultures, KOH preparations and/or dermatophyte testing performed on toenail clippings in the doctor's office are not routinely covered. Only exception is when required to differentiate fungal disease from psoriatic nails and definitive treatment for a prolonged period of time is being planned involving the use of prescription medication.
7. Clinical documentation in order to audit claims data may be requested.
8. Treatment of warts on the foot is covered to the same extent as services provided for the treatment of warts located elsewhere on the body.

Background

MP.010.PH - Routine Foot Care

Policy Number: MP.010.PH
Last Review Date: 08/09/2018
Effective Date: 10/01/2018

Routine foot care is the paring, cutting, or trimming of corns and calluses, or debridement and trimming of toenails in the absence of localized illness, injury or symptoms involving the foot. Components of routine foot care include:

- Cutting or removal of corns and calluses;
- Clipping, trimming, or debridement of nails;
- Shaving, paring, cutting or removal of keratoma, tyloma, and heloma;
- Non-definitive simple, palliative treatments like shaving or paring of plantar warts which do not require thermal or chemical cautery and curettage;
- Other hygienic and preventive maintenance care in the realm of self care, such as cleaning and soaking the feet and the use of skin creams to maintain skin tone of both ambulatory and bedridden patients;
- Any services performed in the absence of localized illness, injury, or symptoms involving the foot.

Onychomycosis may present as one or more nail findings, including hypertrophy/thickening, lysis, discoloration, brittleness or loosening of the nail plate. Fungal disease of the toenails is usually a relatively benign condition and may produce little or no symptoms beyond white opacities on the nails.

Debridement of nails, whether by electric grinder or manual method, is a temporary reduction in the length and thickness (short of avulsion) of an abnormal nail plate. This is usually performed without anesthesia. It is performed most commonly without anesthesia to accomplish any or all of the following objectives:

- Relief of pain
- Treatment of infection (bacterial, fungal, and viral)
- Temporary removal of an anatomic deformity such as onychauxis (thickened nail), or certain types of onychocryptosis (ingrown nail)
- Exposure of subungual conditions for the purpose of treatment as well as diagnosis (biopsy, culture, etc.)
- As a prophylactic measure to prevent further problems, such as a subungual ulceration in an insensate patient with onychauxis.

CPT Codes / HCPCS Codes / ICD-10 Codes

| Code | Description |
|-----------|--|
| CPT codes | |
| 11055 | Paring or cutting of benign hyperkeratotic lesion (e.g. corn or calluses), single lesion |
| 11056 | Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus), two to four |

MP.010.PH - Routine Foot Care

Policy Number: MP.010.PH
 Last Review Date: 08/09/2018
 Effective Date: 10/01/2018

| | |
|--|---|
| 11057 | Paring or cutting of benign hyperkeratotic lesion (e.g. corn or callus), more than four lesions |
| 11719 | Trimming of non-dystrophic nails, any number |
| 11720 | Debridement of nail(s) by any method(s); one to five |
| 11721 | Debridement of nail(s) by any method(s), six or more |
| HCPCS codes covered if selection criteria are met (If Appropriate): | |
| G0127 | Trimming of nondystrophic nails, any number |
| G0247 | G0247 -Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protection sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails |
| Modifiers- One of the following modifiers must be reported to document that the Class Findings (listed in Indications Section), have been observed and are documented in the patient's medical record: | |
| Q7 | Indicates one (1) Class A finding |
| Q8 | Indicates two (2) Class B findings |
| Q9 | Indicates one (1) Class B and two (2) Class C findings |
| Note: When the member's condition is one of those designated by an asterisk (*), routine procedures are covered only if the member is under the active care of a physician who documents the condition. | |
| ICD-10 codes covered if selection criteria are met: | |
| A30.0-A30.9 | All Types of Leprosy (Hansen's disease) |
| B20 | Human Immunodeficiency Virus Disease |
| B35.0-B35.9 | Dermatophytosis |
| A50.1 | Early congenital syphilis, latent |
| A50.40-A50.49 | Late congenital neurosyphilis (Juvenile neurosyphilis) |
| A52.10-A52.19 | Symptomatic neurosyphilis |
| E08.00-E08.29 | Diabetes mellitus due to underlying condition |
| E08.40-E08.49 | Diabetes mellitus due to underlying condition with neurological complications |
| E08.51-E08.628 | Diabetes mellitus due to underlying conditions with diabetic peripheral angiopathy to dermatitis |

MP.010.PH - Routine Foot Care

Policy Number: MP.010.PH
 Last Review Date: 08/09/2018
 Effective Date: 10/01/2018

| | |
|------------------|--|
| E08.8 | Diabetes mellitus due to underlying condition unspecified |
| *E09.00-E09.29 | Diabetes mellitus with nephropathy, renal failure, etc. |
| *E09.610-E09.618 | Diabetes mellitus with diabetic arthropathy |
| *E09.620-E09.628 | Diabetes mellitus with drug or chemical induced skin complications |
| *E10.10-E13 | Diabetes mellitus type 1 or 2 for various reasons |
| E52 | Niacin deficiency (pellagra) |
| E53.0-E53.9 | Deficiency of B-Complex components |
| E74.8 | Renal Glycosuria |
| E75.21 | Fabry (-Anderson) disease |
| E75.22 | Gaucher disease |
| E75.249 | Niemann-Pick disease, unspecified |
| E77.0 | Defects in post-translational modification of lysosomal enzymes |
| E77.1 | Defects in glycoprotein degradation |
| E85.8-E85.9 | Amyloidosis, other and unspecified |
| D51.0 | Vitamin B12 deficiency anemia due to intrinsic factor deficiency |
| G12.21 | Amyotrophic lateral sclerosis (ALS) |
| G90.01-G90.09 | Idiopathic peripheral autonomic neuropathy |
| G35 | Multiple Sclerosis |
| G60.0-G60.9 | Hereditary motor and sensory neuropathy |
| G61.0 | Acute infective polyneuritis |
| *G62.0-G62.9 | Polyneuropathy unspecified and other |
| *G61.81-G61.9 | Inflammatory polyneuropathy, chronic to unspecified |
| G63 | Polyneuropathy in diseases classified elsewhere |
| I70.201-I70.299 | Atherosclerosis of native arteries of extremities |
| I70.90-I70.92 | General and unspecified Atherosclerosis |
| I73.00-I73.01 | Raynaud's syndrome |
| I73.1 | Thromboangitis obliterans (Buerger's disease) |
| I73.89 | Other specified peripheral vascular diseases |
| I73.9 | Peripheral vascular disease, unspecified |

MP.010.PH - Routine Foot Care

Policy Number: MP.010.PH
 Last Review Date: 08/09/2018
 Effective Date: 10/01/2018

| | |
|-----------------|---|
| I77.1 | Stricture of artery |
| I77.71-I77.79 | Other arterial dissection |
| I79.1 | Aortitis in diseases classified elsewhere |
| *I79.8 | Other disorders of arteries, arterioles, and capillaries in diseases classified elsewhere |
| *I80.00-I80.9 | Phlebitis and thrombophlebitis lower extremities |
| I89.0 | Lymphedema, not elsewhere classified |
| I87.001-I87.099 | Postthrombotic syndrome |
| I87.1 | Compression of vein |
| I87.301-I87.399 | Chronic venous hypertension (idiopathic) |
| I87.2 | Venous insufficiency (chronic) (peripheral) |
| I95-I99 | Other and unspecified disorders of the circulatory system |
| I77.4 | Celiac artery compression syndrome |
| K90.1 | Tropical sprue |
| K90.9 | Intestinal malabsorption, unspecified |
| N18.1-N19 | Chronic kidney disease |
| O24.011-O24.93 | Diabetes mellitus in pregnancy, childbirth, and the puerperium |
| L02.611-L02.619 | Cutaneous abscess of foot |
| L03.031-L03.039 | Cellulitis of toe |
| L03.115-L03.119 | Cellulitis of lower limbs |
| L03.041-L03.049 | Acute lymphangitis of toe |
| L03.125-L03.129 | Acute lymphangitis of lower limbs |
| L60.0 | Ingrowing nail |
| R26.0 | Ataxic gait |
| R26.1 | Paralytic gait |
| R26.2 | Difficulty in walking, not elsewhere classified |
| R26.81 | Unsteadiness on feet |
| R26.89 | Other abnormalities of gait and mobility |
| R26.9 | Unspecified abnormalities of gait and mobility |
| M79.601-M79.659 | Pain in limbs, hand, foot, fingers and toes |

MP.010.PH - Routine Foot Care

Policy Number: MP.010.PH
Last Review Date: 08/09/2018
Effective Date: 10/01/2018

| | |
|-----------------------|---|
| M79.661- M79.669 | Pain in lower leg |
| M79.671- M79.676 | Pain in foot/toe |
| R60.0 | Localized edema |
| Q82.0 | Hereditary edema |
| S89.001A- S89.92XS | Injury to lower extremities |
| *Z79.01 | Long term (current) use of anticoagulants |

References

1. Center for Medicare & Medicaid Services: Local coverage article: A52996- Routine Foot Care (Contractor: Novitas Solutions, Inc.).Article Revision Effective October 1, 2015. https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52996&ver=5&ContrlD=321&ContrVer=1&CntrctrSelected=321*1&Date=&DocID=A52996&bc=hAAAAAgAAAAAA%3d%3d&
2. Center for Medicare & Medicaid Services: Local coverage determination L36404 - Foot Care. Revision Effective Date 10/01/2017. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36404&ver=9&Date=&DocID=L36404&bc=iAAAABAAAAAA&>
3. Center for Medicare & Medicaid Services: MLN Matters SE1113-Foot Care Coverage Guidelines. Developed January 2010; revised February 2011. <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1113.pdf>
4. Hallett Jr. JW. Occlusive Peripheral Arterial Disease; In: Merck Manual Home Health Handbook (©Merck Sharp & Dohme Corp.).. Last full review/revision: January 2008. http://http://www.merckmanuals.com/home/heart_and_blood_vessel_disorders/p_eripheral_arterial_disease/occlusive_peripheral_arterial_disease.html
5. Orchard TJ, Strandness DE. Assessment of peripheral vascular disease in diabetes. Report and recommendations of an international workshop sponsored by the American Diabetes Association and the American Heart Association – September 18-20, 1992 New Orleans, Louisiana. Circulation. 1993 Aug; 88(2):819-828. <http://circ.ahajournals.org/content/88/2/819.long>
6. Palmetto GBA: Routine Foot Care Guidelines. Last updated on 06/09/2011. Ver 1.0.42. <http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdicti>

