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OVERVIEW

This policy addresses routine foot care, nail debridement, and examination of the feet. Routine foot care includes the cutting or removal of corns and calluses, clipping, trimming, or debridement of nails, including debridement of mycotic nails, shaving, paring, cutting or removal of keratoma, tylom, and heloma. Also included are non-definitive simple, palliative treatments like shaving or paring of plantar warts, which do not require thermal or chemical cautery and curettage.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Annual Exam for Diabetics

An annual evaluation of diabetics who are being treated with medication is covered for patients not otherwise receiving podiatric services. Frequency of greater than once per year for this foot care evaluation would be considered not medically necessary.

Loss of Protective Sensation

This exam/evaluation may identify the diagnosis of diabetic sensory neuropathy with loss of protective sensation (LOPS) or patients with known LOPS. Patients with this diagnosis may receive two foot evaluations (examination and treatment) per year, specifically for diabetic peripheral neuropathy with LOPS diagnosis, provided they have not seen a foot care professional for some other reason.

Peripheral neuropathy

Peripheral neuropathy involving the feet, but without the vascular impairment outlined in Class B findings. The neuropathy would be of such severity that care by a non-professional person 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.

Nail Debridement

Nail debridement is medically necessary when the patient has one of the following conditions:

- Onychogryphosis
- Onychauxis
- A nail disorder with diagnosis and systemic condition (see A1 and A2 below)
- Patient has mycotic nails causing pain, functional limitation, or secondary infections (see B mycotic nails with severe symptoms below)

A. Nail disorder (a minimum of 1 diagnoses listed below in section 1) AND a systemic condition (listed below in section 2):

1. Diagnosis (required):

- Dermatophytosis of nail
- Onychomycosis (mycotic, fungal infection)
- Ingrowing nail
- Other specified disease of nail
- Onychogryphosis (enlarging of nails with abnormal curving)
- Onychia (club nail)
- Onychodystrophy (deformed nail)
- Specified anomalies of nail

2. Systemic conditions: A systemic condition is defined as a metabolic, neurological, or peripheral vascular disease resulting in decreased sensation or severe circulatory compromise in the patient's legs or feet, such as, but not limited to, the following:

- Diabetes mellitus
- Peripheral neuropathies involving the foot
- Associated with malnutrition and/or vitamin deficiency:
 - Malnutrition (general, pellagra)
 - Alcoholism
 - Malabsorption (celiac disease, tropical sprue, pernicious anemia) associated with:
 - Carcinoma
 - Diabetes Mellitus
 - Drugs and toxins
 - Multiple sclerosis
 - Uremia (chronic renal disease)
 - Traumatic injury
 - Leprosy or neurosyphilis
 - Hereditary disorders (Hereditary sensory radicular neuropathy, Angiokeratoma corporis diffusum (Fabry's), Amyloid neuropathy)
- Arteriosclerosis obliterans
- Burger's disease

B. Mycotic nails with severe symptoms ambulatory and non-ambulatory patients:

- In the absence of a systemic condition (yet patient has mycotic nails causing pain, functional limitation, or secondary infections), mycotic nail debridement may be covered in ambulatory and non-ambulatory patients if the following conditions are met:
 - Treatment of mycotic nails is covered only in the presence of documentation providing:
 - Clinical evidence of fungal infection (mycosis) of the toenail evidenced by:
 - A positive fungal culture (by microscopic confirmation of fungus or positive PAS pathology); OR
 - Three (3) out of the five (5) following signs:
 - nail hypertrophy/thickening
 - lysis or loosening of the nail plate
 - discoloration
 - subungual debris, and/or
 - brittleness

AND one of the below:

- Ambulatory patient: must present significant limitation of ambulation, either pain (other than just “painful nails”), or secondary infection resulting from the thickening and degenerative changes of the infected toenail plate; OR
- Non-ambulatory patient: pain or secondary infection resulting from the thickening and degenerative changes of the infected toenail plate.

Routine Foot Care

Routine foot care is considered medically necessary only when the physical and clinical findings meet the guidelines (qualifying and class findings) below and is documented and maintained in the patient record. The criteria below outlines the specific conditions for coverage of routine foot care when the following findings are documented in the medical record:

Qualifying Systemic disease and one of the following:

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

Qualifying Systemic Diseases

The following is a list of qualifying systemic diseases that may pose a risk for injury to the foot and lower extremity. The list is not all-inclusive, but represents the most commonly billed diagnoses that qualify for coverage for routine foot care.

Note: For a complete list of qualifying systemic diseases, see the complete list of diagnosis codes in the attachment(s) below.

- Diabetes mellitus
- Arteriosclerosis obliterans
- Burger’s disease
- Chronic thrombophlebitis
- Dermatophytosis of nail
- Peripheral neuropathies involving the feet associated with malnutrition and/or vitamin deficiency including:
 - Malnutrition (general, pellagra)
 - Alcoholism
 - Malabsorption (celiac disease, tropical sprue)
- Pernicious anemia associated with:
 - carcinoma
 - diabetes mellitus
 - drugs and toxins
 - multiple sclerosis
 - uremia (chronic renal disease)
 - traumatic injury
 - leprosy
 - neurosyphilis
 - hereditary disorders
- Hereditary sensory radicular neuropathy
- Angiokeratoma corporis diffusum (Fabry’s)
- Amyloid neuropathy
- Amyotrophic lateral sclerosis
- Multiple sclerosis
- Quadriplegia

- Paraplegia
- Peripheral Vascular Disease

Class Findings:

Class A, B, C criteria requirements (reported using Modifiers Q7, Q8 or Q9) for medically necessary coverage:

- One Class A finding; (Q7) or
- Two Class B findings; (Q8) or
- One Class B and Two Class C findings, (Q9).

Class A finding (one required):

- Non-traumatic amputation of foot or integral skeletal portion

Class B findings (two required):

- Absent posterior tibial pulse
- Absent dorsalis pedis pulse
- Advanced trophic changes by any three of the following;
 - Hair growth (decrease or absence);
 - Nail changes (thickening);
 - Pigmentary changes (discoloration);
 - Skin texture changes (thin, shiny);
 - Skin color changes (rubor or redness)
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Note: Three (3) out of five (5) trophic changes are required to meet one Class B finding. Any 3, plus the absence of a pulse qualify for the two findings to meet the Class B requirement.

Class C findings (one Class B and two Class C findings required):

- Claudication
- Temperature changes
- Paresthesias
- Burning
- Edema

In the absence of a systemic condition, the following criteria must be met:

- In the case of ambulatory patients there exists:
 - Clinical evidence of mycosis of the toenail and;
 - The patient suffers from pain and/or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

COVERAGE

Benefits vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable surgery services and services not medically necessary coverage and the related exclusions in the podiatrist services section.

BACKGROUND

Routine foot care is typically rendered when the patient has a systemic disease, such as metabolic, neurologic, or peripheral vascular disease, of sufficient severity that performance of such services by a nonprofessional person would put the patient at risk (for example, a systemic condition that has resulted in severe circulatory embarrassment or areas of desensitization in the patient's legs or feet).

Routine foot care includes the cutting or removal of corns and calluses, clipping, trimming, or debridement of nails, including debridement of mycotic nails, shaving, paring, cutting, or removal of keratoma, tyloma, and heloma. Non-definitive simple, palliative treatments include shaving or paring of plantar warts that 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. Also included are any services performed in the absence of localized illness, injury, or symptoms involving the foot.

Podiatric physicians may establish diagnoses (care plan by an allopathic/osteopathic physician is not a coverage or medical necessity requirement) but may be part of appropriate medical care.

Definitions

Routine foot care: cutting or removal of corns or calluses; trimming of toenails; other hygienic, preventive maintenance care included in self-care (such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of both ambulatory and non-ambulatory patients); and any services performed in the absence of localized disease, injury, or symptoms involving the foot.

Nail debridement: the significant reduction in the thickness and length of the toenail with the aim of allowing the patient to ambulate without pain. Nail debridement is a distinct service from “routine foot care.” Simple trimming of the end of the toenails by cutting or grinding is not debridement. Reduction in the length of normal or thickened elongated toenails (whether done with an electric burr or by hand) is not debridement. Similarly, buffing the surface or the edges of manually trimmed mycotic toenails (mycotic=fungal infection) is not debridement.

Loss of protective sensation (LOPS): A diagnosis of diabetic sensory neuropathy with loss of protective sensation (LOPS) requires early intervention to prevent serious complications that typically afflict diabetics with sensory neuropathy. Patients with this diagnosis may receive two foot evaluations, no more often than every six months (examination and treatment) per year, specifically for diabetic peripheral neuropathy with LOPS, as long as they have **not** seen a foot care professional for another reason.

It is not necessary that an osteopathic (DO) or allopathic (MD) physician have established a diagnosis of LOPS and comprehensive diabetic care plan. However, the podiatric professional (i.e., Doctor of Podiatric Medicine) should take appropriate steps for care coordination and promotion of appropriate diabetic care with the physician who is managing the patient’s diabetes.

Peripheral neuropathy: peripheral neuropathy involving the feet, but without the vascular impairment outlined in Class B findings. The neuropathy would be of such severity that care by a non-professional person 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. These conditions are listed below in the 3rd table of ICD9 codes that support medical necessity.

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

Onychauxis: a thickening (hypertrophy) of the base of the nail/nailbed and there is marked limitation of ambulation pain and/or secondary infection that causes symptoms.

CODING

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11055: Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion

11056: Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); 2 to 4 lesions

11057: Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); more than 4 lesions

11719: Trimming of nondystrophic nails, any number

11720: Debridement of nail(s) by any method(s); 1 to 5

11721: Debridement of nail(s) by any method(s); 6 or more

G0127: Trimming of dystrophic nails, any number

Note: All other services, i.e., Annual Exam for diabetics would be filed with the appropriate E & M code.

The following CPT codes **11720, 11721, and G0127**, are covered only when submitted with 1 primary and 1 secondary diagnosis noted below. All other uses are considered not medically necessary.

Primary Diagnosis codes: 110.1, 703.8

Secondary Diagnosis codes: 681.10, 681.11, 703.0, 719.7, 729.5, 781.2

The following CPT codes **11055, 11056, 11057, and 11719**, are covered only when submitted with **1 of the following diagnosis codes**. All other uses are considered not medically necessary.



ICD9 2015.pdf



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foot care.pdf

RELATED POLICIES

None

PUBLISHED

Provider Update, July 2015

Provider Update, September 2014

Provider Update, August 2012

Provider Update, August 2011

Provider Update, December 2010

REFERENCES

CMS Medicare Benefit Policy Manual: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>

NGS LCD Routine Foot Care & Nail Debridement: www.ngsmedicare.com

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