

Medical Coverage Policy | Routine Foot Care and Nail Debridement



EFFECTIVE DATE: 01/01/2009
POLICY LAST UPDATED: 03/29/2014

OVERVIEW

This policy addresses routine foot care, nail debridement, and examination of the feet. Routine foot care includes the cutting, debridement, trimming, reduction, removal or other care of corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, dystrophic nails, excrescences, helomas, hyperkeratosis, hypertrophic nails, deratomas, keratosis, onychia, onychocryptosis, tylomas or symptomatic complaints of the feet.

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
 - Onychia
 - 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)
- Onychauxis (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 list:

- 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 which 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 which 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:

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- 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.

MEDICAL CRITERIA

Not Applicable

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 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. 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 toe nail 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:

Onychogryphosis is 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:

Onychauxis is 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.

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.

CODING

11055:

11056:

11057:

11719:

11720:

11721:

G0127:

Note: All other services ie; 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.

Diagnosis Codes:

030.0, 030.1, 030.2, 030.3, 030.8, 030.9, 090.40, 090.41, 090.42, 094.0, 094.1, 094.2, 094.81, 094.82, 094.9, 110.1, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 270.71, 250.72, 250.73, 263.9, 265.0, 265.2, 266.1, 266.2, 272.7, 277.30, 277.39, 281.0, 334.0, 335.20, 340, 344, 344.00, 344.01, 344.02, 344.03, 344.04, 344.09, 344.1, 356.0, 356.2, 356.3, 356.4, 356.8, 356.9, 357.0, 357.1, 357.2, 357.3, 357.4, 357.5, 357.6, 357.7, 357.81, 357.82, 357.89, 357.9, 358.1, 358.2, 358.30, 358.31, 358.39, 440.20, 440.21, 440.22, 440.23, 440.24, 440.9, 443.0, 443.1, 443.81, 443.82, 443.89, 446.0, 446.7, 447.6, 451.0, 451.11, 451.19, 451.2, 451.81, 453.52, 453.6, 453.79, 453.9, 457.1, 579.0, 579.1, 579.2, 579.3, 579.4, 585.1, 585.2, 585.3, 585.4, 585.5, 585.6, 585.9, 703.8, 714.0



ICD10 Codes.pdf

RELATED POLICIES

None

PUBLISHED

Provider Update	Jul 2014
Provider Update	Aug 2012
Provider Update	Aug 2011
Provider Update	Feb 2011

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:

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