

Medical Coverage Policies

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Routine Foot Care and Nail Debridement

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Description:

Overview:

This policy addresses routine foot care, nail debridement, and examination of the feet. A summary of medically necessary services coverage is listed below:

Diabetics:

- Diabetics being treated with medication may be seen once annually for an examination.
- Diabetics with Loss of Protective Sensation may receive examinations and routine foot care twice annually.

Systemic disorders:

- Individuals with systemic disorders and specific class finding may receive routine foot care services.
- Nail debridement is covered when the patient has a systemic condition and a nail disorder or when the patient has specific symptoms related to a fungal infection of the nail.

Other:

- 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.
- Optima members have coverage for 4 visits/treatments in addition to medically necessary services. (BlueCHIP for Medicare Optima 2009 benefit)

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.

Medical Criteria:

Screening: Diabetic Foot Care Evaluation

Medically necessary services:

One foot care exam/evaluation per year is considered medically necessary for Diabetics requiring more than diet control (i.e. use of oral or injectable antidiabetic medications), even in the absence of other systemic disease and physical findings. (See Class A, B and C criteria listed below)

Coverage for this foot care exam/evaluation does not include coverage for any other routine foot care services or nail debridement (as defined above) when there is no evidence of loss of protective sensation or systemic disease with class findings (See Class A, B and C criteria; or nail debridement indicators listed below).

Not medically necessary services:

Frequency of greater than once per year for this screening foot care evaluation would be considered not medically necessary. This service is covered and medically necessary only when the patient is not already receiving covered services for loss of protective sensation or covered routine foot care and/or debridements due to qualifying conditions and findings (See criteria below) or has received podiatric care for any reason previously during the calendar year, i.e., it is not a benefit in addition to these services for a specific patient.

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.

Routine Foot Care:

In addition to the above indications for diabetic patients, routine foot care is medically necessary when there is evidence of (1) systemic disease, AND (2) certain abnormal historical and physical findings

(See Class A, B, C criteria listed below, to be designated by use of modifiers Q7, Q8 and Q9 when reporting services).

Qualifying Systemic Diseases

Note: A qualifying condition must exist as well as the class findings below.

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:

- Diabetes mellitus
- Arteriosclerosis obliterans
- Burger's disease
- Chronic thrombophlebitis
- Peripheral neuropathies involving the feet 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

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

- One Class A finding; **OR**
- Two Class B findings; **OR**
- One Class B and Two Class C findings.

Class A (Q7) finding (one required):

- Non-traumatic amputation of foot or integral skeletal portion

Class B (Q8) findings (two required):

- Absent posterior tibial pulse
- Absent dorsalis pedis pulse
- Advanced trophic changes (three required) such as:
 - Hair growth (decrease or absence);
 - Nail changes (thickening);
 - Pigmentary changes (discoloration);
 - Skin texture changes (thin, shiny) or;
 - Skin color changes (rubor or redness)

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 (Q9) findings (one Class B and two Class C findings required):

- Claudication
- Temperature changes
- Paresthesias
- Burning
- Edema

Nail Debridement:

Nail debridement is medically necessary when the patient has either:

1. A nail disorder with diagnosis and systemic condition (**see A1 and A2 below**); **OR**
2. In the absence of a systemic condition; 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:

1. A positive fungal culture (by microscopic confirmation of fungus or positive PAS pathology); **OR**
2. 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:

1. 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**
2. Non-ambulatory patient: pain or secondary infection resulting from the thickening and degenerative changes of the infected toenail plate.

Policy:

No Preauthorization is needed.

Medically necessary coverage:

- Routine foot care and nail debridement is considered medically necessary **ONLY** when the patient meets the above medical criteria.
- 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.
- 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.

Not medically necessary coverage:

- If the member does not meet the medical criteria for routine foot care, or for nail debridement, the service is considered not medically necessary, and the routine foot care and/or nail debridement will be the member's responsibility when the member has been properly informed by the provider of services, in advance of receipt of **the services**.

BlueCHIP for Medicare Optima members only:

Covered Podiatry services include:

- Treatment of injuries and diseases of the feet (such as hammer toe or heel spurs),
- Routine foot care for members with certain medical conditions affecting the lower limbs, following the criteria listed above, **and**
- An additional 4 podiatry visits, per calendar year, which may be for routine foot care.

If applicable, a diabetic foot care evaluation (i.e., not meeting LOPS or class criteria definitions) would constitute ONE of the routine foot care visits, per calendar year. Please see Diabetic Foot Care Indication above.

Coverage:

Benefits **may** vary between groups/contracts. Please refer to the Evidence of Coverage, Subscriber Agreement, Benefit Booklet, or Rte Care Contract for applicable office visit, outpatient service, and/or surgery services for benefits/coverage, and the related exclusions in the podiatrist services section.

Coding:

Office visits for the Diabetic foot care evaluation for screening should use the appropriate evaluation and management (E&M) code. When following coding guidelines, an evaluation and management service code of greater than a level of 99202 or 99212 would not be expected for diabetes mellitus patients without vascular or neuropathic disease who receive this annual foot exam. The services provided to the diabetic without LOPS would be expected to mirror LOPS evaluation services with regards to evaluation and education.

The following codes are covered under the member's surgery benefit:

11055
11056
11057
11719
11720
11721

G0127
G0247

Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective 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 **Note:** G0247 can be filed with G0245 or G0246

The following codes are covered under the member's office visit benefit:

G0245
G0246

The following is not separately reimbursed as claims should be filed with the appropriate CPT or G code:

S0390

Published:

Policy Update, March 2001
Policy Update, February 2001
Policy Update, October 2000
Policy Update, July 2007
Policy Update, October 2007
Provider Update, October 2008
Provider Update, July 2009
Provider Update, Dec 2010

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Centers for Medicare & Medicaid Services. NCD for Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (70.2.1). Retrieved on 02/06/08 from: http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=70.2.1&ncd_version=1&basket=ncd%3A70%2E2%2E1%3A1%3AServices+Provided+for+the+Diagnosis+and+Treatment+of+Diabetic+Sensory+Neuropathy+with+Loss+of+Protective+Sensation+%28aka+Diabetic+Peripheral+Neuropathy%29.

Medicare Part A LCD. Routine Foot Care. ARA-02-043. Retrieved on 02/06/08 from: <http://www.rimedicare.org/provider/medpola/ara02043.asp>.

Medicare Part B LCD. Debridement of Toenails. AC-03-003. Retrieved on 02/07/08 from: <http://www.rimedicare.org/provider/medpolb/ac03003.asp>.

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Lavery, LA, et al. Risk factors for foot infections in Individuals with Diabetes. Diabetes Care 2006 Jun;29(6):1288-93. Retrieved on 04/14/08 from: <http://care.diabetesjournals.org/cgi/reprint/29/6/1288?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&volume=29&firstpage=1288&resourcetype=HWCIT>.

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