

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.010.MH  
Last Review Date: 11/12/2015  
Effective Date: 01/01/2016  
Renewal Date: 01/01/2017

### MP.010.MH – Routine Foot Care Services

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers Routine Foot Care Services medically necessary for the following indications:

Routine foot care may be considered medically necessary 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

## MP.010.MH – Routine Foot Care Services

Policy Number: MP.010.MH  
Last Review Date: 11/12/2015  
Effective Date: 01/01/2016  
Renewal Date: 01/01/2017

Temperature changes (e.g., cold feet)  
Claudication  
Burning

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:

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

- a) In the case of ambulatory members, there is clinical evidence of mycosis of the toenail, and the patient has marked limitation of ambulation due solely to discomfort caused by the nails or has secondary soft tissue infection resulting from the thickening and dystrophy of the infected nail plate from the thickening and dystrophy of the infected toenail plate.
- b) In the case of non-ambulatory members, they must from pain and/or secondary infection or the condition compromises the patient's ADL or care resulting from the thickening and dystrophy of the infected toenail plate and clinical evidence demonstrating the member has mycosis of the toenail

### 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

## MP.010.MH – Routine Foot Care Services

Policy Number: MP.010.MH  
Last Review Date: 11/12/2015  
Effective Date: 01/01/2016  
Renewal Date: 01/01/2017

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

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.

## MP.010.MH – Routine Foot Care Services

Policy Number: MP.010.MH  
 Last Review Date: 11/12/2015  
 Effective Date: 01/01/2016  
 Renewal Date: 01/01/2017

<b>CPT Codes / HCPCS Codes / ICD-10 Codes</b>	
Code	Description
<b>CPT codes</b>	
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
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
<b>HCPCS codes covered if selection criteria are met (If Appropriate):</b>	
G0127	Trimming of nondystrophic nails, any number
<b>G0247</b>	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
<b>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:</b>	
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
<b>ICD-9 codes covered if selection criteria are met:</b>	
030.0-030.3	Leprosy
042	Human immunodeficiency virus disease
090.1	Early congenital syphilis latent
090.40-090.42	Juvenile neurosyphilis unspecified - congenital syphilitic meningitis
094.0-094.87	Neurosyphilis

## MP.010.MH – Routine Foot Care Services

Policy Number: MP.010.MH  
 Last Review Date: 11/12/2015  
 Effective Date: 01/01/2016  
 Renewal Date: 01/01/2017

110.1	Dermatophytosis of nail
249.00-249.91	Secondary diabetes mellitus without mention of complication not stated as uncontrolled or unspecified – secondary diabetes mellitus with unspecified complication, uncontrolled
*250.00-250.93	Diabetes Mellitus
265.2	Pellagra
*266.0-266.9	Deficiency of B-Complex components
271.4	Renal Glycosuria
272.7	Lipidoses
277.30	Amyloidosis unspecified
277.39	Amyloidosis – other
281.0	Pernicious Anemia
335.20	Amyotrophic lateral sclerosis (ALS)
337.00	Idiopathic peripheral autonomic neuropathy, unspecified
337.09	Other idiopathic peripheral autonomic neuropathy
337.1	Peripheral autonomic neuropathy in disorders classified elsewhere
*340	Multiple sclerosis
356.0-356.9	Hereditary and idiopathic peripheral neuropathy
357.0	Acute infective polyneuritis
357.1	Polyneuropathy in collagen vascular disease
*357.2	Polyneuropathy in diabetes
*357.3	Polyneuropathy in malignant disease
*357.4	Polyneuropathy in other diseases classified elsewhere
357.5	Alcoholic polyneuropathy
*357.6	Polyneuropathy due to drugs
*357.7	Polyneuropathy due to other toxic agents
357.81-357.89	Chronic inflammatory and toxic neuropathy, other
357.9	Chronic inflammatory and toxic neuropathy, unspecified
440.20-440.29	Atherosclerosis of native arteries of the extremities, unspecified
440.9	Generalized and unspecified atherosclerosis

## MP.010.MH – Routine Foot Care Services

Policy Number: MP.010.MH  
 Last Review Date: 11/12/2015  
 Effective Date: 01/01/2016  
 Renewal Date: 01/01/2017

443.0	Raynaud's Syndrome
443.1	Thromboangitis obliterans (Buerger's disease)
443.81-443.89	Other specified peripheral vascular diseases
443.9	Peripheral vascular disease, unspecified
447.1	Stricture of artery
447.6	Arteritis, unspecified (use of arteritis of the feet)
*451.0	Phlebitis and thrombophlebitis of superficial vessels of lower extremities
*451.11	Phlebitis and thrombophlebitis of femoral vein (deep) (superficial)
*451.19	Phlebitis and thrombophlebitis of deep vessels of lower extremities, other
*451.2	Phlebitis and thrombophlebitis of lower extremities, unspecified
457.1	Other lymphedema
459.10-459.19	Postphlebitic Syndrome
459.2	Compression of vein
459.30-459.39	Chronic venous Hypertension (idiopathic)
459.81	Venous (peripheral) insufficiency, unspecified
459.9	Unspecified circulatory system disorder
579.0	Celiac disease
579.1	Tropical disease
579.9	Unspecified intestinal malabsorption
585.1-589.9	Chronic kidney disease
648.00-648.04	Diabetes Mellitus of mother complicating pregnancy childbirth or the puerperium unspecified as to episode of care- postpartum Diabetes Mellitus
681.10-681.11	Cellulitis and abscess of toe
682.6	Other cellulitis and abscess, leg, except foot
682.7	Other cellulites and abscess, foot, except toes
682.9	Other cellulites and abscess, unspecified site
703.0	Ingrowing nail
719.7	Difficulty in walking
729.5	Pain in Limb

## MP.010.MH – Routine Foot Care Services

Policy Number: MP.010.MH  
 Last Review Date: 11/12/2015  
 Effective Date: 01/01/2016  
 Renewal Date: 01/01/2017

757.0	Hereditary edema of legs
781.2	Abnormality of gait
782.3	Edema
959.7	Injury, knee, leg, ankle and foot
*V58.61	Long term (current) use of anticoagulants

**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
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

## MP.010.MH – Routine Foot Care Services

Policy Number: MP.010.MH  
 Last Review Date: 11/12/2015  
 Effective Date: 01/01/2016  
 Renewal Date: 01/01/2017

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
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



## MP.010.MH – Routine Foot Care Services

Policy Number: MP.010.MH  
 Last Review Date: 11/12/2015  
 Effective Date: 01/01/2016  
 Renewal Date: 01/01/2017

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
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->

## MP.010.MH – Routine Foot Care Services

Policy Number: MP.010.MH  
Last Review Date: 11/12/2015  
Effective Date: 01/01/2016  
Renewal Date: 01/01/2017

- [database/details/article-details.aspx?articleId=52996&ver=5&ContrId=321&ContrVer=1&CtrctrSelected=321\\*1&Date=&DocID=A52996&bc=hAAAAAgAAAAAA%3d%3d&](#)
- Center for Medicare & Medicaid Services: Local coverage determination L35138 -Routine Foot Care (Contractor: Wisconsin Physicians Service Insurance Corporation Effective October , 2015. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35138&ContrId=324&ver=11&ContrVer=1&CoverageSelecton=Both&ArticleType=All&PolicyType=Final&s=Maryland&KeyWord=Routine+Foot+Care&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAA%3d%3d&>
  - Center for Medicare & Medicaid Services: Local coverage determination L35013-Debridement of Mycotic Nails (Contractor: Novitas Solutions, Inc.). Effective October 1, 2015. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35013&ContrId=316&ver=6&ContrVer=1&Date=&DocID=L35013&bc=iAAAAAgAAAAAA%3d%3d&>
  - 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>
  - 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/peripheral\\_arterial\\_disease/occlusive\\_peripheral\\_arterial\\_disease.html](http://http://www.merckmanuals.com/home/heart_and_blood_vessel_disorders/peripheral_arterial_disease/occlusive_peripheral_arterial_disease.html)
  - 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>
  - 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~Jurisdiction%2011%20Part%20B~Browse%20by%20Specialty~Podiatry~8HMUWD2046?open&navmenu=%7C%7C>
  - Screening for Peripheral Arterial Disease. A Brief Evidence Update for the U.S. Preventive Services Task Force (USPSTF). Release date: August 2005. AHRQ Publication No. 05-0583-B-EF. <http://www.uspreventiveservicestaskforce.org/uspstf/uspspard.htm>

## MP.010.MH – Routine Foot Care Services

Policy Number: MP.010.MH  
Last Review Date: 11/12/2015  
Effective Date: 01/01/2016  
Renewal Date: 01/01/2017

9. Thomson FJ, Masson EA. Can elderly diabetic patients co-operate with routine foot care? ; Age Ageing. 1992 Sep; 21(5):333-337.  
<http://www.ncbi.nlm.nih.gov/pubmed/1414669>
10. Tierney S, Fennessy F, Hayes DP. ABC of arterial and vascular disease. Secondary prevention of peripheral vascular disease. BMJ. 2000 May; 320(7244):1262-1265. <http://www.bmj.com/content/320/7244/1262.pdf%2Bhtml>

### **Disclaimer:**

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.