

MedStar Health, Inc. POLICY AND PROCEDURE MANUAL

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SUBJECT: Routine Foot Care Services
INDEX TITLE: Medical Management
ORIGINAL DATE: January 2013

This policy applies to the following MedStar Health lines of business:
(Check those that apply.)

COMMERCIAL	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Individual Product	<input type="checkbox"/> Marketplace (Exchange)	<input checked="" type="checkbox"/> All
GOVERNMENT PROGRAMS	<input type="checkbox"/> MA HMO	<input type="checkbox"/> MA PPO	<input type="checkbox"/> MA C-SNP	<input type="checkbox"/> MA D-SNP	<input checked="" type="checkbox"/> MA All	
	<input type="checkbox"/> Medicaid					
OTHER	<input checked="" type="checkbox"/> Self-funded/ASO					

I. POLICY

It is the policy of MedStar Health, Inc. to recognize routine foot care in accordance with the terms of the benefit plan as appropriate and consistent with good medical practice and will provide coverage only for members with conditions associated with inadequate circulation to the lower extremities such as diabetes and peripheral vascular disease when the services are medically necessary (CRM.015.MH – Medical Necessity). These services must be performed by a qualified provider of foot care services. A qualified provider is one who is licensed and is performing within the scope of licensure e.g., a podiatrist or physician.

The purpose of this policy is to identify those clinical conditions in which routine foot care services may be considered medically necessary and covered by MedStar Health, Inc. and the individual member's benefit plan.

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to describe the coverage for routine foot care services.

IV. SCOPE

This policy applies to various MedStar Health, Inc. departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims departments.

V. PROCEDURE

A. Medical Description

The following services are considered to be components of routine foot care, regardless of the provider rendering the service:

- Cutting or removal of corns and calluses.
- Clipping or trimming of normal or 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 members.
- Any services performed in the absence of localized illness, injury or symptoms involving the foot.

In most situations, these services can be performed by a non-professional. However, treatment of these conditions may pose a hazard when performed by a non-professional person on a member with a systemic condition that has resulted in severe circulatory insufficiency or areas of desensitization in the legs or feet. As such, MedStar Health, Inc. **only covers** services provided by a **physician or podiatrist** on members with these conditions.

A mycotic nail or onychomycosis is a fungal nail infection. Symptoms include yellowing/thickening of the nail. In severe conditions, the nail may become dystrophic and loose from the nail bed. This can result in development of a secondary infection. Debridement of mycotic nails and/or oral/topical drugs may be necessary in the presence of secondary infection accompanied by pain that limits ambulation.

B. Indications

1. 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),
- Skin color (rubor or redness),
- Pigmentary changes (discoloration),
- Skin texture (thin, shiny),
- Nail changes (thickening),
- Absent dorsalis pedis pulse.

Class C Findings:

Paresthesias (abnormal spontaneous sensations), edema, temperature changes (e.g., cold feet), claudication, or 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 exists both:
 1. Clinical evidence of mycosis of the toenail and
 2. Marked limitation of ambulation, pain, and/or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.
- b) In the case of non-ambulatory members there exists both:

1. A secondary infection and/or pain that the member suffers from which results from the dystrophy and thickening of the infected toenail plate and
2. Clinical evidence demonstrating the member has mycosis of the toenail

C. 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 sixty (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 and KOH preparations 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. MedStar Health, Inc. may request clinical documentation in order to audit claims data.
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.

D. Codes

The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in



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effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT Codes

<u>Code:</u>	<u>Description:</u>
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 lesions.
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

<u>Code:</u>	<u>Description:</u>
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

ICD-9 Codes (Covered)

<u>Code:</u>	<u>Description:</u>
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
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)



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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
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
757.0	Hereditary edema of legs
781.2	Abnormality of gait
782.3	Edema



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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)

Code:	Description :
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
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



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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
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

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.

E. Variations

N/A

F. Quality Audit

Quality Audit may monitor policy compliance or billing accuracy at the request of the MedStar Health, Inc.

G. Records Retention

Records Retention for documents, regardless of medium are provided within the MedStar Health, Inc. Policy Records Retention, management and Retirement, and as indicated in the MedStar Health, Inc. Policy and Procedure CORP.028.MH for Records Retention.

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Regulatory/Government Source:

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 6. 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>

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