

Medicare-Coding for Foot Care

According to Medicare guidelines, they will cover foot care services **only when it is medically necessary and reasonable**. Certain foot care related services, unless listed under “conditions that might justify coverage”, are not generally covered by Medicare.

In general, the following services are **not covered** by Medicare:

- Treatment of flat foot-defined as a condition in which one or more arches of the foot have flattened out. Services or devices directed toward the correction of such conditions are not covered.
- Routine foot care is excluded from coverage. Services that are normally considered routine and are not covered include the following:
 - The cutting or removal of corns and calluses
 - The trimming, cutting, clipping or debriding of nails
 - Other hygienic and preventive maintenance care, such as cleaning and soaking of the feet, the use of foot creams, and any other service performed in the absence of localized illness or injury
- Supportive Devices for Feet; orthopedic shoes and other supportive devices for the feet are generally not covered, except if shoe is an integral part of a leg brace or special circumstances for patients with diabetes.

The exclusion of foot care is **determined by the nature of the service** and not according to who provides the service.

When a claim shows both covered and non-covered services the portion of the charges that are attributable to the non-covered services will be denied.

Conditions that Might Justify Coverage

Foot care which would otherwise be considered routine (and therefore not covered), may be covered when a systemic condition(s) results in severe circulatory embarrassment or areas of diminished sensation in the individual's legs or feet. Such systemic conditions may pose a hazard to the patient when performed by a nonprofessional person.

The following list (not intended to be comprehensive) most commonly represent the underlying conditions that might justify coverage for routine foot care:

- Diabetes Mellitus *
- Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis)
- Buerger's disease (thromboangiitis obliterans)
- Chronic thrombophlebitis *
- Peripheral neuropathies involving the feet
 - Associated with malnutrition and 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

(*) Routine procedures are covered only if the patient is under the active care of a Doctor of Medicine or Osteopathy who documents the condition. Allowed once every 60 days for routine; more frequent services with medical necessity

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Additional Circumstances When Coverage May be Allowed

- Treatment of warts (including plantar warts) on the foot is covered to the same extent as services provided for the treatment of warts located elsewhere on the body.
- Treatment of mycotic nails (fungal infection of the nails) (ICD B35.1 onychomycosis, tinea unguium) may be covered in the absence of the systemic conditions listed above. The treatment of mycotic nails for an ambulatory patient is covered only when the physician treating the condition documents that 1) there is clinical evidence of mycosis of the toenail, and 2) the patient suffers from pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.
 - Debridement, only covered for acute conditions; requires thinning of toenail to normal thickness
 - Covered only once every 60 days
 - Ambulatory patient
 - Clinical evidence of toenail mycosis
 - Limitation of ambulation, pain or secondary infection
 - Non-ambulatory patient
 - Clinical evidence of toenail mycosis
 - Pain or secondary infection

Presumption of Coverage

Presumption of coverage may be made when the available evidence discloses certain physical and/or clinical findings consistent with the diagnosis indicative of severe peripheral involvement.

For the purposes of applying this presumption the following findings are pertinent:

- Class A Findings
 - Nontraumatic amputation of foot or integral skeletal portion thereof.
- Class B Findings
 - Absent posterior tibial pulse;
 - Advanced trophic changes as: hair growth (decrease or absence), nail changes (thickening), pigmentary changes (discoloration), skin texture (thin, shiny), skin color (rubor or redness) (three required); and
 - Absent dorsalis pedis pulse
- Class C Findings
 - Claudication
 - Temperature changes (e.g. cold feet);
 - Edema;
 - Paresthesia's (abnormal spontaneous sensations in the feet); and
 - Burning

The presumption of coverage may be applied when the physician rendering the routine foot care has identified:

- 1 Class A finding;
- 2 of the Class B findings; or
- 1 Class B and 2 Class C findings

Following modifiers should be appended to the foot care procedure to show the findings:

- Q7- 1 Class A finding
- Q8- 2 Class B findings
- Q9- 2 Class B & 2 Class C findings

Foot Care for Patients with Chronic Disease

Diabetic Sensory Neuropathy: Loss of Protective Sensation (LOPS)

Medicare covers an evaluation (exam and treatment) of the feet once every six months for individuals with a documented diagnosis of diabetic sensory neuropathy and LOPS (if the patient has not seen a foot care specialist for some other reason in the interim)

- The examination includes:
 1. A patient history

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2. A physical examination that must consist of at least the following elements:
 - o Visual inspection of forefoot and hindfoot (including toe web spaces)
 - o Evaluation of protective sensation
 - protective sensation
 - foot structure and biomechanics
 - vascular status and skin integrity
 - need for special footwear
3. Patient education

- Treatment includes, but is not limited to:
 1. Local care of superficial wounds
 2. Debridement of corns and calluses
 3. Trimming and debridement of nails

HCPCS Codes for billing LOPS

HCPCS	Description
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy
G0246	Follow up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy. To include if present: <ol style="list-style-type: none"> 1. Local care of superficial wounds 2. Debridement of corns and calluses; and 3. Trimming and debridement of nails (must be billed on the same date of service with either G0245 or G0246 to be considered for payment)
Note:	These codes are bundled into E/M codes 99201-99215 and are not separately billable

CPT Trimming and Debridement of Nails

CPT	Description
11055	Paring or cutting of benign hyperkeratotic lesion, single lesion
11056	2-4 lesions
11057	More than 4 lesions
11719	Trimming of non-dystrophic nails, any number
11720	Debridement of nail(s) by any method(s); one to five
11721	Six or more
G0127	Trimming of dystrophic nails, any number

Append the appropriate Q modifier for class findings.

SmartPhrase for footcare documentation requirement:

.FOOTCARE

Resources:

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1113.pdf>
- <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=171&ncdver=1&bc=BAAgAAAAAA&>
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/AB02096.pdf>
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r498cp.pdf>
- <https://www.aapc.com/blog/23995-warning-trimming-toe-nails-can-be-hazardous/>