

Policy

DEPARTMENT: Utilization Management	POLICY#: UM - 017
TITLE: Podiatry Policy	VERSION: 1.0
APPROVED BY: UM Committee	DATE: 8/24/2022
DEPENDENCIES:	

Table of Contents

Purpose2

Definitions, Abbreviations, and Acronyms2

Policy2

Purpose

To support Longevity Health Plan's claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable Medicare coding or billing requirements, and/or medical necessity coverage guidelines, including documentation requirements.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
Class A Findings	Nontraumatic amputation of the foot or integral skeletal portion thereof
Class B Findings	Absent posterior tibial pulse, advanced trophic changes and absent dorsalis pedis pulse
Class C Findings	Claudication, temperature changes, edema, paresthesias and burning
Mycotic	Evidence of mycosis of the toes characterized by one or more of the following: thickness, thinness, discoloration, looseness, destruction or lysis, misshapeness of the nail and/or nail bed
LOPS	Loss of Sensory Protection from Diabetic Neuropathy

Policy

- A. Routine foot care is excluded from Medicare coverage except for the following conditions or situations:
1. Necessary and integral part of otherwise covered services
 - Diagnosis and treatment of ulcers, wounds or infections
 - Trimming or cutting nails to be fitted with a cast following a fracture (if the cast is a separately billable service)
 2. Presence of systemic conditions
 - Metabolic, neurologic or peripheral vascular disease that may require scrupulous foot care by a professional
 3. Treatment of warts on foot
 - Treatment of warts, including plantar warts, on the foot is covered to the same extent as services provided for treatment of warts located elsewhere on the body
 4. Mycotic Nails: In the absence of a systemic condition, treatment of mycotic nails may be covered, only when the following criteria are met:
 5. Ambulatory patient
 - Clinical evidence of mycosis of the toenail and
 - Patient has marked limitation of ambulation, pain or secondary infection resulting from thickening and dystrophy of the infected toenail plate
 6. Non-ambulatory patient
 - Clinical evidence of mycosis of the toenail and
 - Patient suffers from pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate

Note: Covered exceptions to routine foot care services are considered medically necessary once (1) in 60 days. Routine foot care services performed more often than every 60 days will be denied unless documentation is submitted with the claim to substantiate the increased frequency.

B. Systemic Conditions That Might Justify Coverage - Although not intended as a comprehensive list, the following metabolic, neurologic, and peripheral vascular diseases (with synonyms in parentheses) most commonly represent the underlying conditions that might justify coverage for routine foot care:

1. Diabetes mellitus
2. Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis)
3. Buerger's disease (thromboangiitis obliterans)
4. Chronic thrombophlebitis
5. Peripheral neuropathies involving the feet, associated with:
 - a. Malnutrition and vitamin deficiency
 - Malnutrition (general, pellagra)
 - Alcoholism
 - Malabsorption (celiac disease, tropical sprue)
 - Pernicious anemia
 - b. Carcinoma
 - c. Diabetes mellitus
 - d. Drugs and toxins
 - e. Multiple sclerosis
 - f. Uremia (chronic renal disease)
 - g. Traumatic injury
 - h. Leprosy or neurosyphilis
 - i. Hereditary disorders
 - Hereditary sensory radicular neuropathy
 - Angiokeratoma corporis diffusum (Fabry's)
 - Amyloid neuropathy

C. Relatively few claims for routine-type care are anticipated considering the severity of conditions contemplated as the basis for this exception. Claims for this type of foot care should not be paid in the absence of convincing evidence that nonprofessional performance of the service would have been hazardous for the beneficiary because of an underlying systemic disease.

1. The mere statement of a diagnosis such as those mentioned in §A above does not of itself indicate the severity of the condition.
2. Where development is indicated to verify diagnosis and/or severity, records may be requested to review the history and medical conditions of the patient as well as any physician contacts.
3. Codes and policies for routine foot care and supportive devices for the feet are not exclusively for the use of podiatrists. These codes must be used to report foot care services regardless of the specialty of the physician who furnishes the services.
4. All claims for routine foot care based on the presence of a systemic condition must have a "Q" billing modifier to be considered for payment. "Q" Modifiers (Q7, Q8, and Q9) are utilized to denote Class A (Q7), Class B (Q8) and Class C (Q9) findings. These modifiers may be used with procedure codes 11055, 11056, 11057, 11719, 11720, 11721 or G0127.

5. When a Q7, Q8, or Q9 modifier is used, the provider must document in the medical record the appropriate signs and symptoms as outlined in Class Findings A, B, and/or C along with the complicating condition(s).
6. The following tables of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
11055	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); more than 4 lesions
11719	Trimming of non-dystrophic nails, any number
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more

HCPCS Code	Description
G0127	Trimming of dystrophic nails, any number
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education.
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education.
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.

D. Presumption of Coverage

1. In evaluating whether the routine services can be reimbursed, a presumption of coverage may be made where the evidence available discloses certain physical and/or clinical findings consistent with the diagnosis and indicative of severe peripheral involvement. The presumption of coverage may be applied when the physician rendering the routine foot care has identified:
 - a. One Class A finding
 - b. Two of the Class B findings

- c. One Class B and two Class C findings
- 2. Cases evidencing findings falling short of these alternatives may involve podiatric treatment that may constitute covered care.
- 3. Services ordinarily considered routine might also be covered if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of diabetic ulcers, wounds, and infections.

E. Supportive Devices for Feet

- 1. Orthopedic shoes and other supportive devices for the feet generally are not covered.
- 2. This exclusion does not apply to such a shoe if:
 - it is an integral part of a leg brace
 - its expense is included as part of the cost of the brace
 - therapeutic shoes furnished to diabetics



Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
1.0	New	8/24/2022	Heidi Wold	Initial