ICD-10 and CPT Coding for FOOT CARE in NGS WORLD

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BACK to BASICS

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What is "Routine Foot Care"?

- The following services are considered to be components of routine foot care, regardless of the provider rendering the service:
  - The cutting or removal of corns and calluses;
  - Clipping, trimming, or debridement of nails, including debridement of 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, such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of either ambulatory or bedfast patients, and any other service performed in the absence of localized illness, injury, or symptoms involving the foot.

INDICATIONS

- While the Medicare program generally excludes routine foot care services from coverage, there are specific indications or exceptions under which there are program benefits.

- Medicare payment may be made for routine foot care when the patient has a systemic disease such as:
    1. Metabolic
    2. Neurologic
    3. Peripheral vascular disease

These must be of sufficient severity that performance of such services by a nonprofessional person would put the patient at risk.

INDICATIONS

- The 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.
- 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.

Mycotic Nails

- Treatment of mycotic nails may be covered under the exceptions to the routine foot care exclusion.
- The class findings, or the presence of qualifying systemic illnesses causing a peripheral neuropathy, must be present.
- Payment may be made for the debridement of a mycotic nail (whether by manual method or by electrical grinder) when definitive antifungal treatment options have been reviewed and discussed with the patient at the initial visit and the physician treating the mycotic condition documents that certain criteria are met.
- What are these criteria?

Mycotic Nails

- In the case of ambulatory patients there exists:
  1. Clinical evidence of mycosis of the toenail.
  2. Marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

- In the case of non-ambulatory patients there exists:
  1. Clinical evidence of mycosis of the toenail.
  2. The patient suffers from pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

Toe Nails

- Procedures for treating toenails are covered for the following:

1. Onychogryphosis (defined as long-standing thickening, in which typically a curved hooked nail [ram's horn nail] occurs), and there is marked limitation of ambulation, pain, and/or secondary infection where the nail plate is causing symptomatic indentation of or minor laceration of the affected distal toe; and/or
2. Onychauxis (defined as a thickening [hypertrophy] of the base of the nail/nail bed) and there is marked limitation of ambulation, pain, and/or secondary infection that causes symptoms.

Class Findings

- The following physical and clinical findings must be documented and maintained in the patient record:

Class A findings:

Non-traumatic amputation of foot or integral skeletal portion thereof.

Class B findings:

Absent posterior tibial pulse;

Advanced trophic changes such as (three required):

hair growth (decrease or absence);

nail changes (thickening);

pigmentary changes (discoloration);

skin texture (thin, shiny);

skin color (rubor or redness); AND

Absent dorsalis pedis pulse.

Class Findings

- Class C findings:
    1. Claudication
    2. Temperature changes (e.g., cold feet)
    3. Edema
    4. Paresthesias (abnormal spontaneous sensations in the feet)
    5. Burning

The following support is necessary for coverage:

1. A Class A finding - Modifier Q7
2. Two of the Class B findings - Modifier Q8
3. One Class B and two Class C findings - Modifier Q9

Limitations of Service

- When using an ICD-10 code describing a systemic disease that supports "medical necessity" routine foot care procedures are reimbursable only if the patient is under the active care of a doctor of medicine or osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.
- The global surgery rules will apply to routine foot care procedure codes 11055, 11056, 11057, 11719, 11720, 11721, and G0127 (60 days).
- E&M service billed on the same day as a routine foot care service is not eligible for reimbursement unless the E&M service is a significant separately identifiable service, indicated by the use of modifier 25, and documented by medical record.

Routine Foot Care Codes

11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE LESION
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); 2 TO 4 LESIONS
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THAN 4 LESIONS
11719	TRIMMING OF NONDYSTROPHIC 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
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER

Use of Modifiers

- One of the modifiers listed below must be reported with codes 11055, 11056, 11057, 11719, G0127, and with codes 11720 and 11721 when the coverage is based on the presence of a qualifying systemic condition:

  Modifier Q7: One (1) Class A finding
  Modifier Q8: Two (2) Class B findings
  Modifier Q9: One (1) Class B finding and two (2) Class C findings

Exception: Where the patient has evidence of neuropathy, but no vascular impairment, for which class findings modifiers are not required.

Examples of Qualifying Systemic Conditions

A30.0	Indeterminate leprosy
A30.1	Tuberculoid leprosy
A30.2	Borderline tuberculoid leprosy
A30.3	Borderline leprosy
A30.4	Borderline lepromatous leprosy
A30.5	Lepromatous leprosy
A30.8	Other forms of leprosy
A50.41	Late congenital syphilitic meningitis
A50.42	Late congenital syphilitic encephalitis
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A52.11	Tabes dorsalis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency

Examples of Qualifying Systemic Conditions

E09.51*	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52*	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59*	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610*	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E10.41*	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42*	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43*	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44*	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49*	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51*	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52*	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59*	Type 1 diabetes mellitus with other circulatory complications
E10.610*	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.41*	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42*	Type 2 diabetes mellitus with diabetic polyneuropathy

ICD-10 Codes

- For treatment of mycotic nails, or onychogryphosis, or onychauxis

CPT code: 11719, 11720, 11721, G0127,

in the absence of a systemic condition or where the patient has evidence of neuropathy, but no vascular impairment, for which class findings modifiers are not required,

ICD-10 code: B35.1, L60.2, L60.3

must be reported as primary, with the diagnosis representing the patient's symptom reported as the secondary ICD-10-CM code.

Secondary ICD-10 Codes

L02.611	Cutaneous abscess of right foot
L02.612	Cutaneous abscess of left foot
L03.031	Cellulitis of right toe
L03.032	Cellulitis of left toe
L03.041	Acute lymphangitis of right toe
L03.042	Acute lymphangitis of left toe
L60.0	Ingrowing nail
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
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

Medical Documentation

- For debridement of mycotic nails, for each service encounter, the medical record should contain a description of each nail which requires debridement.
- This should include:
    1. Size (including thickness)
    2. Color of each affected nail
    3. Local symptomatology caused by each affected

For CPT code 11720 documentation of at least one nail will be accepted.

For CPT code 11721 complete documentation must be provided for at least 6 nails.

Medical Documentation

- The current record must include examination findings that validate the severity of the systemic condition and qualifies the patient as "at risk" for a non-professional to performing routine foot care.
- The current record must detail the palliative service(s) performed and what anatomic sites they were performed.
- The current record can use and refer to detailed findings from a previous encounter record if the patient's clinical exam is unchanged.

"Review of the patient's current history and examination findings note that there is no change in either from findings from [date]"

The Use of Cultures

- Cultures of fungi in the toenail is medically indicated when:
  1. To differentiate fungal disease from psoriatic nail
  2. When definitive treatment for prolonged oral antifungal therapy has been planned

If cultures are performed and billed, documentation of cultures and the need for prolonged oral antifungal therapy must be in the patient record and available to Medicare upon request.

Utilization Guidelines

- Routine foot care services are considered medically necessary once (1) in 60 days.
- More frequent services will be considered not medically necessary.
- Services for debridement of more than five nails in a single day may be subject to special review.

- "So, what if the patient wants to be seen more frequently than every 61 days?

  Answer: Make sure you have an advance beneficiary notice (ABN) signed, and submit the claim with the codes appended with a "GA" modifier.

Guidelines

- When billing two routine foot care codes together, be sure to check for any Correct Coding Initiative (CCI) edit bundles involving the code.

CCI Edits for Routine Foot Care

CPT 11055(6,7)	CPT 11719
CPT 11720-59	CPT 9920X-25
CPT 11055(6,7)	CPT 11720
CPT 11721-59	CPT 9920X-25
CPT 11720	CPT 11721
G0127-59	CPT 9920X-25
CPT 11719	G0127
CPT 11720-59	CPT 9920X-25

Established E/M codes require a “-25” modifier when billed with any routine foot care code.

Guidelines

- CPT 11305-11308 (shaving of epidermal or dermal lesions) are not to be substituted for routine foot care codes.

Guidelines

- E/M codes are not to be substituted for routine foot care codes.
- Once the patient has been evaluated and diagnosed to be “at risk” – qualifying routine foot care – you cannot “add” an E/M service each time the patient returns for palliative care to see if their status has changed.

- Routine foot care: #1 audited codes for DPMs

QUESTIONS?