Common Foot Condition Coding Update

Paul Kesselman, DPM
Routine Foot Care and Debridement of Nails Coverage Issues Based on NGS (L33636)
“Medicare generally does not cover routine foot care”.... with the following exceptions....
Exceptions
One of Three Ways (Choose 1 Per Patient)

- Systemic Disease & Vascular Class Findings
- Onychomycosis, Onychogryphosis, or Onychauxis AND Pain, Marked Limitation of Ambulation, or Secondary Infection
- Peripheral Neuropathy With Group 4 Diagnosis

Anticoagulant Drugs Varies by Carrier

So Ca. Symptomatic Hyperkeratosis Policy
Systemic Disease + Class Findings

• List of 205 Systemic Diagnoses in Group 1
Systemic Disease + Class Findings

- Watch for the * !!! MD, DO, or NPP within the last 6 months or shortly after rendition of service
  - Remember: If there is no** you may be the Ref Physician
Vascular Class Findings

- 1 Class A finding (modifier Q7)
- 2 Class B findings (modifier Q8)
- 1 Class B and 2 Class C findings (modifier Q9)
• Class A Finding:
  • Nontraumatic amputation of foot

• Class B Findings:
  • Absent DP pulse
  • Absent PT pulse
  • Advanced trophic changes (at least three of the following):
    • Decrease or absence of hair growth
    • Nail changes
    • Skin pigment changes
    • Thin and shiny skin texture
    • Rubor or redness of skin

• Class C Findings:
  • Claudication
  • Temperature changes (cold feet)
  • Edema
  • Paresthesia (abnormal spontaneous sensations in feet)
  • Burning
CPT Codes for Nail Care

• **CPT 11719**: Trimming of nondystrophic nails, any number
• **CPT G0127**: Trimming of dystrophic nails, any number
• **CPT 11720**: Debridement of nail(s) by any method(s); one to five
• **CPT 11721**: Debridement of nail(s) by any method(s); six or more

• Trimming of toenails = Cutting only in length
• Debridement = reduce bulk = Must include “length and Girth to Patient Tolerance”.
• You must state which toenails were debrided
Possible Combination

- CPT 11720 – Q___
- CPT G0127 - 59 – Q___
Hyperkeratosis

- CPT 11055 - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
- CPT 11056 - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions
- CPT 11057 - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than four lesions
Onychomycosis, Onychogryphosis, or Onychauxis

AND

Pain, Marked Limitation of Ambulation, or Secondary Infection

Primary Diagnosis Must Be One Of:
B35.1 – Onychomycosis
L60.2 – Onychogryphosis
L60.3 – Dystrophic nail

Secondary Diagnosis Must Come From List of 16 Group 3 Codes
Peripheral Neuropathy
With
Group 4 Diagnosis

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Secondary Diagnosis Must Come From List of 95 Group 4 Codes
Peripheral Neuropathy With Group 4 Diagnosis

- Watch for the * !!! MD, DO, or NPP within the last 6 months
Documentation Issues
Chief Complaint

• How does the patient qualify for Routine (at risk) foot care?

• If diabetic .... Pt presents for diabetic at risk foot care.

• If for painful mycotic toenails....
  Patient presents c/o painful toenails interfering w/ambulation.

• If patient w/ASO-
  • Patient w/compromised circulation presents for at risk foot care
The Ways to Qualify for RFC

• Narrative of Diagnosis Must Match the Objective Findings..
• Don’t mix objective findings with wrong ICD10
• Too often neuropathy is ICD10 but Objective findings are Vascular.
• Or Reverse
• Don’t need MD DLS if qualifying under pain
• Lesion Trimming (1105X) will not be covered under pain (unless in Ca.).
Objective Findings of Toenails & Hyperkeratosis

- Specific Location(s) of lesions must be identified (esp. for digits)
- Must thoroughly describe mycotic toenails as-
  - Dystrophic Changes
  - Discoloration (e.g. yellow, green, etc.)
  - Debris (subungual)
  - Lytic Changes

- This is regardless of the how these are covered
Vascular & Neuro Findings

- Specify Laterality on all findings
- State specific neuro findings .. Loss of sensations to ... dermatome
- Loss of reflexes, muscle power
- If Using S/W Filament Must Specify Site(s)
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Vascular Modifiers

- Don’t Use If Qualifying Under Pain or Neuro
- Must use if a vascular (e.g. E, I) diagnosis
- Be as Specific as Possible.
- Remember if E.. You Must Have MD/DO <6 months
Diagnosis Narrative and LCD

- Narrative must substantiate the ICD10 used and vise versa
- Simms Weinstein (SW) filament testing findings alone insufficient to substantiate neuropathy
- SW- Document Multiple Locations
- Describe Autonomic Changes.. Don’t Simply Diagnose
Why is Hyperkeratosis Location Documentation So Important?

• 1105X is included in Nail CPT if at or distal to PIPIJ-
• 59 modifier should not be used if hyperkeratosis is distal to DIPJ
CPT Issues

• If Document Trimming Lesions .. Don’t forget to Bill for Them
• If Document Debridement of all Ten, be sure you described all 10
• If Mycotic >6 No other nail codes
• If Mycotic <6 Don’t forget the trimming codes for other 5+
• Remember where the 59 modifier goes
• If unrelated E/M is being treated don’t forget to bill it
• If 5 or less mycotic toenails debrided don’t bill 11721
• Will all 10 toenails always be painful?
Hospice Modifiers

- GV Physician is providing service related to terminal illness but physician is not employed by hospice
- GW Physician is providing a service unrelated to the patient’s terminal illness and is not employed by the hospice
Non Covered Service G Modifiers

- GY Statutorily Non Covered: Most likely never covered (L3000)
- ABN is not required but recommended
- GA Statutorily Not Reasonable (Routine foot care <60 Days)
- ABN Strongly Suggested!
- GZ: Not reasonable- No ABN on file
Serial Casting Issues

- All 90 day global procedures include the initial cast application
- Subsequent casting is covered.
- Document potential need for serial casting in initial procedure
- Amend appropriate cast and Q code with 58 modifier
IC10 Issues

• CMS and other carriers require using codes to the highest level of specificity possible. What does this mean?
• Do Not Use Unspecified Codes
• M20.20 Hallux Valgus Unspecified Foot
• M20.21 Hallux Valgus Right Foot
• M20.22 Hallux Valgus Left Foot
• M20.60 Acquired Deformity of toes, unspecified foot
• M20.61 Acquired Deformity of toes, right foot
• M20.62 Acquired Deformity of toes, left foot
Trigger Points, Joint Injections, Fascial Sheath Injections

- 20550-20610
- Many Carriers require simultaneous billing of “J” Drug Code
- Many Carriers require NDC code
- Beware that brand name and different generics have different NDC codes.
- Enlist Your Software Carrier for further assistance
CPT Changes for Joint Injections

- 20605 Injection or aspiration intermediate joint without ultrasound guidance
- 20606 Injection or aspiration intermediate joint with ultrasound guidance with permanent recording
Diagnostic Ultrasound

- 76881 Ultrasound, Complete Joint real time imaging with image documentation
- 76882 Ultrasound, limited, joint or other non vascular extremity structures (e.g. joint space, periarticular tendons, muscles, nerves, soft tissue masses, real time imaging with image documentation.
- Most often these need a separate report and should be amended with RT LT
- Do Not Bill if the CPT on same DOS includes U.S. guided (e.g. 20606-Inj of intermediate joint with US guidance)
Ultrasonic Guidance

- 76942 U.S. Guidance for needle placement (biopsy, joint aspiration, injection)
- DO NOT Bill With 20604 or 20606
Remote Patient Monitoring Codes

- ~2013: First Remote Patient Monitoring Code
- 99901: Remote Monitoring of Vital Signs (EKG, Temp, etc.)
- 2019: Medicare Established 3 Break Out Codes to Encourage More Remote Patient Monitoring by Physicians to reduce the number of F2F visits for routine monitoring and reduce expenditures
- Remote Patient Monitoring is NOT the same as Telehealth
## Telehealth Vs Remote Patient Monitoring

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- Old code which required 30 minutes of monitoring per 30 day period
- Was never a separately payable service under Medicare
2019 Three New Break Out Code

- **CPT Code 99453**: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment RVU .53

- **CPT Code 99454**: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days RVU 1.77

- **CPT Code 99457**: Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month RVU .78
Remote Patient Monitoring Codes

- 99453: Has the potential to be used when dispensing an orthotic with microprocessor technology which sends signals to the provider on patient's compliance. This is to be used on the initial visit where the device is dispensed and the patient is provided instructions on utilizing the device and how to transmit the information back to the provider.

- 99454: Has the potential for reimbursement for actually providing the device. This is a separate CPT code from the HCPCS code for the actual device.

- 99457: Has the potential for reimbursement for the time spent by the healthcare clinical staff (DMEPOS supplier, physician, etc.) for educating the patient on the use of the device.
Remote Patient Monitoring Documentation

• Must obtain formal consent for RPM
• The health care provider on a calendar month basis would have to continue to generate a report to include patient's use of the device, what may or may not have changed and treatment options for the patient.
Additional Considerations for Remote Monitoring

• Impact on Monitoring all patients including diabetics for use of the DME O&P and surgical dressings
• Collect data on utilization of foot orthotics and correlate w/S&S to prove cost effectiveness of devices
• EBM Impact
• Reduce incidence of DFU and infections by monitoring patients for early signs of pathologies
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