Podiatry – Medicare - Foot and Nail Care Services

Routine Foot Care Exclusion

Except as noted in “Exceptions to Routine Foot Care Exclusion” section, routine foot care is excluded from coverage. Services that are normally considered routine and not covered by Medicare include:

- The cutting or removal of corns and calluses;
- The trimming, cutting, clipping, or debriding of nails;
- Other hygienic and preventive maintenance care in the realm of self-care, such as cleaning and soaking the foot, use of skin creams to maintain skin tone of both ambulatory or bedfast patients, and any other service performed in the absence of localized illness, injury, or symptoms involving the foot.

Coverage or exclusion from coverage of foot care is determined by the nature of the service and is independent of whether performed by a podiatrist, osteopath, or a doctor of medicine, and without regard to the difficulty or complexity of the procedure.

Routine Foot Care

1. Routine foot care is allowed when there is evidence of systemic disease (listed in number two of these "Indications”) and certain abnormal historical and physical findings (i.e., A, B, C criteria, found in number three of these “Indications”).

2. The following list of systemic diseases is not all inclusive, but represents the most commonly billed diagnoses which qualify for routine foot care:

   - Diabetes mellitus*;
   - Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis);
   - Burger'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*;
   - Associated with diabetes mellitus*;
   - Associated with drugs and toxins*;
   - Associated with multiple sclerosis*;
   - Associated with uremia (chronic renal disease)*;
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   - Associated with traumatic injury;
   - Associated with leprosy or neurosyphilis;
   - Associated with hereditary disorders;
   - Hereditary sensory radicular neuropathy;
   - Angiokeratoma corporis diffusum (Fabry's); and
   - Amyloid neuropathy.

Note: If the patient's condition is one of those with an asterisk (*), then routine procedures are payable only if the patient is under active care of a doctor of osteopathy or medicine. To qualify, the patient must have seen a physician within the preceding six months and this information must be documented in the treating physician's records, and also on the claim form.

If the diagnosis is marked with an asterisk (*), the claim is also required to have the date of the beneficiary's last visit to the attending physician within the last six months. The patient must be under the active care of a physician to qualify for routine care and, hence, this information is required.

3. The following abnormal signs or symptoms fall into three classes: A, B, and C, designated by modifiers Q7, Q8, Q9.
   To fulfill the coverage requirements for routine foot care, there must also be in addition to the systemic diseases listed above, the following:

   A. Class A finding (Q7) one required:

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

   B. Class B findings (Q8) two required:

   1. Advanced trophic changes (three required) such as:
      - Hair growth (decrease or absence);
      - Nail changes (thickening);
      - Pigmentary changes (discoloration);
      - Skin texture (thin, shiny) or skin color (rubor or Redness).
   2. Absent posterior tibial pulse.
   3. Absent dorsalis pedis pulse.

   Note: Three trophic changes are required to meet one Class B finding. These plus the absence of a pulse listed above qualify for the two findings to qualify for Class B compliance.

   C. Class C findings (Q9) (one Class B and two Class C findings required):

   1. Claudication (e.g., leg or calf pain with walking; pain in calf causing limping; cessation of walking secondary to calf pain);
   2. Temperature changes (cold feet);
   3. Paresthesias (abnormal spontaneous sensations in the feet);
   4. Burning;
   5. Edema.

Billing Instructions:

The following short descriptors are in accordance with the AMA copyright agreement. Please refer to the current CPT book for full descriptions.

- 11055 Trim skin lesion
- 11056 Trim skin lesion, 2 to 4
- 11057 Trim skin lesion, over 4
- 11719 Trimming of nondystrophic 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 G0127 Trim nail(s)

Debridement of Toenails

Nail debridement involves the significant reduction in the thickness and length of the nail to the tolerance of the patient with the aim of allowing the patient to ambulate without pain. Simple trimming of the end of the toenails by cutting or grinding is not considered debridement.

Medicare coverage of toenail debridement is limited to two situations:

- Debridement of hypertrophic nails associated with systemic conditions, and
- Mycotic nails in the absence of systemic conditions.

1. Associated with systemic conditions:

In those patients who have systemic conditions in which a metabolic, neurological, or peripheral vascular disease results in decreased sensation or severe circulatory embarrassment in the patient's legs or feet, debridement may be covered. These conditions result in clinical changes such as absent pulses in the foot, advanced skin changes due to arterial insufficiency, or claudication. Claims for services, when there is a complicating systemic disease, require the name of the physician who is actively treating the patient for the condition. When a complicating systemic condition is present, the patient must have Class A, B or C findings listed below. The findings that must be documented in the medical record include:

One Class A findings - Q7 modifier:

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

Two Class B findings - Q8 modifier:

- Absent posterior tibia pulse;
- Absent dorsalis pedis pulse;
- Advanced trophic changes (three of these findings must be documented to equal one Class B finding:
- Hair growth that is absent or decreased;
- Nail changes with thickening;
- Pigmentary changes with discoloration;
- Skin texture changes noted to be thin and shiny;
- Skin color with rubor or redness); or

One Class B and Two Class C findings - (Q9 modifier):

- Claudication;
- Edema
- Temperature changes (e.g., cold feet);
- Paresthesias (abnormal spontaneous sensations in the feet);
- Burning.

Reporting of the Class findings will be with the use of the appropriate modifiers (as noted above) but the medical record documentation should reflect the symptoms above.

2. Mycotic nails in the absence of systemic conditions:

In the absence of systemic conditions, mycotic nail debridement may be covered in ambulatory and non-ambulatory patients if conditions are met:

A. For ambulatory patients, the treatment of mycotic nails is covered only when the physician attending the patient's mycotic condition documents that:

1. There is clinical evidence of mycosis of the toenail; and
2. The patient has marked limitation of ambulation, pain other than just “painful nails”, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

B. For non-ambulatory patients, the treatment of mycotic nails is covered only when the physician attending the patient's mycotic 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.

In addition to A and B above, there must be clinical evidence of mycosis evidenced by:

1. A positive fungal culture, a microscopic confirmation of fungus or positive PAS path; or
2. Three out of the five following signs:
    - Nail hypetrophy/thickening;
    - Lysis or loosening of the nail plate;
    - Discoloration;
    - Subungual debris; and/or
    - Brittleness.

Fungal infections of the nail plates or mycotic nails are common disorders that increase with age. A superficial variety of fungal infections produce little or no symptoms beyond white opacities on the nails. Treatment of this type of fungal infection is considered routine foot care and generally is not covered. The medical necessity requirements for coverage of foot care is determined by the medical condition of the patient and by the nature of the service performed, not by the provider of service. The coverage requirements for foot care are the same for all providers.

For the purpose of these requirements, documentation means any written information that is required by the carrier in order for services to be covered. Thus, the information submitted with claims must be substantiated by information found in the patient's medical record. Any information, including that contained in a form letter, used for documentation purposes is subject to carrier verification in order to ensure that the information adequately justifies coverage of the treatment with nail debridement.

Coding Guidelines:

For debridement of nails (caused by a systemic condition) the following information must be present of each claim:

a. Diagnosis code of covered indication;
b. Systemic condition diagnosis code (see below);
c. Class finding modifier of Q7, Q8, or Q9; and
d. Name and UPIN of referring/ordering physician actively treating the patient's condition as well as the date last seen (MM/DD/YY or MM/DD/YYYY format). The term "actively treating" means that patient was seen for treatment and/or evaluation of the complicating condition six months before or 30 days after the procedure.

Billing Instructions:

The following short descriptors are in accordance with the AMA copyright agreement. Please refer to the current CPT book for full descriptions.

- 11720 Debride nail, 1 to 5
- 11721 Debride nail, 6 or more