

**FIRST COAST SERVICE OPTIONS
MAC - PART B
LOCAL COVERAGE DETERMINATION**

LCD Database ID Number

L33941

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type

MAC – Part B

LCD Title

Routine Foot Care

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT only copyright 2002-2018 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association (“AHA”), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA.” Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

CMS National Coverage Policy

Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15, Section 290
Medicare Benefit Policy Manual, Pub. 100-02, Chapter 16, Section 30

Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands

Oversight Region

Region I

Original Determination Effective Date

10/01/2015

Original Determination Ending Date

N/A

Revision Effective Date

02/08/2018

Revision Ending Date

02/07/2018

Indications and Limitations of Coverage and/or Medical Necessity

Foot care services that normally are considered routine and not covered by Medicare include the following:

- *The cutting or removal of corns and calluses;*
- *The trimming, cutting, clipping, or debriding of nails; and*
- *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.*

In certain circumstances, services ordinarily considered to be routine may be covered if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of ulcers, wounds, or infections.

The presence of a systemic condition such as metabolic, neurologic, or peripheral vascular disease may require scrupulous foot care by a podiatrist or other physician. In these instances, certain foot care procedures that otherwise are considered routine (e.g., cutting or removing corns and calluses, or trimming, cutting, clipping, or debriding nails) may pose a hazard when performed by a nonprofessional person on patients with such systemic conditions, and may be covered when systemic condition(s) result in severe circulatory embarrassment or areas of diminished sensation in the individual's legs or feet.

In the absence of a systemic condition, treatment/debridement of symptomatic mycotic nails may be covered. Please refer to the local LCD for Nail Debridement (11720).

The following non-comprehensive list of metabolic, neurologic, and peripheral vascular diseases (with synonyms in parentheses) 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 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)**
 - *Associated with traumatic injury*
 - *Associated with leprosy or neurosyphilis*
 - *Associated with hereditary disorders*
 - *Hereditary sensory radicular neuropathy*
 - *Angiokeratoma corporis diffusum (Fabry's)*
 - *Amyloid neuropathy*

See corresponding * ICD-10 codes.

Active Care Requirements for Asterisked Conditions:

When the patient's condition is one of those listed above designated by an asterisk (*), and a podiatrist renders the service, the following must be met and indicated on the claim form:

- The name of the attending physician (M.D., D.O., or non-physician practitioner [PA or NP]) who is actively treating the patient's condition, and
- The date the patient was last seen by the M.D., D.O., or non-physician practitioner (PA or NP) who is actively treating the condition (this date must be within six months), or the patient had come under such care shortly after the services were furnished usually as a result of a referral.

Also, for non-asterisked conditions, the name of the M.D., D.O., or non-physician practitioner (PA or NP) who diagnosed the complicating condition must be on the claim form.

Physical/Clinical Class Findings

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. In patients where the presumption of coverage is based on arterial impairment, regardless of the cause, the following class findings are pertinent and must be documented for all underlying conditions.

Class A Findings

Nontraumatic amputation of foot or integral skeletal portion thereof

Class B Findings

Absent posterior tibial pulse, or

Absent dorsalis pedal pulse, or

Three of the following advanced trophic changes are required to meet one class B finding:

- Hair growth (decrease or absence)*
- Pigmentary changes (discoloration)*
- Skin color (rubor and redness)*
- Nail changes (thickening)*
- Skin texture (thin, shiny)*

Class C Findings

Claudication (pain in calf when walking)

Temperature changes in the feet (e.g., cold feet)

Edema

Parathesias (abnormal spontaneous sensations in the feet, e.g., tingling)

Burning

Presumption of Coverage

A presumption of coverage will be applied by Medicare when the physician rendering the routine foot care has identified:

- 1. A Class A finding*
- 2. Two of the Class B findings; or*
- 3. One Class B and two Class C findings*

Claims submitted for routine foot care should use the appropriate modifiers (Q7, Q8, or Q9) to indicate the findings they have made on the patient's condition.

- Q7 = One Class A finding
- Q8 = Two Class B findings
- Q9 = One Class B and two Class C findings

Routine foot care may be available for patients with peripheral neuropathy involving the feet, but without the vascular impairment outlined in Class B findings. The neuropathy should be of such severity that care by a non-professional person would put the patient at risk. In such circumstances, claims for medically necessary services would be submitted without the

Q7, Q8, or Q9 modifiers that indicate class findings. The medical record must document the patient has an absence of sensation at two or more sites out of five tested on either foot when tested with the 5.07 Semmes-Weinstein monofilament to support the diagnosis of peripheral neuropathy with loss of protective sensation. This testing may be performed by the attending physician, non-physician practitioner, or the podiatrist.

Other Indications and Limitations of Coverage and/or Medical Necessity:

Services or devices directed toward the care or correction of flat foot, including the prescription of supportive devices, are not covered.

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

11055 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion

11056 two to four lesions

11057 more than four lesions

11719 Trimming of nondystrophic 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

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

A30.0 - A30.9	Leprosy [Hansen's disease]
A52.10	Symptomatic neurosyphilis, unspecified
A52.11	Tabes dorsalis
A52.15*	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.3	Neurosyphilis, unspecified
D51.0*	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D53.1*	Other megaloblastic anemias, not elsewhere classified
D68.8*	Other specified coagulation defects (Use for Long-term (current) use of anticoagulants)
D68.9*	Coagulation defect, unspecified (Use for Long-term (current) use of anticoagulants)
D81.818*	Other biotin-dependent carboxylase deficiency
D81.819*	Biotin-dependent carboxylase deficiency, unspecified
E08.40*	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.42*	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E09.40*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified

E09.42*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E10.40 - E10.49*	Type 1 diabetes mellitus with neurological complications
E10.51 - E10.59*	Type 1 diabetes mellitus with circulatory complications
E10.610 *	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.21 - E11.-39	Type 2 diabetes mellitus
E11.40 - E11.-610*	Type 2 diabetes mellitus
E13.21	Other specified diabetes mellitus with kidney complications
E13.311 - E13.39	Other specified diabetes mellitus with ophthalmic complications
E13.40 - E13.-610*	Other specified diabetes mellitus
E46*	Unspecified protein-calorie malnutrition
E51.11 - E51.12*	Beriberi
E52*	Niacin deficiency [pellagra]
E53.1*	Pyridoxine deficiency
E53.8*	Deficiency of other specified B group vitamins
E64.0*	Sequelae of protein-calorie malnutrition
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240 - E75.249	Niemann-Pick disease
E75.3	Sphingolipidosis, unspecified
E77.0 - E77.9	Disorders of glycoprotein metabolism
E85.1 - E85.9	Amyloidosis
G11.1	Early-onset cerebellar ataxia
G13.0*	Paraneoplastic neuromyopathy and neuropathy
G13.1*	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35*	Multiple sclerosis
G60.0 - G60.9	Hereditary and idiopathic neuropathy
G61.0*	Guillain-Barre syndrome
G61.1*	Serum neuropathy
G62.0 - G62.2*	Alcoholic polyneuropathy
G62.82*	Radiation induced polyneuropathy
G63*	Polyneuropathy in diseases classified elsewhere
G65.0 - G65.2*	Sequelae of inflammatory and toxic polyneuropathies
G70.1*	Toxic myoneural disorders
G73.3*	Myasthenic syndromes in other diseases classified elsewhere
I70.201 - I70. 269	Atherosclerosis of native arteries of the extremities
I73.00 - I73.-1	Other peripheral vascular diseases
I74.3 - I74.4	Arterial embolism and thrombosis
I80.00 - I80.299*	Phlebitis and thrombophlebitis
K90.0 - K90.3*	Intestinal malabsorption
K91.2*	Postsurgical malabsorption, not elsewhere classified
M05.50 - M05.59*	Rheumatoid polyneuropathy with rheumatoid arthritis
M30.0	Polyarteritis nodosa
M30.2	Juvenile polyarteritis
M30.8	Other conditions related to polyarteritis nodosa
M31.4*	Aortic arch syndrome [Takayasu]
M31.7	Microscopic polyangitis
M34.83*	Systemic sclerosis with polyneuropathy
N18.1- N18.9*	Chronic kidney disease (CKD)
N19*	Unspecified kidney failure
S14.0XXA - S14.159S	Injury of nerves and spinal cord at neck level
S24.0XXA - S24.159S	Injury of nerves and spinal cord at thorax level
S34.01XA - S34.4XXS	Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level
S74.00XA - S74.92XS	Injury of nerves at hip and thigh level
S84.00XA - S84.92XS	Injury of nerves at lower leg level
S94.00XA - S94.92XS	Injury of nerves at ankle and foot level

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

See corresponding * underlying conditions. All the codes within the asterisked range from the first code to the last code apply.

Group 2 Paragraph:

The following diagnoses require a Q modifier:

Group 2 Codes:

E11.51 - E11.59*	Type 2 diabetes mellitus with circulatory complications
I70.201 - I70.-249	Atherosclerosis of native arteries of the extremities
I70.261 - I70.269	Atherosclerosis of native arteries of extremities with gangrene
I73.00 - I73.-1	Other peripheral vascular diseases
I74.3	Embolism and thrombosis of arteries of the lower extremities
M30.0	Polyarteritis nodosa
M30.2	Juvenile polyarteritis
M30.8	Other conditions related to polyarteritis nodosa
M31.4*	Aortic arch syndrome [Takayasu]
M31.7	Microscopic polyangiitis]

Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:

See corresponding * underlying conditions. All the codes within the asterisked range from the first code to the last code apply.

Group 3 Paragraph:

The following diagnoses related to peripheral neuropathy do *not* require a Q modifier:

Group 3 Codes:

A30.0 - A30.9	Leprosy [Hansen's disease]
A52.10	Symptomatic neurosyphilis, unspecified
A52.11	Tabes dorsalis
A52.15*	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.3	Neurosyphilis, unspecified
D51.0*	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D53.1*	Other megaloblastic anemias, not elsewhere classified
D81.818*	Other biotin-dependent carboxylase deficiency
D81.819*	Biotin-dependent carboxylase deficiency, unspecified
E08.40*	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.42*	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E09.40*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.42*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E10.40 - E10.49*	Type 1 diabetes mellitus with neurological complications
E10.610 *	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.21 - E11.-39	Type 2 diabetes mellitus
E11.40 - E11.49*	Type 2 diabetes mellitus with neurological complications

E11.610*	Type 2 diabetes mellitus with diabetic arthropathy
E13.40 - E13.49*	Other specified diabetes mellitus with neurological complications
E13.610*	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E46*	Unspecified protein-calorie malnutrition
E51.11 - E51.12*	Beriberi
E52*	Niacin deficiency [pellagra]
E53.1*	Pyridoxine deficiency
E53.8*	Deficiency of other specified B group vitamins
E64.0*	Sequelae of protein-calorie malnutrition
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240 - E75.249	Niemann-Pick disease
E75.3	Sphingolipidosis, unspecified
E77.0 - E77.9	Disorders of glycoprotein metabolism
E85.1 - E85.9	Amyloidosis
G11.1	Early-onset cerebellar ataxia
G13.0*	Paraneoplastic neuromyopathy and neuropathy
G13.1*	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35*	Multiple sclerosis
G60.0 - G60.9	Hereditary and idiopathic neuropathy
G61.0*	Guillain-Barre syndrome
G61.1*	Serum neuropathy
G62.0 - G62.2*	Alcoholic polyneuropathy
G62.82*	Radiation induced polyneuropathy
G63*	Polyneuropathy in diseases classified elsewhere
G65.0 - G65.2*	Sequelae of inflammatory and toxic polyneuropathies
G70.1*	Toxic myoneural disorders
G73.3*	Myasthenic syndromes in other diseases classified elsewhere
I80.00 - I80.299*	Phlebitis and thrombophlebitis
K90.0 - K90.3*	Intestinal malabsorption
M05.50 - M05.59*	Rheumatoid polyneuropathy with rheumatoid arthritis
M34.83*	Systemic sclerosis with polyneuropathy
N18.1 - N19*	Acute kidney failure and chronic kidney disease (CKD)
S14.0XXA - S14.159S	Injury of nerves and spinal cord at neck level
S24.0XXA - S24.-159S	Injury of nerves and spinal cord at thoracic
S34.01XA - S34.4XXS	Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level
S74.00XA - S74.92XS	Injury of nerves at hip and thigh level
S84.00XA - S84.92XS	Injury of nerves at lower leg level
S94.00XA - S94.92XS	Injury of nerves at ankle and foot level

Group 3 Medical Necessity ICD-10 Codes Asterisk Explanation:

See corresponding * underlying conditions. All the codes within the asterisked range from the first code to the last code apply.

Group 4 Paragraph:

The following diagnosis related to anticoagulation therapy does not require a Q modifier:

Group 4 Codes:

D68.8*	Other specified coagulation defects (Use for Long-term (current) use of anticoagulants)
D68.9*	Coagulation defect, unspecified (Use for Long-term (current) use of anticoagulants)

Group 4 Medical Necessity ICD-10 Codes Asterisk Explanation:

See corresponding * underlying conditions.

Diagnoses that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Associated Information

Documentation Requirements

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). In addition, when services are performed by a podiatrist, the medical record must contain the name of the treating and/or diagnosing physician. If the complicating condition is one that is asterisked, the date the patient was last seen by the treating physician must also be included on the claim.

For diagnoses of peripheral neuropathy that do not require a Q modifier, and the presumption of coverage is based on loss of protective sensation, documentation must be available in the medical record of an absence of sensation at two or more sites out of five tested on either foot when tested with the 5.07 Semmes-Weinstein monofilament to support the diagnosis of peripheral neuropathy with loss of protective sensation. This test may be performed by the attending physician, non-physician practitioner, or the podiatrist.

For patients requiring anticoagulation therapy, the provider must document in the medical record the significant risk and danger posed by the non-professional rendering routine foot care services.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

First Coast Service Options, Inc. reference LCD number – L29388

Akhtar, N., Chazin, H., Eisenschenk, S., Fine-Edelstein, J., Gorson, K., & Jacobs, D. (2004). Neuropathy. *Neurology Channel*. Retrieved Oct. 20, 2004, from www.helathcommunities.com

Curtin Health Science, Department of Podiatry. Podiatry Encyclopedia, 2001. Retrieved from internet 04/16/2004. From www.podiatry.curtin.edu.au/encyclopedia/#podology.

Goldman: Cecil Textbook of Medicine, 21st Edition, Copyright 2000. Diabetes Mellitus – Part II, Chapter 242a. W.B. Saunders Company.

Harari, A.E., & Rush, M.D., (2003). Diabetic Foot Care. *Emedicine Consumer Health*. Retrieved Oct. 20, 2004 from www.emedicinehealth.com

Start Date of Comment Period

N/A

End Date of Comment Period

N/A

Start Date of Notice Period

N/A

Revision History Number: R1**Revision Number: 1**

Publication: February 2018 Connection
LCR B2018-003

Explanation of Revision: This LCD was revised in the “ICD-10 Codes that Support Medical Necessity” section of the LCD under “Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:”, “Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:” and “Group 3 Medical Necessity ICD-10 Codes Asterisk Explanation:” to include an explanation that all the codes within the asterisked range from the first code to the last code apply. The effective date of this revision is based on process date.

Original

Publication: April 2014 Connection

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

Related Documents

N/A

LCD Attachments

Coding Guidelines

Document formatted: 01/08/2017 (AC/dc)