

Providing Nail Care Outside the Office

Do not assume that just because a patient is in the hospital, nail care is automatically covered.

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You get called to the hospital for a “routine” consult. You drive twenty minutes to the hospital, take another seven minutes walking to the patient’s room, then spend five minutes finding and reviewing the patient’s medical record (possibly after taking three minutes to reset your login info). After all this, it is clear you have been consulted to cut the patient’s toenails. After interviewing the patient, the patient confirms this is their only pedal concern and politely asks you to cut their toenails.

Can you bill for nail care? Can you bill for a consult? Can you bill both nail care and a consult?

The rules for nail care are the same in the hospital as they are in the office. These rules are also the same for nail care provided in a nursing facility, home visit, or any other setting. The patient has to qualify for nail care, whether it be by at-risk status or with the pain and mycosis

exception, in the hospital the same way they do in your office in order to have the service covered by insurance. Even if you went all the way to the hospital and put forth the extra

Probably not, but it depends. A consult is a type of evaluation and management (E/M) service. An E/M requires a chief complaint, an evaluation of a condition, and some man-

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effort to find the patient explained above and then realized they do not qualify for nail care coverage, you should not code for nail care.

Can You Bill for a Hospital Consult?

This may lead to asking if you can bill for a hospital consult instead when the above situation presents.

agement of that condition, and all of this must be medically necessary. The medically necessary part is key and often overlooked by providers, but never overlooked by auditors. If all you do is cut the patient’s toenails, there is no E/M there, and consequently no consult.

If the consult order is written
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as “consult podiatry for nail care” and the patient’s chief complaint is “please cut my toenails,” and the history is “I need my toenails cut; it has been a while,” and all

An example may include your determining that the patient’s pain was due to thick, elongated toenails, and explaining this to the patient, and explaining that reducing the length and/or thickness of these nails may eliminate this pain.

stand on its own as its own service without any component of the procedure attributed to it.

The Centers for Medicare and Medicaid Services (CMS) says a separately identifiable E/M is one where the E/M service is above and beyond the usual pre-operative work of a procedure. At the first visit when nail care is rendered, the history and exam needed to determine that the patient qualifies for covered nail care is not a separately identifiable E/M. There is not an “automatic” E/M with nail care the first time you see the patient. This is true in the hospital, office, nursing facility, and any other facility.

Do not assume that just because a patient is in the hospital, nail care is automatically covered. Remember that a consult is an E/M and in order to submit an E/M, the requirements of an E/M must be medically necessary, performed, and documented. If you render nail care to a patient, be sure

Travel to the hospital on its own does not warrant a separately identifiable E/M.

you do is cut the toenails and the “plan” section of your note is only “All toenails debrided,” there is no E/M there, and therefore no consult. Without a chief complaint (other than “I need my nails cut”), a history of present illness, and medically necessary decision-making, there is no evaluation and management, and therefore no consult. The history and exam needed to determine that the patient does not meet criteria for at-risk nail care coverage does not count as an E/M.

The only exception to this is if the consult instead is for “painful toes” or “deformed toenails”, and when you get there, the patient has a chief complaint regarding the toes and/or toenails other than “please cut my nails.” Perhaps they are complaining of painful toes and they have a history of present illness pertaining to this chief complaint. This history of present illness may include the patient’s pain being sore and achy, being present for six weeks (worse in shoes), and that no treatment has been attempted. You would then have to perform and document a medically necessary exam that is pertinent to that chief complaint and history of present illness. This exam would be needed to determine why the patient has “painful toes” or what the circumstances are surrounding the complaint of “deformed nails”. This would need to be followed by you using your education and expertise to make an assessment/diagnosis (other than “long nails”) and management of that assessment in the form of education, discussion, counseling, prescription, and/or recommendation(s). That’s the “M” part of E/M.

Further management can include a discussion of proper nail hygiene and options that may exist for the patient to get help with this in the community so something like this does not happen again. This scenario is the exception to the norm and not what most hospital consults related to toenails are actually for.

Can an E/M Code Also Be Billed?

If, however, the patient does

In order for an E/M to be separately identifiable from a procedure performed at the same encounter, it has to be able to stand on its own as its own service without any component of the procedure attributed to it.

meet coverage criteria for nail care, then it is appropriate to perform, document, and code for nail care. Is it also appropriate to submit a consultation code or any other E/M code along with the nail care code? Only if a medically necessary E/M was performed and documented that was separately identifiable from the nail care procedure. The guidance that an E/M may be submitted at the same time as a procedure only if that E/M is separately identifiable from the procedure is the same in the hospital as it is in the office setting or anywhere else. Travel to the hospital on its own does not warrant a separately identifiable E/M. In order for an E/M to be separately identifiable from a procedure performed at the same encounter, it has to be able to

only submit an E/M along with it if a separately identifiable E/M was performed, even if it is the first visit. **PM**

Resources

Payment for Evaluation and Management Services Provided During Global Period of Surgery. Medicare Learning Network MLN Matters Number: MM5025 Related CR Release Date: May 19, 2006.



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