Advocacy Success!

APMA wins modifier -59 victory against Aetna.

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Aetna has informed the American Podiatric Medical Association (APMA) that it will be dropping its external review program regarding use of the -59 modifier when submitted with CPT®[1] 11719-11721, G0127, and 11055-11057 effective July 23, 2023.

The Rule

Chapter 3, Section E, Example 3 of the National Correct Coding Initiative Policy Manual for Medicare Services[2] states:

"NCCI has a PTP edit with Column One CPT code 11055 (Paring or cutting of benign hyperkeratotic lesion ...) and Column Two CPT code 11720 (Debridement of nail(s) by any method; 1 to 5). Modifier -59 or -X{EPSU} shall not be used to bypass the edit if these two procedures are performed on the same distal phalanx, including the skin overlying the distal interphalangeal joint."

Therefore, both nail debridement (CPT® 11720/11721) and callus paring (CPT® 11055-11057) may not both be submitted if the callus(es) pared were on the same distal phalanx of a toe whose toenail was debrided. While this policy in the National Correct Coding Initiative Policy Manual for Medicare Services[2] is only intended to address Medicare beneficiaries, many non-Medicare third-party payers adopt this same language.

The Problem

This policy clearly allows medically necessary callus paring when performed anywhere other than on the same distal phalanx as a toe that had a toenail debrided. Some third-party payers inappropriately implemented edits that result in denials when any combination of nail debridement and callus paring are submitted, regardless of the location of those calluses that were pared. This resulted in inappropriate widespread denials when calluses were pared that were not on the same distal phalanx of a toe that had a toenail debrided, such as the plantar forefoot or lateral midfoot.

Payers initially responded to advocacy efforts to delete these inappropriate edits by referencing poor provider documentation. Payers largely understand that coverage should exist for calluses pared that are not on the same distal phalanx of a toe whose toenail was debrided. However, in many instances, provider documentation does not indicate if the calluses pared were on the same distal phalanx of a toe whose toenail was debrided or not. Many of these payers substantiate the existence of these inappropriate edits by using examples of documentation of callus paring that does not indicate

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whether the callus(es) pared were on the distal phalanx or not. Examples of this poor documentation include:

"Calluses pared X 3."

"Calluses pared right foot toes 2,3,4."

"Three calluses on the left and one callus on the right pared."

None of these documentation examples indicate whether the calluses pared were on the distal phalanx or not.

The Action

The Health Policy and Practice Committee of the APMA formed a special workgroup to address this exact problem. For over two years, APMA provided education and guidance in many different forums to share what the guidelines for these services were and what compliant documentation looks like. Education was provided in the form of infographics, webinars, online seminars, in-person lectures, and more. Following this period of education, APMA communicated with Aetna and other payers regarding their inappropriate edits.

APMA also collected examples of compliant documentation from members that appropriately reflected paring of calluses that were not on the same distal phalanx of a toe that had a nail debrided, yet providers were met with inappropriate denials. These examples were shared with Aetna to illustrate the unintended consequences of their inappropriate edits.

The Success

After all of the actions described above, additional efforts, letters written to Aetna, and multiple meetings with Aetna representation, Aetna shared its plan to drop its external review program regarding use of the -59 Modifier when submitted with CPT®[1] 11719-11721, G0127, and 11055-11057 effective July 23, 2023.

It is important that providers continue to only submit both nail debridement and callus paring when the calluses pared are not on the same distal phalanx of a toe that had a nail debrided. It is also essential that provider documentation indicate the exact location of calluses pared and whether or not those calluses were on the same distal phalanx of a toenail that was debrided. An example of documentation that details the exact location of calluses pared is:

"Calluses on the dorsal proximal interphalangeal joint of the right 2nd toe and central plantar right heel were pared. Neither of these calluses are on the same distal phalanx of a toe that had a toenail debrided."

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Next Steps

The guidance in Chapter 3, Section E, Example 3 of the National Correct Coding Initiative Policy Manual for Medicare Services[2] that does not allow callus paring performed on the same distal phalanx as a toe that had a toenail debrided does not make sense and restricts access to medically necessary care. This policy inappropriately bundles two unrelated services performed at separate anatomic sites—services with no overlap in time, work, risk, instrumentation, or cost that are performed on unrelated, non-contiguous lesions in separate anatomic locations. Especially troubling is the fact that one of the services this policy speaks to is the paring of calluses, which are pre-ulcerative lesions. When not properly cared for via paring or cutting, these pre-ulcerative lesions can lead to amputations that carry with them incredibly high rates of morbidity and mortality.

Multiple efforts have been made to overturn this policy. American Podiatric Medical Association representation has had multiple meetings with different Medicare representatives and explained the dangers associated with this policy. Efforts continue to overturn this egregious policy.

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Conclusion

Advocacy efforts, led by the American Podiatric Medical Association, led to Aetna dropping its external review program regarding use of the -59 Modifier when submitted with CPT®[1] 11719-11721, G0127, and 11055-11057. Providers must only submit both callus paring and nail debridement together when the calluses pared are not on the same distal phalanx of a toe that had a nail debrided and be sure to document the exact location of calluses pared. **PM**

References

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[2] https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-3.pdf

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