

# Routine Foot Care Coverage for Medicare Beneficiaries

Look to LCDs for guidance on coding.

BY ISAAC SMITH

**L**ocal Coverage Determinations (LCDs) typically supplement Medicare-applicable NCDs and payment policy rules for routine foot care. Medical service laws and Medicare regulations can be lengthy. Medicare payment policy rules and LCDs do not replace state statutes on medical practice or other health practice acts, definitions, or scopes of practice.

Medicare providers must understand and follow all Medicare payment laws, regulations, and rules for routine foot care and submit only valid claims for these services.

## Key Concepts in Coverage of At-Risk Foot Care

Medicare and most health plans do not cover routine foot care (RFC) unless certain exceptions are met. “At-risk” patients are typically offered routine foot care at most podiatry clinics. For this article, we’ll call this “at-risk foot care.” Whether your practice is surgical or non-surgical, this service is a benefit to our patients.

## Procedures for Reimbursement of High-Risk Foot Care

The “at-risk” patient may receive nail debridement (CPT\* 11720/11721) and/or nail trimming (CPT\* 11719/HCPCS G0127) at the same visit as paring of hyperkeratotic lesions (CPT\* 11055-11057). There are billing requirements associated with payment of these services. Modifier -59 and the “X” modifiers (XE, XS, XP, XU) must be understood. Next, MACs require a Q7, Q8, or Q9 modifier in most cases. In order to cor-

rectly bill for “at-risk foot care,” one must be familiar with the local coverage articles (LCAs) and local coverage determinations established by their MAC.

At the time of submission, different Medicare Administrative Contractors (MACs) have different LCAs. Each policy may have important billing and coding differences that practitioners and coding specialists should learn. MAC variations are jurisdictional.

Did you know that contractors can vary the “date last seen” for at-risk foot care billing? For example, there are a number of “at-risk asterisk conditions” in First Coast that necessitate the documentation and submission of “the name of the MD, DO, or non-physician practitioner (PA or NP) who diagnosed the complicating condition” alongside the claim.” Novitas, owned by the same company as First Coast, requires the date last seen by the MD, DO, or qualified NPP caring for the condition, with an asterisk. Palmetto requires the date the patient was seen by the provider “documenting the condition with an asterisk.” WPS and Noridian require “an MD or DO.”

Preventive foot care is often neglected. Diabetics, peripheral artery disease patients, and others need special foot care. Unfortunately, many patients cannot afford routine foot care, preventing them from receiving it. Patients who want affordable routine foot care have a solution. Local Coverage Determinations (LCDs) will help you understand coverage criteria for routine foot care.

Sports medicine, wound care, diabetic care, and surgeries keep podiatrists busy. Due to medical necessity and treatment limitations, podiatry coding and billing can be complicated. These specialists must understand coverage, choose the right codes, and document well to remain compliant. Experienced podiatry billing companies may review claims for proper coding, verify eligibility benefits, send claims, and track accounts receivable. E-claims can be filed.

CMS covers only medically necessary and reasonable podiatry services. Painful bunion and heel spur treatments are typically covered. Diabetes, diabetic peripheral neuropathy, and loss of protective sensation may warrant Medicare coverage of diabetic foot exams every six-months.

CMS’ fact sheet states that it won’t cover routine foot care, flat foot, subluxation, supportive devices, or diabetic shoes unless certain criteria are met. Routine foot care is covered under only certain conditions. Routine foot care includes cutting and removing corns and calluses, cutting, clipping, and debriding nails, and other non-injury-related services.

## 1) Proper insurance verification

Health insurance verification involves verifying a patient’s insurance coverage and eligibility. Insurance verification starts podiatry billing. Pre-treatment insurance verification reduces denials and boosts cash flow. At appointment scheduling, patients

*Continued on page 129*

# CODING AND REIMBURSEMENT

## Routine Foot Care (from page 128)

should be informed of their payment responsibilities, which helps them choose a treatment plan and can help prevent last-minute cancellations due to ineligibility. Check the patient's name, date of birth, address, insurance ID number, deductible, and phone number with the insurance company.

### 2) Accurate codes matter

Podiatry coding can present challenges. Medical claims should use the most appropriate code(s). Medical claims for pressure ulcers, infections, injuries, active wound care management, and debridement must include the correct CPT®, HCPCS, and ICD-10 codes.

### Foot care medical codes include:

#### CPT®

Foot Care Medical Codes	
11055	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); more than 4 lesions
11719	Trimming of nondystrophic nails, any number
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more
11730	Avulsion of nail plate, partial or complete, simple; single
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)

#### HCPCS

G0127—Trimming of dystrophic nails, any number

G0245—Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear and (4) patient education

#### ICD-10

- B35.3—Tinea pedis
- B07.0—Wart, plantar
- E11.621—Type 2 diabetes mellitus with foot ulcer
- E13.4 (plus more characters)—Other specified diabetes with neurological complications
- S93.3 (plus more characters)—Subluxation and dislocation of foot

Coders should keep up with changing coding standards and guidelines to avoid claims denial or delays.

### 3) Complicated Claims

Complex podiatry claims usually require coders.

- On many claims, the doctor who diagnosed the condition should be listed and the beneficiary's last visit to the doctor (when active care is required) should be listed.
- Both the diagnosis and its severity should be listed.

### 4) Appeal Denials

When an insurer refuses to pay a claim, it is considered denied. Before appealing, check the health insurance company's explanation of benefits (EOB) for the reason for denial. The denial may be appealed if it is inappropriate. If medical necessity is not the reason for the denial, arguing its presence or absence is pointless. The carrier's written policy should list coverage exceptions. The practice staff should call the insurance company to confirm receipt of the appeal or review it online and follow-up in 30 days.

To ensure accurate documentation, coders and billers should follow regulatory changes. Finding a medical billing service that specializes in

podiatry to handle your documentation needs is an option.

### Conclusion

Routine foot care is an important aspect of overall health and wellness, especially for those with diabetes or certain other chronic conditions. Understanding the LCDs for guidance on routine foot care coverage is crucial for both patients and healthcare providers. By following these guidelines, you can provide appropriate foot care while also maximizing your insurance benefits. Don't hesitate to reach out to your insurance company with any questions or concerns you may have. With the right information and care, you can help keep feet healthy and happy for years to come. **PM**

### References

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