Local Coverage Determination (LCD): Routine Foot Care and Debridement of Nails (L33636)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services,	A and B and HHH	14212 - MAC B	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Inc.	MAC			
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

LCD Information

Document Information

LCD ID
L33636

Original ICD-9 LCD ID
L26426

LCD Title
Routine Foot Care and Debridement of Nails

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT codes, descriptions and other data only are copyright 2018 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Current Dental Terminology © 2018 American Dental Association. All rights reserved.

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 01/01/2019

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (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 Section 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:

Title XVIII of the Social Security Act:

Section 1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862 (a) (1) (A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1862 (a) (13)(C) defines the exclusion for payment of routine foot care services.

Code of Federal Regulations: (CFR)

Part 411.15., subpart A addresses general exclusions and exclusion of particular services.

CMS Publications:

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15:

290 Foot care services which are exceptions to the Medicare coverage exclusion.

CMS Publication 100-03, *Medicare National Coverage Determinations* (NCD) Manual Part 1:

70.2.1 Services provided for diagnosis and treatment of diabetic peripheral neuropathy.

CMS Publication 100-09, *Medicare Contractor Beneficiary and Provider Communications Manual*, Chapter 5:

National Correct Coding Initiative.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

The Medicare program generally does not cover routine foot care. However, this determination outlines the specific conditions for which coverage may be allowed under National Medicare regulations.

The following services are considered to be components of routine foot care, regardless of the provider rendering the service:

- *The cutting or removal of corns and calluses;*
- Clipping, trimming, or debridement of nails, including debridement of mycotic nails;
- Shaving, paring, cutting or removal of keratoma, tyloma, and heloma;
- Non-definitive simple, palliative treatments like shaving or paring of plantar warts which do not require thermal or chemical cautery and curettage;
- *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.*

Indications:

While the Medicare program generally excludes routine foot care services from coverage, there are specific indications or exceptions under which there are program benefits.

Medicare payment may be made for routine foot care when the patient has a systemic disease, such as metabolic, neurologic, or peripheral vascular disease, of sufficient severity that performance of such services by a nonprofessional person would put the patient at risk (for example, a systemic condition that has resulted in severe circulatory embarrassment or areas of desensitization in the patient's legs or feet).

The treatment of warts (including plantar warts) on the foot is covered to the same extent as services provided for the treatment of warts located elsewhere on the body.

Services ordinarily considered routine might also be covered if they are performed as a necessary and integral part of

otherwise covered services, such as diagnosis and treatment of diabetic ulcers, wounds, and infections.

Treatment of mycotic nails may be covered under the exceptions to the routine foot care exclusion. The class findings, outlined below, or the presence of qualifying systemic illnesses causing a peripheral neuropathy, must be present. Payment may be made for the debridement of a mycotic nail (whether by manual method or by electrical grinder) when definitive antifungal treatment options have been reviewed and discussed with the patient at the initial visit and the physician attending the mycotic condition documents that the following criteria are met:

In the absence of a systemic condition, the following criteria must be met:

- In the case of ambulatory patients there exists:
  Clinical evidence of mycosis of the toenail, and
  Marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.
- In the case of non-ambulatory patients there exists:
  Clinical evidence of mycosis of the toenail, and
  The patient suffers from pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

In addition, procedures for treating toenails are covered for the following:

Onychogryphosis (defined as long-standing thickening, in which typically a curved hooked nail [ram's horn nail] occurs), and there is marked limitation of ambulation, pain, and/or secondary infection where the nail plate is causing symptomatic indentation of or minor laceration of the affected distal toe; and/or

Onychauxis (defined as a thickening [hypertrophy] of the base of the nail/nail bed) and there is marked limitation of ambulation, pain, and/or secondary infection that causes symptoms.

The following physical and clinical findings, which are indicative of severe peripheral involvement, must be documented and maintained in the patient record, in order for routine foot care services to be reimbursable.

Class A findings
Non-traumatic amputation of foot or integral skeletal portion thereof.

Class B findings

Absent posterior tibial pulse;

Advanced trophic changes such *as (three required):*

- *hair growth (decrease or absence);*
- *nail changes (thickening);*
- *pigmentary changes (discoloration);*
- *skin texture (thin, shiny);*
- *skin color (rubor or redness); AND*

Absent dorsalis pedis pulse.

Class C findings

Claudication;

Temperature changes (e.g., cold feet);

Edema;

Paresthesias (abnormal spontaneous sensations in the feet); and

Burning.

The presumption of coverage may be applied 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.*

Note: Benefits for routine foot care are also 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. If the patient has evidence of neuropathy but no vascular impairment, the use of class findings modifiers is not necessary. This condition would be represented by the ICD-10-CM codes in Group 4 of the "ICD-10-CM Codes that Support Medical Necessity" section listed below.

Limitations:

When the patient's condition is designated by an ICD-10-CM code with an asterisk (*) (see ICD-10-CM Codes That Support Medical Necessity), routine foot care procedures are reimbursable only if the patient is under the active care of a doctor of medicine or osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.

The global surgery rules will apply to routine foot care procedure codes 11055, 11056, 11057, 11719, 11720, 11721, and G0127. As a result, an E&M service billed on the same day as a routine foot care service is not eligible for reimbursement unless the E&M service is a significant separately identifiable service, indicated by the use of modifier 25, and documented by medical records.

Other Comments:

Medicare does not routinely cover fungus cultures and KOH preparations performed on toenail clippings in the doctor's office. Identification of cultures of fungi in the toenail clippings is medically necessary only:

When it is required to differentiate fungal disease from psoriatic nails.

When a definitive treatment for a prolonged period of time is being planned involving the use of a prescription medication.

For coverage information on Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with

Loss of Protective Sensation (LOPS), and its relation to coverage of Routine Foot Care Services, refer to *Medicare National Coverage Determinations (NCD)* Manual, Section 70.2.1.

According to this National Coverage Determination,
Effective for services furnished on or after July 1, 2002, Medicare covers, as a physician service, an evaluation (examination and treatment) of the feet no more often than every six months for individuals with a documented diagnosis of diabetic sensory neuropathy and LOPS, as long as the beneficiary has not seen a foot care specialist for some other reason in the interim. LOPS shall be diagnosed through sensory testing with the 5.07 monofilament using established guidelines, such as those developed by the National Institute of Diabetes and Digestive and Kidney Diseases guidelines. Five sites should be tested on the plantar surface of each foot, according to the National Institute of Diabetes and Digestive and Kidney Diseases guidelines. The areas must be tested randomly since the loss of protective sensation may be patchy in distribution, and the patient may get clues if the test is done rhythmically. Heavily callused areas should be avoided. As suggested by the American Podiatric Medicine Association, an absence of sensation at two or more sites out of 5 tested on either foot when tested with the 5.07 Semmes-Weinstein monofilament must be present and documented to diagnose peripheral neuropathy with loss of protective sensation.

The examination includes:

A patient history, and

A physical examination that must consist of at least the following elements:

Visual inspection of forefoot and hindfoot (including toe web spaces);

Evaluation of protective sensation;

Evaluation of foot structure and biomechanics;

Evaluation of vascular status and skin integrity;

Evaluation of the need for special footwear; and

Patient education.

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
022x	Skilled Nursing - Inpatient (Medicare Part B only)
071x	Clinic - Rural Health
074x	Clinic - Outpatient Rehabilitation Facility (ORF)
075x	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

CODE	DESCRIPTION
051X	Clinic - General Classification
0940	Other Therapeutic Services - General Classification

CPT/HCPCS Codes

Group 1 Paragraph:

One of the modifiers listed below must be reported with codes 11055, 11056, 11057, 11719, G0127, and with codes 11720 and 11721 when the coverage is based on the presence of a qualifying systemic condition EXCEPT where the patient has evidence of neuropathy, but no vascular impairment, for which class findings modifiers are not required:

Modifier Q7: One (1) Class A finding
Modifier Q8: Two (2) Class B findings
Modifier Q9: One (1) Class B finding and two (2) Class C findings.

Group 1 Codes:

CODE	DESCRIPTION
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE LESION
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); 2 TO 4 LESIONS
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, 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
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Codes 11055, 11056, 11057, 11719, 11720, 11721 and G0127

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
A30.0	Indeterminate leprosy
A30.1	Tuberculoid leprosy
A30.2	Borderline tuberculoid leprosy
A30.3	Borderline leprosy
A30.4	Borderline lepromatous leprosy
A30.5	Lepromatous leprosy

ICD-10 CODE	DESCRIPTION
A30.8	Other forms of leprosy
A50.41	Late congenital syphilitic meningitis
A50.42	Late congenital syphilitic encephalitis
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A52.11	Tabes dorsalis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D81.818	Other biotin-dependent carboxylase deficiency
E08.41*	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42*	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43*	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44*	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49*	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.51*	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52*	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59*	Diabetes mellitus due to underlying condition with other circulatory complications
E08.610*	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E09.42*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.49*	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51*	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52*	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with

ICD-10 CODE	DESCRIPTION
	gangrene
E09.59*	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610*	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E10.41*	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42*	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43*	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44*	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49*	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51*	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52*	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59*	Type 1 diabetes mellitus with other circulatory complications
E10.610*	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.41*	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42*	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43*	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44*	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49*	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51*	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52*	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59*	Type 2 diabetes mellitus with other circulatory complications
E11.610*	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.42*	Other specified diabetes mellitus with diabetic polyneuropathy
E13.49*	Other specified diabetes mellitus with other diabetic neurological complication
E13.51*	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52*	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59*	Other specified diabetes mellitus with other circulatory complications
E13.610*	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E51.11*	Dry beriberi
E51.12*	Wet beriberi
E52*	Niacin deficiency [pellagra]
E53.1*	Pyridoxine deficiency

ICD-10 CODE	DESCRIPTION
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	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E85.1	Neuropathic heredofamilial amyloidosis
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
G04.1	Tropical spastic paraplegia
G11.1	Early-onset cerebellar ataxia
G12.21	Amyotrophic lateral sclerosis
G13.0*	Paraneoplastic neuromyopathy and neuropathy
G13.1*	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35*	Multiple sclerosis
G60.0	Hereditary motor and sensory neuropathy
G60.1	Refsum's disease
G60.2	Neuropathy in association with hereditary ataxia
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G61.0*	Guillain-Barre syndrome
G61.1*	Serum neuropathy

ICD-10 CODE	DESCRIPTION
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.89	Other inflammatory polyneuropathies
G62.0*	Drug-induced polyneuropathy
G62.1*	Alcoholic polyneuropathy
G62.2*	Polyneuropathy due to other toxic agents
G62.81	Critical illness polyneuropathy
G62.82*	Radiation-induced polyneuropathy
ICD-10 CODE	DESCRIPTION
G62.89	Other specified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0	Sequelae of Guillain-Barre syndrome
G65.1	Sequelae of other inflammatory polyneuropathy
G65.2	Sequelae of toxic polyneuropathy
G70.1*	Toxic myoneural disorders
G70.81*	Lambert-Eaton syndrome in disease classified elsewhere
G73.1*	Lambert-Eaton syndrome in neoplastic disease
G73.3*	Myasthenic syndromes in other diseases classified elsewhere
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G95.0	Syringomyelia and syringobulbia
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg

ICD-10 CODE	DESCRIPTION
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.291	Other atherosclerosis of native arteries of extremities, right leg
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I73.00	Raynaud's syndrome without gangrene
I73.01	Raynaud's syndrome with gangrene
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.81	Erythromelalgia
I73.89	Other specified peripheral vascular diseases
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I80.01*	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
I80.02*	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
I80.03*	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
I80.11*	Phlebitis and thrombophlebitis of right femoral vein

ICD-10 CODE	DESCRIPTION
I80.12*	Phlebitis and thrombophlebitis of left femoral vein
I80.13*	Phlebitis and thrombophlebitis of femoral vein, bilateral
I80.211*	Phlebitis and thrombophlebitis of right iliac vein
I80.212*	Phlebitis and thrombophlebitis of left iliac vein
I80.213*	Phlebitis and thrombophlebitis of iliac vein, bilateral
I80.221*	Phlebitis and thrombophlebitis of right popliteal vein
I80.222*	Phlebitis and thrombophlebitis of left popliteal vein
I80.223*	Phlebitis and thrombophlebitis of popliteal vein, bilateral
I80.231*	Phlebitis and thrombophlebitis of right tibial vein
I80.232*	Phlebitis and thrombophlebitis of left tibial vein
I80.233*	Phlebitis and thrombophlebitis of tibial vein, bilateral
I80.291*	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity
I80.292*	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
I80.293*	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
I82.541*	Chronic embolism and thrombosis of right tibial vein
I82.542*	Chronic embolism and thrombosis of left tibial vein
I82.543*	Chronic embolism and thrombosis of tibial vein, bilateral
I82.811*	Embolism and thrombosis of superficial veins of right lower extremity
I82.812*	Embolism and thrombosis of superficial veins of left lower extremity
I82.813*	Embolism and thrombosis of superficial veins of lower extremities, bilateral
I82.891*	Chronic embolism and thrombosis of other specified veins
I89.0	Lymphedema, not elsewhere classified
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2*	Blind loop syndrome, not elsewhere classified
K90.3*	Pancreatic steatorrhea
K91.2*	Postsurgical malabsorption, not elsewhere classified
M05.471*	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.472*	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.571*	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572*	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.771*	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or

ICD-10 CODE	DESCRIPTION
	systems involvement
M05.772*	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.871*	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.872*	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M06.071*	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.072*	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.871*	Other specified rheumatoid arthritis, right ankle and foot
M06.872*	Other specified rheumatoid arthritis, left ankle and foot
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
M34.83	Systemic sclerosis with polyneuropathy
N18.1*	Chronic kidney disease, stage 1
N18.2*	Chronic kidney disease, stage 2 (mild)
ICD-10 CODE	DESCRIPTION
N18.3*	Chronic kidney disease, stage 3 (moderate)
N18.4*	Chronic kidney disease, stage 4 (severe)
N18.5*	Chronic kidney disease, stage 5
N18.6*	End stage renal disease

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

* For these diagnoses, the patient must be under the active care of a doctor of medicine or osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.

Group 2 Paragraph:

Refer to Group 3 for the secondary ICD-10-CM codes required for coverage for codes 11719, 11720, 11721 and G0127.

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
B35.1	Tinea unguium
L60.2	Onychogryphosis
L60.3	Nail dystrophy

Group 3 Paragraph:

For treatment of mycotic nails, or onychogryphosis, or onychauxis (codes 11719, 11720, 11721 and G0127), in the absence of a systemic condition or where the patient has evidence of neuropathy, but no vascular impairment, for which class findings modifiers are not required, ICD-10 CM code B35.1, L60.2 or L60.3 respectively, must be reported as primary, with the diagnosis representing the patient's symptom reported as the secondary ICD-10-CM code. Refer to the "Indications and Limitations of Coverage and/or Medical Necessity" section of the LCD.

Secondary Diagnoses to be reported with B35.1, L60.2 or L60.3 for treatment of mycotic nails, onychogryphosis, and onychauxis to indicate medical necessity:

Group 3 Codes:

ICD-10 CODE	DESCRIPTION
L02.611	Cutaneous abscess of right foot
L02.612	Cutaneous abscess of left foot
L03.031	Cellulitis of right toe
L03.032	Cellulitis of left toe
L03.041	Acute lymphangitis of right toe
L03.042	Acute lymphangitis of left toe
L60.0	Ingrowing nail
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
R26.0	Ataxic gait
R26.1	Paralytic gait
R26.2	Difficulty in walking, not elsewhere classified
R26.81	Unsteadiness on feet
R26.89	Other abnormalities of gait and mobility

Group 4 Paragraph:

Codes 11055, 11056, 11057, 11719, 11720, 11721 and G0127

The ICD-10-CM codes below represent those diagnoses where the patient has evidence of neuropathy, but no

vascular impairment, for which class findings modifiers are not required.

Group 4 Codes:

ICD-10 CODE	DESCRIPTION
A30.0	Indeterminate leprosy
A30.1	Tuberculoid leprosy
A30.2	Borderline tuberculoid leprosy
A30.3	Borderline leprosy
A30.4	Borderline lepromatous leprosy
A30.5	Lepromatous leprosy
A30.8	Other forms of leprosy
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A52.11	Tabes dorsalis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
D81.818	Other biotin-dependent carboxylase deficiency
E08.41*	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42*	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43*	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44*	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49*	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.610*	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E09.42*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.49*	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.610*	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy

ICD-10 CODE	DESCRIPTION
E10.41*	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42*	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43*	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44*	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49*	Type 1 diabetes mellitus with other diabetic neurological complication
E10.610*	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.41*	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42*	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43*	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44*	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49*	Type 2 diabetes mellitus with other diabetic neurological complication
E11.610*	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.42*	Other specified diabetes mellitus with diabetic polyneuropathy
E13.49*	Other specified diabetes mellitus with other diabetic neurological complication
E13.610*	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E51.11*	Dry beriberi
E51.12*	Wet beriberi
E52*	Niacin deficiency [pellagra]
E53.1*	Pyridoxine deficiency
E53.8*	Deficiency of other specified B group vitamins
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E85.1	Neuropathic heredofamilial amyloidosis
G04.1	Tropical spastic paraplegia

ICD-10 CODE	DESCRIPTION
G11.1	Early-onset cerebellar ataxia
G12.21	Amyotrophic lateral sclerosis
G13.0*	Paraneoplastic neuromyopathy and neuropathy
G13.1*	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35*	Multiple sclerosis
G60.0	Hereditary motor and sensory neuropathy
G60.1	Refsum's disease
G60.2	Neuropathy in association with hereditary ataxia
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G61.0*	Guillain-Barre syndrome
G61.1*	Serum neuropathy
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.89	Other inflammatory polyneuropathies
G62.0*	Drug-induced polyneuropathy
G62.1*	Alcoholic polyneuropathy
G62.2*	Polyneuropathy due to other toxic agents
G62.81	Critical illness polyneuropathy
G62.82*	Radiation-induced polyneuropathy
G62.89	Other specified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0	Sequelae of Guillain-Barre syndrome
G65.1	Sequelae of other inflammatory polyneuropathy
G65.2	Sequelae of toxic polyneuropathy
G70.1*	Toxic myoneural disorders
G73.3*	Myasthenic syndromes in other diseases classified elsewhere
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete

ICD-10 CODE	DESCRIPTION
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G95.0	Syringomyelia and syringobulbia
M05.571*	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572*	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M34.83	Systemic sclerosis with polyneuropathy

Group 4 Medical Necessity ICD-10 Codes Asterisk Explanation:

* For these diagnoses, the patient must be under the active care of a doctor of medicine or osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

General Information

Associated Information

Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Documentation supporting the medical necessity, such as physical and/or clinical findings consistent with the diagnosis and indicative of severe peripheral involvement must be maintained in the patient record.

Physical findings and services must be precise and specific (e.g., *left great toe, or right foot, 4 th digit*.) Documentation of co-existing systemic illness should be maintained.

There must be adequate medical documentation to demonstrate the need for routine foot care services as outlined in this determination. This documentation may be office records, physician notes or diagnoses characterizing the patient’s physical status as being of such severity to meet the criteria for exceptions to the Medicare routine foot care exclusion.

For debridement of mycotic nails, each service encounter, the medical record should contain a description of each nail which requires debridement. This should include, but is not limited to, the size (including thickness) and color of each affected nail. In addition, the local symptomatology caused by each affected nail resulting in the need for

debridement must be documented. For CPT code 11720 documentation of at least one nail will be accepted. For CPT code 11721 complete documentation must be provided for at least 6 nails.

Routine identification of cultures of fungi in the toenail is medically indicated when necessary to differentiate fungal disease from psoriatic nail, or when definitive treatment for prolonged oral antifungal therapy has been planned. If cultures are performed and billed, documentation of cultures and the need for prolonged oral antifungal therapy must be in the patient record and available to Medicare upon request.

Utilization Guidelines:

Routine foot care services are considered medically necessary once (1) in 60 days. More frequent services will be considered not medically necessary.

Services for debridement of more than five nails in a single day may be subject to special review.

Appendices:

Not applicable

Sources of Information

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.

Empire Medicare Services New York and New Jersey Medical Directors

Other Carrier Policies (Connecticut-Policy Number 94004A V1.2 revised January 13, 1998, Florida-Local Medical Review Policy revised August 14, 1998, and New York State Local Medical Review Policy-Empire/GHI/UMD-Policy Number FC001E02 revised February 25, 2000)

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/01/2019	R15	LCD revised to clarify class findings criteria, under Indications of coverage.	• Provider Education/Guidance
10/01/2017	R14	Due to the annual ICD-10-CM code update, ICD-10-CM	• Revisions Due To

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		code E85.8 was deleted from Group 1 of the "ICD-10-CM Codes that Support Medical Necessity" section of the LCD. ICD-10-CM codes E85.81, E85.82 and E85.89 were added as the replacement codes. *DATE (10/01/2017): At this time, the 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.*	ICD-10-CM Code Changes
08/15/2017	R13	Due to an inconsistency with CMS Publication 100-02, *Medicare Benefit Policy Manual,* Chapter 15, Section 290, the following language has been removed from the "Limitations" section: "or if the patient had come under a physician's care shortly after the services were furnished." The italicized language included in the "Abstract" and "Indications" sections should be verbatim from CMS Publication 100-02, *Medicare Benefit Policy Manual,* Chapter 15, Section 290 and has been revised accordingly. The number listed in the note below has been revised to reflect the addition of a Group 4. Note: Benefits for routine foot care are also 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. If the patient has evidence of neuropathy but no vascular impairment, the use of class findings modifiers is not necessary. This condition would be represented by the ICD-10-CM codes in Group 4 of the "ICD-10-CM Codes that Support Medical Necessity" section listed below.	• Provider Education/Guidance • Revisions Due To Bill Type or Revenue Codes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		Added Bill Type Codes 071X and 077X.	
10/01/2015	R12	ICD-10-CM code L62 which was inadvertently included in Group 1 has been removed. ICD-10-CM code L60.2 is included as covered in the LCD and provides greater specificity for reporting onychogryphosis and onychauxis. The groups of ICD-10-CM codes in the "ICD-10-CM Codes that Support Medical Necessity" section have been renumbered. ICD-10-CM codes B35.1, L60.2 and L60.3 were moved from Group 1 into Group 2 for clarity.	• Provider Education/Guidance
10/01/2015	R11	The following explanatory note in the "CPT/HCPCS Codes" section was revised to include the exception to the class finding modifier requirement: One of the modifiers listed below must be reported with codes 11055, 11056, 11057, 11719, G0127, and with codes 11720 and 11721 when the coverage is based on the presence of a qualifying systemic condition EXCEPT where the patient has evidence of neuropathy, but no vascular impairment, for which class findings modifiers are not required: ICD-10-CM codes E08.41, E08.43, E08.44, E10.41, E10.43, E10.44, E11.41, E11.43 and E11.44 were added to Groups 1 and 3 in the "ICD-10-CM Codes that Support Medical Necessity" section. An asterisk (*) which denotes the patient must be under the active care of a doctor of medicine or osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service was added to M05.872, M06.071 and M06.072 in Group 1 in the "ICD-10-CM Codes that Support Medical Necessity" section. An asterisk (*) was added to ICD-10-CM codes G35, M05.571 and M05.572 in Group 3 in the "ICD-10-CM Codes that Support Medical Necessity" section.	• Request for Coverage by a Provider (Part A)
10/01/2015	R10	The following explanatory note was added to the "CPT/HCPCS Codes" section:	• Provider

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		One of the modifiers listed below must be reported with codes 11055, 11056, 11057, 11719, G0127, and with codes 11720 and 11721 when the coverage is based on the presence of a qualifying systemic condition, to indicate the class findings and site: Modifier Q7: One (1) Class A finding Modifier Q8: Two (2) Class B findings Modifier Q9: One (1) Class B finding and two (2) Class C findings. The following explanatory notes in Groups 1, 2 and 3 were revised for clarity to include the CPT/HCPCS codes: **Group1: Paragraph** **Codes 11055, 11056, 11057, 11719, 11720, 11721 and G0127** For ICD-10-CM code B35.1, L60.2 or L60.3 refer to Group 2 for the secondary ICD-10-CM codes required for coverage for codes 11719, 11720, 11721 and G0127. **Group 2: Paragraph** For treatment of mycotic nails, or onychogryphosis, or onychauxis (codes 11719, 11720, 11721 and G0127), in the absence of a systemic condition or where the patient has evidence of neuropathy, but no vascular impairment, for which class findings modifiers are not required, ICD-10 CM code B35.1, L60.2 or L60.3 respectively, must be reported as primary, with the diagnosis representing the patient's symptom reported as the secondary ICD-10-CM code. Refer to the "Indications and Limitations of Coverage and/or Medical Necessity" section of the LCD. **Group 3: Paragraph** Codes 11055, 11056, 11057, 11719, 11720, 11721 and G0127	Education/Guidance
10/01/2015	R9	ICD-10-CM codes E08.52, E09.52, E10.52, E11.52 and E13.52 were added to Group 1 in the "ICD-10-CM Codes that Support Medical Necessity" section.	• Request for Coverage by a Practitioner (Part B)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2015	R8	Based on a practitioner request, ICD-10-CM code L60.3 was added to Group 1 as well as the explanatory notes in Groups 1 and 2 in the "ICD-10-CM Codes that Support Medical Necessity" section.	• Request for Coverage by a Practitioner (Part B)
10/01/2015	R7	The following statement was added to the explanatory note in Group 1 of the of the "ICD-10-CM Codes that Support Medicare Necessity" section: For ICD-10-CM code B35.1 or L60.2, refer to Group 2 for the secondary ICD-10-CM codes required for coverage.	• Provider Education/Guidance
10/01/2015	R6	The following explanatory note was revised for clarity: For treatment of mycotic nails, or onychogryphosis, or onychauxis, in the absence of a systemic condition or where the patient has evidence of neuropathy, but no vascular impairment, for which class findings modifiers are not required, ICD-10 CM code B35.1 or L60.2 respectively, must be reported as primary, with the diagnosis representing the patient's symptom reported as the secondary ICD-10-CM code. Refer to the "Indications and Limitations of Coverage and/or Medical Necessity" section of the LCD. Based on a practitioner request, ICD-10-CM codes E08.51 and E13.51 were added to Group 1 in the "ICD-10-CM codes that Support Medical Necessity" section. ICD-10-CM codes E08.610, E09.610 and E13.610 were added to Groups 1 and 3 in the "ICD-10-CM Codes that Support Medical Necessity" section.	• Provider Education/Guidance • Request for Coverage by a Provider (Part A)
10/01/2015	R5	Based on a practitioner request, ICD-10-CM codes E09.51, E10.51, E11.51, I70.291, I70.292 and I70.293 were added to Group 1 in the "ICD-10-CM codes that Support Medical Necessity" section. ICD-10-CM codes E10.610 and E11.610 were added to Groups 1 and 3 in the "ICD-10-CM Codes that Support Medical Necessity" section.	• Request for Coverage by a Practitioner (Part B)
10/01/2015	R4	Based on a practitioner request, ICD-10-CM codes E08.42, E09.42, E10.42, E11.42 and E13.42 were added to Groups 1 and 3 in the "ICD-10-CM Codes that Support Medical Necessity" section.	• Request for Coverage by a Practitioner (Part B)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2015	R3	Based on a practitioner request, ICD-10-CM codes I70.201, I70.202, I70.203 and I70.90 were added to Group 1 in the "ICD-10-CM Codes that Support Medical Necessity" section.	• Request for Coverage by a Practitioner (Part B)
10/01/2015	R2	Minor template language change.	• Other
10/01/2015	R1	Added ICD-10-CM code G95.0 to Group 1 in the "ICD-10-CM Codes that Support Medical Necessity" section.	• Revisions Due To ICD-10-CM Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)
A52865
- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 12/18/2018 with effective dates 01/01/2019 - N/A
Updated on 09/21/2017 with effective dates 10/01/2017 - 12/31/2018
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

- Feet
- Toes
- Toenails