

# At-Risk Foot Care Foot Care for Pain A Revenue Stream

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CAC Rep

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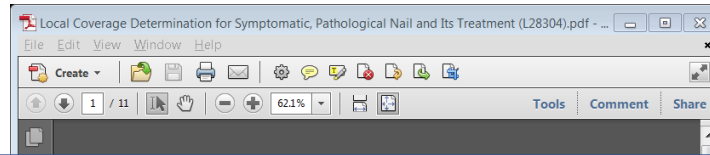
# At-Risk Foot Care & Painful lesions

- Underused service
- Major revenue center

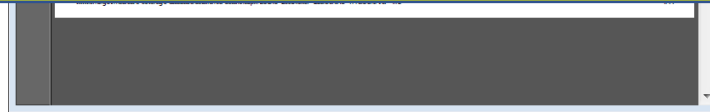
# Which LCDs do we have?

- There is no LCD for painful nail treatment
- There is no LCD for “At-Risk Foot Care”
- But there is a NCD for “At-Risk Foot Care”
  
- There is an LCD for painful keratoma, hyperkeratoma
  - 11055
  - 11056
  - 11057
- There is an LCD for debridement of ulcer

# Pain Qualification : Painful Nails



**REMOVED  
NO LONGER ACTIVE  
NO RESTRICTIONS, NO GUIDANCE**



# Fees for 'Covered' Foot Care (Pain & 'At-Risk')

• 99212	\$63.00	• 11055	\$81.91	(\$73.42 )
• 99213	\$101.43	• 11056	\$93.55	(\$85.98 )
		• 11057	\$102.17	(\$94.19)
		• 11720	\$37.77	(\$37.49 )
		• 11721	\$50.32	(\$51.42 )
		• 11719	\$15.91	(\$16.02)
		• G0127	\$27.80	(\$27.48)
		• 97597	\$116.40	(\$111.73)

# Routine Foot Care

- Qualified Routine Foot Care
  - Covered- Paid for by Medicare
  - **Pain**
  - **At-Risk**
- Unqualified Routine Foot Care
  - Not covered
  - **Cash**
  - No ABN needed
  - GY

# Article : Routine Foot Care : At-Risk Foot Care

- Written and approved September 2020
- No accompanying LCD. The NCD is confusing
- Reversed the sequence of the ICD-10 Codes
- Primary Diagnosis: Specific problem ; **Group 1 Codes**
  - Nail dystrophy; Corns and callosities; etc.
- Secondary Diagnosis: Condition allowing this treatment; Group 2, 3, 4
  - Group 2 – Neuropathy
  - Group 3 – Vascular
  - Group 4 – Lymphedema, Anticoagulants, HIV

# Diagnosis Sequence

## ICD-9

- **First:** Specific problem
  - Ingrown nail, dystrophic nail, callus
- **Second:** Condition
  - Pain, cellulitis, artheroclerosis

## ICD-10 - Reversed

- **First:** Condition
  - Pain, cellulitis, artheroclerosis
- **Second:** Specific problem
  - Ingrown nail, dystrophic nail, callus



# Pain Qualified Nail Care

No LCD – Use Article

Routine Foot Care – Group 5

# Asymptomatic dystrophic, mycotic or normal nail

- Routine foot care, which includes trimming or debridement of the Asymptomatic dystrophic, mycotic, or normal toenail is covered by Medicare only when the patient has one of the Medicare-specified systemic diseases with clinically significant peripheral complications placing the patient at risk for infection and/or injury if a non-professional attempts to trim or debride the nail

# Symptomatic dystrophic, mycotic or normal nail

- However, when the nail becomes ingrown, and the surrounding soft tissue is complicated by pain or inflammation, then its care is no longer "routine" but involves a pathological state. This state is characterized by one or more of the following: pain, inflammation of the nail bed, inflammation of the surrounding soft tissue, infection, and/or abscess.

- Medicare provides coverage of debridement of the nail (other than cases of routine foot care) when the nail has caused one or more of the following: **pain, marked limitation in ambulation, infection, abscess, inflammation, or paronychia/onychial.**
- If the nail is dystrophic or mycotic, but is not symptomatic, Medicare does not cover its debridement or trimming (except when **covered routine foot care conditions** are met). The presence of a dystrophic or mycotic nail, as conditions by themselves, do not allow for treatment coverage.

# Pain Qualifiers

- **Pain (M79.67-)**
- **Marked limitation in ambulation (R26.2)**
- **Marked limitation in function**
- **Infection**
- **Abscess**
- **Inflammation**
- **Paronychia/onychia**



The LCD dealt with more than 11720/21

- The list of ICD-10-CM Codes that Support Medical Necessity apply **only** to the following CPT/HCPCS codes: CPT/HCPCS codes:
- 11720, 11721, 11730, 11732, 11740, 11750, 11752, 11755, 11760, 11762 and 11765

# Only for 11720 / 11721

- Allows note that the ICD-10 codes:
- B35.1 (onychomycosis)
- D18.01 (hemangioma)
- L60.8 (dystrophy of nail)
- Are covered **only** when the 3 conditions are met
  - Pain in toe(s) M79.674/M79.675
  - Marked limitation in ambulation R26.2
  - Marked limitation in function R26.8-
    - (other abnormalities of gait and mobility)



# Pain Qualification : Nail

- E/M code can be used in a broad spectrum of diagnosis
- Other diagnosis that support the medical necessity include:
  - Abscess
  - Cellulitis
  - Neoplasm
  - Ingrowing nail
  - Wound
  - Crush injury
  - Etc.
- See the old LCD for other ICD-10 diagnosis

110.1*	DERMATOPHYTOSIS OF NAIL
228.01*	HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE
238.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN
239.2	NEOPLASM OF UNSPECIFIED NATURE OF BONE SOFT TISSUE AND SKIN
681.00	UNSPECIFIED CELLULITIS AND ABSCESS OF FINGER
681.01	FELON
681.02	ONYCHIA AND PARONYCHIA OF FINGER
681.10	UNSPECIFIED CELLULITIS AND ABSCESS OF TOE
681.11	ONYCHIA AND PARONYCHIA OF TOE
681.9	CELLULITIS AND ABSCESS OF UNSPECIFIED DIGIT
686.1	PYOGENIC GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE
703.0	INGROWING NAIL

703.8*	OTHER SPECIFIED DISEASES OF NAIL
709.4	FOREIGN BODY GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE
726.91	EXOSTOSIS OF UNSPECIFIED SITE
883.0	OPEN WOUND OF FINGERS WITHOUT COMPLICATION
883.1	OPEN WOUND OF FINGERS COMPLICATED
893.0	OPEN WOUND OF TOE(S) WITHOUT COMPLICATION
893.1	OPEN WOUND OF TOE(S) COMPLICATED
924.3	CONTUSION OF TOE
928.3	CRUSHING INJURY OF TOE(S)
959.7	OTHER AND UNSPECIFIED INJURY TO KNEE LEG ANKLE AND FOOT

# Modifiers

- -59
- TA-T9

# Documentation

- If **symptomatic nails** occur on different toes or fingers, the use of the "T" or "F" modifiers would be the most specific descriptor/modifier to use on a secondary independent procedure.
- The clinical record must **document** the relevant **history and physical findings** that justify the diagnoses and procedures claimed. Additionally, the **specific location** on the **toe** or finger and the **specific digit** must be documented. This requirement is particularly important when the physician claims multiple procedures on different toes of the same foot or fingers of the same hand.

# Billing for Painful Nail

- CPT

- 11720

- 11721

- Primary ICD-10

- M79.674/M70.675      Pain in toe(s)

- Secondary ICD-10

- B35.1      Mycotic nail

- L60.3      Dystrophic nail

- L60.0      Ingrowing nail

- L03.03-      Paronychia

# Sample Billing for Painful Nail

- CPT

- 11720
- 11721

- Primary ICD-10

- M79.674 Pain in right toe(s)
- M79.674 Pain in left toe(s)

- Secondary ICD-10

- B35.1 Mycotic nail
- L60.8 Dystrophic nail

# Sample Painful Nail Billing

## **CPT:**

- 11720

or

- 11721

## **ICD-10**

- 1°

- M79.674 Pain right toes

- M79.675 Pain left toes

- 2°

- L60.3 Onychomycosis

- L60.8 Other specified disease of nail  
- dystrophic nails



# Billing for Painful Mycotic/Dystrophic Nail

- **No** systemic condition needed
- Clinical evidence of mycosis or dystrophy

And

- Pain, infection, inflammation or marked limitation of ambulation
  - Do not document “**marked limitation of ambulation**” for non-ambulatory patients
- Documentation of mycosis (we are not obligated to obtain lab confirmation in California)
  - PAS (least # of false negatives), Fungal culture, KOH
  - Description (see handout)

# Billing for Mycotic/Dystrophic Nail

- The state of the toe, whose nail is to be debrided should be characterized by:
  - Pain
  - Inflammation of the nail bed
  - Inflammation of the surrounding tissue
  - Marked limitation in ambulation
  - Infection
  - Abscess
  - Onychia / paronychia

# Dystrophy

- Dystrophy of the nail is the easiest to use
  - Document “dystrophy”
    - Thickening, discolored, deformed, dystrophic, hypertrophic,
  - Document “pain”
- Not on OIG hit list

# Pain Qualification : Nail

## No LCD

- Painful dystrophic or mycotic nails
  - CPT Codes
    - 11720
    - 11721
- Painful ingrown normal non-dystrophic nail is covered
  - Covered as a procedure
  - May use Incision & Drainage (11060) , avulsion (11720) or matrixectomy (11730)
  - May use an E/M code

# L60.8

- “Other nail disorder”; dystrophy
- My favorite
- No documentation of onychomycosis
- No OIG requests for information
- Stays under the radar
- OIG is still bugged by that diagnosis

# Pain Qualified Callus Care

# Pain Qualification: Keratoma

- Painful Hyperkeratomas
  - Includes porokeratoma, IPK, corn, callus
  - CPT Code – 11055 – 11057
  - Primary ICD-10 code
    - L84 Corn / Callus
    - L85- Keratoderma
    - L85.8 Other specified congenital anomalies of skin / IPK (porokeratoma or keratoderma)
  - Secondary ICD-10 code
    - L08- Unspecified local infection or inflammation
    - M79.671/M79.672 Pain in foot
- The claim must have **one** primary and **one** secondary diagnosis code.

# Billing for Painful Conditions Painful corns

- Painful Hyperkeratomas
  - Includes porokeratoma, IPK, corn, callus
  - CPT Code – 11055 – 11057
  - Primary ICD-10 code
    - M79.671/M79.672 Pain in foot R/L
    - M79.674/M79.675 Pain in toes R/L
  - Secondary ICD-10 code
    - L84 Corn / Callus
    - L85- Keratoderma
    - L82.8 Other specified congenital malformations of skin / use for IPK
- The claim must have **one** primary and **one** secondary diagnosis code.



# 11055-11057 Sample billing

- **Callus sub 2<sup>nd</sup> mets, bilateral & corn on Left 5<sup>th</sup> toe**

- 11056 LT, RT, T9, 59

- L84                      corn and callosities

- M79.671              pain in right foot

- M79.672              pain in left foot

- M79.675              pain in left toe(s)

# 11055-11057 Sample billing

- IPK sub 2<sup>nd</sup> mets, bilateral & corn on Left 5<sup>th</sup> toe
- 11056 LT, RT, T4, (59) (paring or debridement 2-4)
- M79.671 pain in right foot
- M79.672 pain in left foot
- M79.675 pain in left toe(s)
- Q82.8 IPK
- L84 corns & callus

# Billing for painful keratoma & Tinea Pedis

- Painful keratoma, left foot
  - 11056 LT
  - Dx: L85-, M79.672
  - \$67.88
- E/M for treatment of a skin condition
  - 99212-25
  - Dx: B35.3, M79.672
  - \$49.58

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# At-Risk Foot Care

If you wish to save the PDF, please ensure that you change the file extension to .PDF (from .ashx).

## **RETIRED Local Coverage Article for Response to Comments for Routine Foot Care (A49252)**

**RETIRED**

Please note: This is a Retired LCD.

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### **Contractor Information**

<b>Contractor Name</b>	<b>Contractor Number</b>	<b>Contractor Type</b>
<a href="#">Palmetto GBA opens in new window</a>	01102	MAC - Part B

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### **Article Information**

#### **General Information**

**RETIRED**

**Article ID Number**  
A49252

**Article Type**  
Article

**Key Article**  
No

**Article Title**  
Response to Comments for Routine Foot Care

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**Primary Geographic Jurisdiction opens in new window**  
California - Northern

**Original Article Effective Date**  
07/02/2009

**Article Ending Effective Date**  
08/01/2012

# Is there a Policy we can use?

- Please refer to the 'MLM Foot Care Coverage' obtained from Noridian Website
- Local Coverage Article:
  - Billing and Coding: Routine Foot Care
  - A57954
  - Obtain from Noridian Website as shown earlier

## **FUTURE Local Coverage Article: Billing and Coding: Routine Foot Care (A57954)**

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

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### **Contractor Information**

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam

# Exclusions from Coverage:

## Routine Foot Care

- Except as discussed below in the section entitled “**Conditions that Might Justify Coverage**”, routine foot care is excluded from coverage. 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.



# Conditions that Might Justify Coverage

- The presence of a systemic condition such as metabolic, neurologic, or peripheral vascular disease may require scrupulous foot care by a professional that in the absence of such condition(s) would be considered routine (and, therefore, excluded from coverage). Accordingly, foot care that would otherwise be considered routine 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 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.

# CPT Codes – Group 1 paragraph

## Group 1 Codes:

CODE	DESCRIPTION
11055	Trim skin lesion
11056	Trim skin lesions 2 to 4
11057	Trim skin lesions over 4
11719	Trim nail(s) any number
11720	Debride nail 1-5
11721	Debride nail 6 or more
G0127	Trim nail(s)

## Group 1 Paragraph:

For purposes of applying presumption of coverage, when the evidence available discloses certain physical and/or clinical findings consistent with the diagnosis and indicative of severe peripheral involvement, the following findings are pertinent:

- Class A Findings:
  - Nontraumatic amputation of foot or integral skeletal portion thereof.
- Class B Findings:
  - Absent posterior tibial pulse;
  - Advanced trophic changes as: hair growth (decrease or absence) nail changes (thickening) pigmentary changes (discoloration) skin texture (thin, shiny) skin color (rubor or redness) (Three required); 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 the following by using the modifiers below:

- A Class A finding (Q7);
- Two of the Class B findings (Q8); or
- One Class B and two Class C findings (Q9).

**Group 1 Codes:**

CODE	DESCRIPTION
Q7	ONE CLASS A FINDING
Q8	TWO CLASS B FINDINGS
Q9	ONE CLASS B AND TWO CLASS C FINDINGS

## **ICD-10 Codes that Support Medical Necessity**

### **Group 1 Paragraph:**

The ICD-10-CM codes below represent the PRIMARY diagnoses for all Group 2, Group 3 and Group 4 SECONDARY diagnoses.

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
B35.1	Tinea unguium
L11.0	Acquired keratosis follicularis
L60.1	Onycholysis
L60.2	Onychogryphosis
L60.3	Nail dystrophy
L60.8*	Other nail disorders
L84	Corns and callosities
L85.0	Acquired ichthyosis
L85.1	Acquired keratosis [keratoderma] palmaris et plantaris
L85.2	Keratosis punctata (palmaris et plantaris)
L86	Keratoderma in diseases classified elsewhere
L87.0	Keratosis follicularis et parafollicularis in cutem penetrans
L87.2	Elastosis perforans serpiginosa

ICD-10 CODE	DESCRIPTION
L90.9	Atrophic disorder of skin, unspecified
L91.9	Hypertrophic disorder of the skin, unspecified
L98.7	Excessive and redundant skin and subcutaneous tissue
Q81.0	Epidermolysis bullosa simplex
Q81.1	Epidermolysis bullosa letalis
Q81.2	Epidermolysis bullosa dystrophica
Q81.8	Other epidermolysis bullosa
Q81.9	Epidermolysis bullosa, unspecified
Q82.8	Other specified congenital malformations of skin

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:**

\*L60.8 is to be billed **only** if one of the systemic conditions from Group 2, 3 or 4 below is present.

# Neurologic

## Group 2 Paragraph:

The ICD-10-CM codes below represent the diagnoses where the patient has evidence of neuropathy, as demonstrated by methods such as the Semmes-Weinstein filament, but no vascular impairment, for which no class findings modifiers are required.

One of the Group 1 ICD-10-CM codes above **MUST** be billed as the *primary* diagnosis to ensure payment.

## Group 2 Codes:

ICD-10 CODE	DESCRIPTION
A30.4	Borderline lepromatous leprosy
A30.5	Lepromatous leprosy
A50.43	Late congenital syphilitic polyneuropathy
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.19	Other symptomatic neurosyphilis
A52.2	Asymptomatic neurosyphilis



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
E10.40*	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.42*	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.49*	Type 1 diabetes mellitus with other diabetic neurological complication
E10.610*	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.40*	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.42*	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.49*	Type 2 diabetes mellitus with other diabetic neurological complication
E11.610*	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.40*	Other specified diabetes mellitus with diabetic neuropathy, unspecified
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

G61.0	Guillain-Barre syndrome
G61.1*	Serum neuropathy
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.89	Other inflammatory polyneuropathies
G61.9	Inflammatory polyneuropathy, unspecified
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
G62.9	Polyneuropathy, unspecified
G63*	Polyneuropathy in diseases classified elsewhere

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**Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:**

When the patient's condition is one of those designated by an asterisk (\*), routine procedures are covered only if the patient is under the active care of a Doctor of Medicine or osteopathy. They must document the condition of the complicating disease process during the 6-month period prior to the rendition of the routine-type services per MLN Matters® Number: SE1113.



## Group 3 Paragraph:

# Vascular

The ICD-10-CM codes below represent those diagnoses where the patient has evidence of vascular impairment, for which the class findings modifiers are required.

For purposes of applying presumption of coverage, when the evidence available discloses certain physical and/or clinical findings consistent with the diagnosis and indicative of severe peripheral involvement, the following findings are pertinent:


- Class A Findings:
  - Nontraumatic amputation of foot or integral skeletal portion thereof.
- Class B Findings:
  - Absent posterior tibial pulse;
  - Advanced trophic changes as: hair growth (decrease or absence) nail changes (thickening) pigmentary changes (discoloration) skin texture (thin, shiny) skin color (rubor or redness) (Three required); 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 the following by using the modifiers below:

- A Class A finding (Q7);
- Two of the Class B findings (Q8); or
- One Class B and two Class C findings (Q9).

One of the Group 1 ICD-10-CM codes above **MUST** be billed as the *primary* diagnosis to ensure payment.



**Group 3 Codes:**

ICD-10 CODE	DESCRIPTION
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
E08.621*	Diabetes mellitus due to underlying condition with foot ulcer
ICD-10 CODE	DESCRIPTION
E08.622*	Diabetes mellitus due to underlying condition with other skin ulcer
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
E10.621*	Type 1 diabetes mellitus with foot ulcer
E10.622*	Type 1 diabetes mellitus with other skin ulcer
E11.51*	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52*	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene

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
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
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
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity



#### Group 4 Paragraph:

The ICD-10 codes below represent those diagnoses where the patient has neither a neurological or vascular impairment yet are covered services.

One of the Group 1 ICD-10-CM codes above **MUST** be billed as the *primary* diagnosis to ensure payment.

#### Group 4 Codes:

ICD-10 CODE	DESCRIPTION
B20	Human immunodeficiency virus [HIV] disease
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
I89.0	Lymphedema, not elsewhere classified
Z79.01*	Long term (current) use of anticoagulants



# At-Risk Qualification

- Qualifying 'At-Risk' condition / 1<sup>o</sup> diagnosis
  - Vascular
    - With Q modifier
  - Neurologic
  - Systemic
- Remember to place as 1<sup>st</sup> diagnosis code

# At-Risk Qualification

- List of presenting problems & 2° ICD-10 code
  - Mycotic or dystrophic nails
  - Ingrown nails
  - Callus / corns
- Remember to list as the 2<sup>nd</sup> diagnosis code
- “Pain” is NOT a Qualified Diagnosis

## At-Risk Qualification – Callus/Corns

- 11055 Cutting or paring keratosis (1)
- 11056 Cutting or paring keratosis (2-4)
- 11057 Cutting or paring keratosis (>4)

# At-Risk Qualification – Callus/Corns

- ICD-10 Primary Codes
  - Systemic, vascular (with Q), or neurologic
- ICD-10 Secondary code
  - L84 Corn and callosities

# Vascular At-Risk Condition – Q Code

- CPT code must contain a **Q** modifier
  - i.e., 11720 - Q8
  - 11055 - Q7
- Additionally, the Primary diagnosis must be for a vascular condition
- Only the “Vascular” Dx need a Q Code

# Vascular Q modifiers

- Q modifiers are determined by the Class Findings
  - Q7
  - Q8
  - Q9
- Class Findings
  - Class A
  - Class B
  - Class C

# Class Findings – Class A

- Class A
  - Non-traumatic amputation of foot or portion of foot

# Class Findings – Class B

- Absent Posterior Tibial pulse (per foot)
- Absent Dorsalis Pedis pulse (per foot)
- Advanced trophic changes (at least 3)
  - Nail changes (thickening)
  - Hair growth (decrease or absence)
  - Pigmentation changes (discoloration)
  - Skin texture (thin, shiny)
  - Skin color (rubor or redness)



## Class Findings – Class C

- Claudication
- Temperature changes (e.g., cold feet)
- Edema
- Paresthesias
  - abnormal spontaneous sensations in the feet
- Burning

# Q7 Modifier

- Class A Finding
  - Non-traumatic amputation of the foot
  - Non-traumatic amputation of a portion of the foot

# Q8 Modifier: 2 Class B Findings

- 2 absent pulses in the foot

- Posterior Tibial
- Dorsalis Pedis

**OR**

- 1 absent pulse
- **AND**
- 3 of the following
  - Reduction hair growth
  - Thickening nails
  - Pigmentation changes
  - Atrophy
  - Skin color
    - Rubor
    - Redness

## Q9 Modifier

- **1 Class B finding**

- Absent pulse
- Advanced trophic changes (3)

&

- **AND 2 Class C Findings**

- Claudication
- Cold feet
- Edema
- Paresthesia
- Burning

# Vascular At-Risk Condition

- Based on National Carrier Determination
- Not specific

# Neurologic At-Risk Condition

- No Q modifiers are not necessary
  - Only vascular Dx need Q modifiers
- Peripheral neuropathy
  - 15 varied neuropathic conditions
- \* means that an M.D. must be treating the Dx
  - NPI# and last date of visit must be on the chart

# Neurologic At-Risk Condition

- I try to avoid the Dx codes with \*
  - Hassle to find the NPI# of the PMD
  - Patients don't remember the last visit with PMD
- Sample Dx Codes that do not need an \*

# Systemic At-Risk Condition in NCD

- **Anti-coagulation therapy**

- Not aspirin
- Includes Plavix now

- **Immunosuppression**

- Cancer meds
- Steroids

- **Anemias**

- \* means that an M.D. must be treating the Dx
  - UPIN # and last date of visit must be on the chart



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# At-Risk Nail Care

# At-Risk Qualification- Nails

- **Debridement** :

- Procedure to remove excessive material
- Reduce thickness and length
- From a dystrophic nail
- But not a non-dystrophic nail

- **Trimming**:

- Procedure to reduce length
- From a normal or dystrophic nail

# At-Risk Qualification- Nails

- Nail codes

- 11720 Debridement nails (1-5)
- 11721 Debridement nails (6-10)
- 11719 Trimming non-dystrophic nails
- G0127 Trimming dystrophic nails

- Use 11719 or G0127,

- Do not use both

# Fees for 'Covered' Foot Care (Pain & 'At-Risk')

- 99212 \$50.91
- 99213 \$82.86
- 11055 \$65.44 (56.05)
- 11056 \$77.71 (67.88)
- 11057 \$85.74 (76.15)
- 11720 \$36.01 (37.97)
- 11721 \$51.47 (51.42)
- 11719 \$16.41 (16.40)
- G0127 \$27.87 (28.26)
- 97597 \$104.14 (97.67)

# At-Risk Qualification- Nails

- ICD-10 Primary Codes **needing** Q modifier
  - E10-/E11- Diabetes Mellitus series (Q modifier)
  - I70- Atherosclerosis extremity, series (Q modifier)
- ICD-10 Primary Codes **not needing** Q modifier
  - G35 Multiple sclerosis
  - G82-/G83- Quadriplegia series
  - G57- Mononeuropathy series
  - G60- Peripheral neuropathy series
  - G60.9 Unspecified idiopathic peripheral neuropathy
  - G62-/G63- Polyneuropathy in disease states – series
  - I80- Phlebitis series

# At-Risk Qualification- Nails

- ICD-10 Secondary Codes
  - B35.1      Onychomycosis
  - L60.3      Dystrophic nail
  - L60.8      Other disease of nail

# At-Risk Qualification- Nails

- **For neuropathy diagnosis**

- Record of physical findings of severe loss of sensation
- To degree that nonprofessional services might pose a danger to patient

- **For arterial vascular disease**

- Use Q modifiers
- Clearly note the findings on record

- **Thrombophlebitis**

- Note findings
  - Edema
  - Superficial varicosities
  - Skin discoloration

11720

- Debridement of nail(s), any method, (1-5)
- ICD-10 **Primary Codes**
  - Systemic, vascular (with Q), or neurologic
- ICD-10 **Secondary Codes**
  - B351            Onychomycosis
  - ***L60.3***        ***Dystrophic nail***
  - L60.8            Other disease of nail



11721

- Debridement of nail(s), any method, (6-10)
- ICD-10 **Primary Codes**
  - Systemic, vascular (with Q), or neurologic
- ICD-10 **Secondary Codes**
  - B35.1      Onychomycosis
  - L60.3      Dystrophic nail
  - L60.8      Other disease of nail

11719

- Qualified routine nail trimming of non-painful normal nails
- ICD-10 **Primary Codes**
  - Systemic, vascular (with Q), or neurologic
- ICD-10 **Secondary Codes**
  - L60.9            Unspecified disease of nail
  - Q84-            Specified anomalies of nail
- May be used with 11720
- Should **not be used** with 11721

# G1027

- Qualified trimming of asymptomatic dystrophic nails
- ICD-10 **Primary Codes**
  - Systemic, vascular (with Q), or neurologic
- ICD-10 **Secondary Codes**
  - B35.1            Onychomycosis
  - L60.3            Dystrophic nail
  - L60.8            Other disease of nail
- May be used with 11720
- Pays better than 11719 😊
- Should not **be used** with 11721

At-Risk Callus/ Corns / IPK

## At-Risk Qualification – Callus/Corns

- 11055 Cutting or paring keratosis (1)
  - \$65.44
- 11056 Cutting or paring keratosis (2-4)
  - \$77.71
- 11057 Cutting or paring keratosis (>4)
  - \$85.74

## At-Risk Qualification – Callus/Corns

- ICD-9 Primary Codes
  - Systemic, vascular (with Q), or neurologic
- ICD-9 Secondary code
  - 700 Corn and callosities

# At-Risk Foot Care

- Underused service
- Major revenue center

# At-Risk Foot Care

- Not an issue with the OIG
- Much less documentation than an E/M
- May refer back to a prior note to keep establishing 'At-Risk' qualification @ visit



# At-Risk Foot Care

- Note the location of the lesion debrided
  - @ toe
  - Medial / lateral
  - @ metatarsal head / arch / heel

# At-Risk Foot Care

- Truth in documentation
- Document accurately
  - Independent evaluation of patients
- Personally, I suggest a variety of ICD-10 codes in patient population
  - PVD
  - Claudication
  - Neuropathy
  - Coagulation disorders

# Billing for At-Risk Foot Care

- Significant CCI edits
- -59 modifier communicates that the services should not be bundled

# Billing for At-Risk Foot Care

- Debride 1 nail, trim the others
  - 11720 – Q8 – 59 - TA
  - G0127 – Q8 – 59 correction
- Debride 2 corns, debride 1 nail, trim 2-10
  - 11056 – Q8
  - 11720 – Q8 – 59 – TA
  - 11719 – Q8

# Sample billing - code and check CCI

- 11720- TA, T5, 59
- Dystrophy code
- Pain code
- -----
- E/M visit -25
- Arthritis, pain ankle, initial presentation
- -----
- Injection to joint -59

# Billing for At-Risk Foot Care

- Debride 1 hemorrhagic lesion, 1 corns, 1 nail, and trim the other nails
  - 97597– T4
  - 11052 – Q8 – 59 (don't need it)
  - 11720 – Q8 – 59 - TA
  - 11719 – Q8 – 59 (don't need it)

# Fees for 'Covered' Foot Care (Pain & 'At-Risk')

- 99212 \$50.91
- 99213 \$82.86
- 11055 \$65.44 (56.05)
- 11056 \$77.71 (67.88)
- 11057 \$85.74 (76.15)
- 11720 \$36.01 (37.97)
- 11721 \$51.47 (51.42)
- 11719 \$16.41 (16.40)
- G0127 \$27.87 (28.26)
- 97597 \$104.14 (97.67)

# Potential Reimbursement

- 99213                      \$82.66

- **Total                      \$82.66**

- Significant documentation

- Possible repayment if found to be routine foot care, qualified or not

- 11055                      \$65.44

- 11720                      \$36.01

- G0127                      \$13.94

- **Total                      \$115.39**

- Relatively easy documentation

- Keep the \$

- Buy a car



# Potential Reimbursement

• 99212 \$50.91

OR

• 11056 \$77.71

• 98597 \$104.14 (52.07)

• 11720 \$36.01 (18.00)

• G0127 \$27.87 (13.94)

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• Total \$161.72

# Potential Reimbursement

- 99212 \$50.91
- OR
- 11721 \$51.47

OR

- 11720 \$36.01
- G0127 \$13.94

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- Total \$49.95
  
- Difference
  - \$ 1.52
  - Minimal documentation
  - Under the radar