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<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>DESCRIPTION</th>
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<tr>
<td>CCI</td>
<td>Correct Coding Initiative</td>
</tr>
<tr>
<td>DO</td>
<td>Doctor of Osteopathy</td>
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<tr>
<td>DPM</td>
<td>Doctor of Podiatric Medicine</td>
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<tr>
<td>E/M</td>
<td>Evaluation and Management</td>
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<td>Internet Only Manual</td>
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<td>LCD</td>
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<td>MD</td>
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<td>NPP</td>
<td>Non Physician Practitioner</td>
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<tr>
<td>NCCI</td>
<td>National Correct Coding Initiative(Practitioner PTP Edits)</td>
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</table>
Agenda

- General Podiatry Coverage
- Excluded Services
- Routine Foot Care
- Evaluation & Management Services
- Debridement of Nails
Agenda

- Mycotic Nails
- Billing Requirements
- NCDs and LCDs
- NCCI
- Resources and Reminders
Objective

• Provide a better understanding of Podiatry billing guidelines, including routine foot care and other policies

• Reduce paid claims error rate
Recognized Providers for Podiatry

- Doctors of Podiatric Medicine (DPM)
  - Within scope of practice
  - Consider “physician services”
- MD, DO, NPP
  - May perform podiatry services
  - Within scope of practice
- IOM 100-01 Chapter 5, § 70.3
General Podiatry Coverage

• **Initial** diagnostic services

• Treatment beyond initial examination
  – Not covered for routine diagnoses
  – For diabetes-related nerve damage
    • Exam once every 6 months
  – Non-traumatic amputation services
    • Change of appearance
    • Additional frequency may be covered
General Podiatry Coverage

• Injury treatment or foot disease
  – Medically necessary is key
  – Hammer toe
  – Bunion deformities
  – Heel spurs
Non Covered Supplies

- Arch Supports
- Bunion Pad/Shoe
- Elastoplast Wrap
- Fungal Tincture
- Heel Cups, Lifts, Pads, Liners
- Inlays/Insoles
- Jobst or Support Hose
- Oral and topical medications
Coverage

• Legally authorized to perform under Federal and State guidelines
  – Consistent with scope of practice
  – MD, DO, NPP, DPM

• Reasonable and necessary services
Excluded Services

- Treatment of flat foot
- Treatment of subluxation of the foot
- Supportive devices for the foot
Excluded Services

• Routine foot care
  – Cutting or removal of corns/calluses
  – Trimming, cutting, clipping or debriding of nails
  – Hygienic and preventive maintenance care

• Exceptions apply
Routine Foot Care

“At Risk” requirement: Patient exposed to significant risk if routine foot care is rendered by anyone other than:

– DPM
– MD
– DO
– NPP
Routine Foot Care

• Active care of physician
  – Treatment and/or evaluation of complicating disease during six month period prior to rendition of routine foot care

IOM: 100-02 Chapter 15 § 290
Routine Foot Care

• “At Risk” requirement
  – Problems related to infection, prolonged bleeding, and/or impaired wound healing
  – Could lead to complications and potential loss of limb
  – Asterisked condition (*) requires active care of Doctor of Medicine or Osteopathy
Routine Foot Care

• Non-asterisked Conditions
  – Do not require active care of physician
  – Neuropathic (e.g. Leprosy)
  – Vascular (e.g. Lipidoses)
    • Append “Q” modifier
Routine Foot Care

• Class B Findings
  – Absent posterior tibial pulse
  – Absent dorsalis pedis pulse
  – Three advanced trophic changes
Routine Foot Care

• Class C Findings
  – Claudication
  – Temperature changes
  – Edema
  – Paresthesias
  – Burning
Routine Foot Care

• Routine foot care
  – Once every 60 days
    • Document medical necessity of more frequent services
  – Bill in date order
  – Use modifier “GY” if billing for denial
Routine Foot Care Exceptions

- Part of covered services
- Treatment of warts
- Presence of Systemic Condition
Systemic Condition Examples

• Diabetes mellitus*
• Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis)
• Buerger’s disease (thromboangiitis obliterans)
• Chronic thrombophlebitis *
Systemic Condition Examples

- Peripheral neuropathies involving the feet
  - Associated with malnutrition and vitamin deficiency *
    - Malnutrition (general, pellagra)
    - Alcoholism
    - Malabsorption (celiac disease, tropical sprue)
    - Pernicious anemia
Systemic Condition Examples

– Associated with carcinoma *
– Associated with diabetes mellitus *
– Associated with drugs and toxins *
– Associated with multiple sclerosis *
– Associated with uremia (chronic renal disease) *
Systemic Condition Examples

– Associated with traumatic injury
– Associated with leprosy or neurosyphilis
– Associated with hereditary disorders
  • Hereditary sensory radicular neuropathy
  • Angiokeratoma corporis diffusum (Fabry’s)
  • Amyloid neuropathy

• *Active care of doctor required
Evaluation and Management (E/M)

• New patient visit
  – Three year time frame
• Routine foot care ≠ E/M
• Documentation must support billed service(s)
• No need for Modifier 25
Evaluation and Management (E/M)

• Not covered for history/physical admission
  – Hospital, nursing home or skilled nursing facility (SNF) history/physical admission
  – Above admissions not within scope of Podiatry licensure
Debridement of Nails

• Reduction of nail thickness *and* length required
• Do not use debridement codes for trimming of nails
• Rule of thumb – covered once every 60 days
Mycotic Nails

• Covered only for debridement of mycotic nails that cause an acute condition
  – Requires thinning of toenail to normal thickness
  – Rule of thumb – covered once every 60 days
Mycotic Nails

• Ambulatory patient
  – Clinical evidence of mycosis of the toenail
  – Limitation of ambulation, pain or secondary infection
Mycotic Nails

• Non ambulatory patient
  – Clinical evidence of mycosis of toenail
  – Pain or secondary infection
Billing Requirements
Routine Foot Care

- Modifier usage
  - Q7 - One Class A finding
  - Q8 - Two Class B findings
  - Q9 - One Class B and 2 Class C findings
Billing Requirements

• Item 17 - Ordering/referring physician name
• Item 17a - Ordering/referring NPI
• Item 19
  – Routine foot care claims
  – Date last seen by attending
CMS 1500 Form Instructions

• Item 17
  – Enter qualifier
    • DN = Referring Provider
    • DK = Ordering Provider
    • DQ = Supervising Provider

October 2017
CMS 1500 Form Instructions

- Item 17
  - Physician’s name

- Item 17 B
  - Physician’s NPI (Type 1)
CPT Codes - Lesions

• Paring or cutting of benign or hyperkeratotic lesion
  – 11055 - single lesion
  – 11056 - two to four
  – 11057 - more than four

• Units field = “1”
  – CMS 1500 – Item 24 G
  – EDI – Loop 2400, Segment SV104
CPT Codes - Debridement

• Debridement of nail(s) by any method
  – 11720 - one to five
  – 11721 - six or more

• Units field = 1
  – CMS 1500: Item 24 G
  – Electronic: Loop 2400, Segment SV104
CPT Codes - Trimming

• 11719 - Trimming of nondystrophic nails, any number
• G0127 - Trimming of dystrophic nails, any number
• Units field = 1
  – CMS 1500: Item 24G
  – Electronic: Loop 2400, Segment SV104
National Correct Coding Initiative and Podiatry
Procedures Bundling Into G0127 and 11719

• E/M
• Debridement of tissue
• Suturing
• Injections
• Nerve blocks

*Not all inclusive
Procedures Bundling Into 11055 – 11057*

- E/M
- Debridement of tissue
- Suturing
- Trimming
- Destruction of lesions
- Nerve blocks

*Not all inclusive
Select “PTP Coding Edits”

National Correct Coding Initiative Edits

Important notice to all NCCI Users concerning the National Correct Coding Initiative Policy Manual for Medicare Services:

The annual updated version of the National Correct Coding Initiative Policy Manual for Medicare Services was effective January 1, 2007. Updates to the manual have been italicized in red font.

National Correct Coding Initiative

The CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. The CMS developed its coding policies based on coding conventions defined in the American Medical Association’s CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. The CMS annually updates the National Correct Coding Initiative Coding Policy Manual for Medicare Services (Coding Policy Manual). The Coding Policy Manual should be utilized by carriers and PIs as a general reference tool that explains the rationale for NCCI edits.

Carriers implemented NCCI Procedure-to-Procedure (PTP) edits within their claim processing systems for dates of service on or after January 1, 1996 and began implementing Medically Unlikely (MUE) edits on January 1, 2007.

A corresponding set of PTP edits is incorporated into the outpatient code editor (OCE) for DPPS and therapy providers (Part B Skilled nursing facilities (SNFs), comprehensive outpatient rehabilitation facilities (CORFs), outpatient physical therapy and speech-language pathology providers (OPTs), and certain claims for home health agencies (HHAs) billing under TOBs 22X, 23X, 75X, 74X, 34X). Corresponding MUE edits are similarly implemented within the Fiscal Intermediary Shared System (FISS).
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<th>Deletion Date</th>
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<th>PTP Edit Rationale</th>
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### NCCI Edit Table - Column F

**Use of Modifiers**

- **0** = Not allowed
  - 2 codes are never payable same patient, same date of service
- **1** = Allowed
  - Bill with modifier
  - Documentation on file
- **9** = Not applicable
Modifiers

• Use anatomical modifier if available
  – T1 – TA
  – RT, LT

• Modifier 25 if applicable, warranted and documented

• Use 59 if necessary
  – Only on NCCI edits
  – Documentation on file
Digit “T” Modifiers

LT – Left Foot
• TA: Great toe
• T1: Second digit
• T2: Third digit
• T3: Fourth digit
• T4: Fifth digit

RT – Right Foot
• T5: Great toe
• T6: Second digit
• T7: Third digit
• T8: Fourth digit
• T9: Fifth digit
National Coverage Determinations (NCDs)
NCD 270.1

- National Coverage Determination (NCD) for Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds
  - Covered for Chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers only
NCD 70.2.1

• Services provided for the diagnosis and treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (LOPS) (aka Diabetic Peripheral Neuropathy)
Local Coverage Determinations (LCDs)
Active Policy

• Treatment of Ulcers & Symptomatic Hyperkeratosis
  – JF – L34199
  – JE - L34243
Treatment of Ulcers & Symptomatic Hyperkeratosis

– Pre-ulcer or Stage 1 – not covered
– Policy addresses paring or cutting only
– Non surgical cleansing – bill E/M
– Specific DX criteria applies
  • Multiple DX code may be required
Treatment of Ulcers & Symptomatic Hyperkeratosis

- Indications for debridement
- Specific size and location(s)
- Observed depth and specific depth/level of debridement of ulcer(s)
Documentation

• Indications for the debridement
  – Necrotic or devitalized tissue
  – Size, location (specific toe(s)), depth

• Relevant history and physical findings

• Document necessity and coverage criteria for routine foot care
  – 11055, 11056, 11057, G0127, 11719, 11720, 11721
Active Policy

- Removal of benign skin lesions
  - JF – L33979
  - JE – L34233
Removal of Benign Skin Lesions

– Must be medically necessary
– 1 + from following list

A. The lesion has one or more of the following characteristics:
   1. Bleeding
   2. Intense itching
   3. Pain
Removal of Benign Skin Lesions

B. Evidence of inflammation
C. Orifice or vision obstruction
D. Uncertain clinical diagnosis
E. Biopsy or exam suggests malignancy or pre-malignancy
Additional Coverage

- Wart removals
  - Condition A – E above present and documented, and
  - Either
    - Chronic recurrent conjunctivitis
    - Evidence of spreading
- Sebaceous cyst
  - Specific DX criteria apply
  - Not included in the JE policy
Documentation Requirements

• Medical necessity
• Document symptoms and physical findings
• Lesion characteristics
• Provide if requested
Resources and Reminders
Resources

• Internet Only Manual (IOM)
  – 100-02 Chapter 15 § 290
• Ordering Therapeutic Shoes
  – https://med.noridianmedicare.com/web/jddme/dmepos/shoes
Provider Enrollment

• If podiatrist only renders services in patients’ homes
  – List their home address in section 4c of the CMS 855I form

• If podiatrist renders services in retirement or assisted living community
  – Include the name and address of that community in section 4C of the CMS 855I form
CEU Reminder

- Attend entire workshop to earn CEU(s)
- Take short polling survey
  - Pops up after closing out of webinar
- CEU emailed 3 days after presentation
  - Earn 1.5 CEUs today
  - No password/index number needed for AAPC
- PDF presentation emailed again with CEU
- Q/A posted after 30 business days
Questions

Thank you