

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

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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 Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

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AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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N/A

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CMS National Coverage Policy

CMS Internet Only Manual, Benefit Policy Manual, Pub 100-02 Chapter 15, Section 290 - Foot Care

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

MLN Matters[®] Number: SE1113

Article Guidance

Article Text:

Below is a summary of the expected coding and billing to be used when billing for routine foot care that meets the criteria as established in the CMS Internet Only Manual, *Benefit Policy Manual*, Pub 100-02 Chapter 15, Section 290 linked in the Associated Documents section below.

Please note the clinical documentation must clearly show that the patient's condition warrants a provider rendering these services in accordance with the above instruction and failure to provide such professional services would be hazardous to the beneficiary due to their underlying medical condition(s). Failure to properly document the reasoning for the care rendered may result in denial of the claim.

In addition, the beneficiary may have complicating diagnosis(es) that require them to be under the care of a primary physician for the disease that is causing the beneficiary to seek provider based routine foot care. For the asterisked conditions, the name of the primary physician (must be a D.O. or M.D.) who made the diagnosis and the approximate date of the last visit should be included in the record and entered on the appropriate claim forms or electronic equivalent when billing Medicare per the Benefit Policy Manual noted above Please refer to the CMS website for instructions for billing [Part A](#) and [Part B](#) claims. There is also information on Noridian's website for JE [Part B](#) claims.

Routine foot care services are not restricted to podiatrists. These services may be used by any certified physician or non-physician (NPP) specialty, in keeping with State licensure, if applicable, to provide proper care in either a Part A facility or physician's office.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

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)

CPT/HCPCS Modifiers

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.

(For **treatment of painful mycotic nails, or onychogryphosis, or onychauxis**, see Group 5).

For the treatment of painful callouses, please see the Treatment of Ulcers & Symptomatic Hyperkeratoses LCD and Billing and Coding article L34243/A57459.

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.

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
A52.3	Neurosyphilis, unspecified
D51.0*	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D81.1*	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers

ICD-10 CODE	DESCRIPTION
D81.2*	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.31*	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32*	Adenosine deaminase 2 deficiency
D81.39*	Other adenosine deaminase deficiency
E08.40*	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.42*	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
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
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
E52*	Niacin deficiency [pellagra]
E53.0*	Riboflavin deficiency
E53.1*	Pyridoxine deficiency
E53.8*	Deficiency of other specified B group vitamins
E53.9*	Vitamin B deficiency, unspecified
E75.21	Fabry (-Anderson) disease
E85.89	Other amyloidosis
G13.0*	Paraneoplastic neuromyopathy and neuropathy
G35*	Multiple sclerosis

ICD-10 CODE	DESCRIPTION
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
G60.9	Hereditary and idiopathic neuropathy, unspecified
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
G65.0*	Sequelae of Guillain-Barre syndrome
G65.1*	Sequelae of other inflammatory polyneuropathy
G65.2*	Sequelae of toxic polyneuropathy
M34.83	Systemic sclerosis with polyneuropathy
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease

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:

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
E11.59*	Type 2 diabetes mellitus with other circulatory complications
E11.621*	Type 2 diabetes mellitus with foot ulcer
E11.622*	Type 2 diabetes mellitus with other skin ulcer
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
E13.621*	Other specified diabetes mellitus with foot ulcer
E13.622*	Other specified diabetes mellitus with other skin ulcer
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
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

ICD-10 CODE	DESCRIPTION
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
I70.261	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
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs

ICD-10 CODE	DESCRIPTION
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with

ICD-10 CODE	DESCRIPTION
	rest pain, right leg
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs
I73.00	Raynaud's syndrome without gangrene
I73.01	Raynaud's syndrome with gangrene
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.89	Other specified peripheral vascular diseases
I77.6	Arteritis, unspecified
I79.1	Aortitis in diseases classified elsewhere
I80.00*	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity
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
I80.201*	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity
I80.202*	Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity

ICD-10 CODE	DESCRIPTION
I80.203*	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, 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
I80.251*	Phlebitis and thrombophlebitis of right calf muscular vein
I80.252*	Phlebitis and thrombophlebitis of left calf muscular vein
ICD-10 CODE	DESCRIPTION
I80.253*	Phlebitis and thrombophlebitis of calf muscular 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
I82.501	Chronic embolism and thrombosis of unspecified deep veins of right lower extremity
I82.502	Chronic embolism and thrombosis of unspecified deep veins of left lower extremity
I82.503	Chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
I82.531	Chronic embolism and thrombosis of right popliteal vein
I82.532	Chronic embolism and thrombosis of left popliteal vein
I82.533	Chronic embolism and thrombosis of popliteal vein, bilateral
I82.561*	Chronic embolism and thrombosis of right calf muscular vein
I82.562*	Chronic embolism and thrombosis of left calf muscular vein
I82.563*	Chronic embolism and thrombosis of calf muscular vein, bilateral
I82.591	Chronic embolism and thrombosis of other specified deep vein of right lower extremity
I82.592	Chronic embolism and thrombosis of other specified deep vein of left lower extremity
I82.593	Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral
I82.5Z1*	Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity
I82.5Z2*	Chronic embolism and thrombosis of unspecified deep veins of left distal lower extremity
I82.5Z3*	Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral

ICD-10 CODE	DESCRIPTION
I87.011*	Postthrombotic syndrome with ulcer of right lower extremity
I87.012*	Postthrombotic syndrome with ulcer of left lower extremity
I87.013*	Postthrombotic syndrome with ulcer of bilateral lower extremity
I87.021*	Postthrombotic syndrome with inflammation of right lower extremity
I87.022*	Postthrombotic syndrome with inflammation of left lower extremity
I87.023*	Postthrombotic syndrome with inflammation of bilateral lower extremity
I87.031*	Postthrombotic syndrome with ulcer and inflammation of right lower extremity
I87.032*	Postthrombotic syndrome with ulcer and inflammation of left lower extremity
I87.033*	Postthrombotic syndrome with ulcer and inflammation of bilateral lower extremity
I87.091*	Postthrombotic syndrome with other complications of right lower extremity
I87.092*	Postthrombotic syndrome with other complications of left lower extremity
I87.093*	Postthrombotic syndrome with other complications of bilateral lower extremity
I87.311	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity
I87.312	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity
I87.313	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity
I87.321	Chronic venous hypertension (idiopathic) with inflammation of right lower extremity
I87.322	Chronic venous hypertension (idiopathic) with inflammation of left lower extremity
I87.323	Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity
I87.331	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity
I87.332	Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity
I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity
I87.391	Chronic venous hypertension (idiopathic) with other complications of right lower extremity
I87.392	Chronic venous hypertension (idiopathic) with other complications of left lower extremity
I87.393	Chronic venous hypertension (idiopathic) with other complications of bilateral lower extremity
M30.0	Polyarteritis nodosa
M30.2	Juvenile polyarteritis
M30.8	Other conditions related to polyarteritis nodosa

Group 3 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 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

Group 4 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 5 Paragraph:

When billing CPT® codes 11720 or 11721 for the **treatment of painful mycotic nails, or onychogryphosis, or onychauxis**, ICD-10 CM codes B35.1, L60.1, L60.2, L60.3 or L60.5 must be reported as **primary**, with one of the diagnoses below representing the patient's symptom and reported as the *secondary* diagnosis.

Note: It is inappropriate to bill the debridement of nails on the leg(s) for which a patient has a prosthetic limb(s).

Group 5 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
L03.115	Cellulitis of right lower limb
L03.116	Cellulitis of left lower limb
L03.119	Cellulitis of unspecified part of limb
L03.125	Acute lymphangitis of right lower limb
L03.126	Acute lymphangitis of left lower limb
L03.129	Acute lymphangitis of unspecified part of limb
L03.90	Cellulitis, unspecified
L03.91	Acute lymphangitis, unspecified
L60.0	Ingrowing nail
L98.3	Eosinophilic cellulitis [Wells]
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

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

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
013x	Hospital Outpatient
071x	Clinic - Rural Health
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.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2020	R3	<p>Corrected link to Benefit Policy Manual Chapter 15 Section 290 in the Associated Documents below</p> <p>Effective 10/01/120 added and deleted the following ICD-10 diagnosis codes per the Annual 2020ICD-10 updates.</p> <p>Added to Group 2:</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<ul style="list-style-type: none"> • N18.30 Chronic kidney disease, stage 3 unspecified • N18.31 Chronic kidney disease, stage 3a • N18.32 Chronic kidney disease, stage 3b <p>Deleted from Group 2:</p> <ul style="list-style-type: none"> • N18.3 Chronic kidney disease, stage 3 (moderate)
06/29/2020	R2	Under the ICD-10 Codes that Support Medical Necessity Group 1 Paragraph, added the word 'painful' to the following statement "(For treatment of painful mycotic nails, or onychogryphosis, or onychauxis, see Group 5)". Clarified the timeframe the patient must have seen their treating physician for the asterisked DX code in the ICD-10 Codes that Support Medical Necessity Group 2, 3 and 4 section. Added MLN Matters® Number: SE1113 and the SSA 1833(e) to the CMS National Coverage Policy section.
06/29/2020	R1	In the Group 1 paragraph corrected Group 4 to say Group 5 in the following statement "(For treatment of mycotic nails, or onychogryphosis, or onychauxis , see Group 4)".

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

Benefit Policy Manual Chapter 15 Section 290

Description: Foot Care

Other URL(s)

MLN Matters® Number: SE1113

Description: Foot Care Coverage Guidelines

Public Version(s)

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Keywords

- presumption of coverage
- routine foot care
- benefit
- podiatrist
- podiatry
- debridement