

Reimbursement Policy

Podiatry Services

Policy Number: SCO 4.72

Version Number: 3

Version Effective Date: 09/01/2021

Product Applicability

All Plan+ Products

Well Sense Health Plan

Well Sense Health Plan

Boston Medical Center HealthNet Plan

MassHealth MCO

MassHealth ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

Definitions

Routine Hygienic Foot Care – the trimming of nonpathogenic nails; the cleansing or soaking of the feet; the use of skin creams to maintain skin tone; and any other service performed in the absence of localized illness, injury, or symptoms involving the foot of both ambulatory and bedridden patients; or such other foot care that can be performed by the member or by the nursing facility staff if the member resides in a nursing facility.

Provider Reimbursement

The Plan reimburses for both routine and non-routine foot care. The Plan pays for either a visit or a treatment/procedure. The Plan does not pay for both a visit and a treatment/procedure provided to the same member on the same day.

Global surgery rules and Bilateral/Multiple Procedure Reductions apply to podiatric surgical services. For guidelines see the Plan's reimbursement policies, *General Clinical Editing and Payment Accuracy Review Guidelines, SCO 4.31* and *Bilateral and Multiple Procedure Reductions, SCO 4.607*.

Non-Routine Foot Care

The Plan reimburses for foot care services that are necessary for the diagnosis and treatment of a foot condition, illness, injury or to improve the functioning of the foot.

Routine Hygienic Foot Care

Routine hygienic foot care is not reimbursed as a separate procedure unless the member's medical record documents that the member cannot perform the care without the risk of harming him/herself by performing it, or because of the presence of a systemic condition such as metabolic, neurologic, or peripheral vascular disease which may require foot care by a professional.

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.

Services considered to be routine may be reimbursed if they are an integral part of another reimbursable service, such as the treatment of ulcers, wounds or infections.

Routine hygienic foot care performed on a resident of a nursing facility is included in the nursing facility's per diem rate and is not reimbursable in any case as a separate procedure.

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Diabetic Sensory Neuropathy with Loss of Protective Sensation (LOPS)

Foot examination for members with diabetic sensory neuropathy with loss of protection senses (LOPS) is reimbursed no more than once every six (6) months.

Radiology Services

The Plan reimburses radiology services when the services are needed to confirm the diagnosis of a bony or calcific disorder, to detect soft-tissue disorders, or to detect foreign bodies.

Reimbursement for radiology services is not included in the fees for visits and should be billed separately. The Plan reimburses a podiatrist for radiology services only when the service is provided in the podiatrist's office and only when the films are developed and read in the podiatrist's office.

Clinical Laboratory Services

The Plan reimburses the provider for clinical laboratory tests that are necessary for the diagnosis or treatment of conditions of the foot only.

The plan will reimburse a podiatrist for lab services only when the tests are administered and analyzed in the podiatrist's office. The Plan reimburses a certified independent clinical laboratory or hospital-licensed clinical laboratory for laboratory tests performed in the clinical laboratory.

Same Day Evaluation and Management (E&M) Services

Global surgery rules will apply to routine foot care procedure codes. Please refer to the Plan's reimbursement policy *General Clinical Editing and Payment Accuracy Review Guidelines policy, SCO 4.108*

Service Limitations

In accordance with Medicare and Medicaid guidelines the following services are not reimbursable:

- Experimental treatment
- Cosmetic services or devices
- An additional charge for nonstandard size (width or length) in custom-molded shoes
- Shoes when there is no diagnosis of associated foot deformities
- Payment for the removal of an ulcerated keratosis is included in the fees for any type of visit and must not be billed for separately

Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals

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than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

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 non-dystrophic nails, any number
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more
11730	Avulsion of nail plate, partial or complete, simple; single
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
11740	Evacuation of subungual hematoma
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	Repair of nail bed
11762	Reconstruction of nail bed with graft
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)
G0127	Trimming of dystrophic nails, any number
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS)
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS)
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails

Modifiers

To indicate Medicare defined class findings, providers are required to report one of the following modifiers to indicate the presence of one or more of the Medicare qualifying systemic conditions.

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

Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
10/14/2015	01/01/2016	Payment Policy	SCO Product Subgroup

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
08/20/2019	Annual Review	10/01/2019	Payment Policy Committee
08/17/2021	Annual review	09/01/2021	Payment Policy Committee

Other Applicable Policies

- General Billing and Coding Guidelines, SCO 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, SCO 4.108
- Physician and Non Physician Practitioner Services, SCO 4.608
- Modifiers, SCO 4.23

References

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- Local Coverage Determination: Routine Foot Care and Debridement of Nails (L33636)
- Local Coverage Article: [Billing and Coding: Routine Foot Care and Debridement of Nails](#) (A57759)
- MassHealth Podiatrist Manual: POD-75, Subchapter 6
- Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services
- Medicare Claims Processing Manual, Chapter 32
- National Coverage Determination (NCD) for Consultation Services Rendered by a Podiatrist in a Skilled Nursing Facility (70.2)
- National Coverage Determination for Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (70.2.1)

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Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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