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Comments and Responses Regarding Draft Local Coverage Determination: Routine Foot Care and Debridement of Nails

As an important part of Medicare Local Coverage Determination (LCD) development, National Government Services solicits comments from the provider community and from members of the public who may be affected by or interested in our LCDs. The purpose of the advice and comment process is to gain the expertise and experience of those commenting.

We would like to thank those who suggested changes to the draft Routine Foot Care and Debridement of Nails LCD. The official notice period for the final LCD begins on February 14, 2008, and the final determination will become effective on April 1, 2008.

Comment:

A podiatry CAC representative asked, in the Indications section, what is meant by “definitive antifungal treatment”, and suggested that this is changed to “reviewing definitive antifungal treatment options with the patient at the initial visit.

Response:

This will be changed as suggested. *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:*

Comment:

The representative also suggests that under ICD-9 Codes section, the statement, “For treatment of Mycotic nails or onychogryphosis onychauxis ICD-9 codes 110.1 or 703.8 respectively, must be reported as primary with the diagnosis representing the patient’s systemic condition reported as the secondary ICD-9 code..” should be deleted because these ICD codes do not require a systemic condition and are stand alone codes.

The bold statement that follows, “Secondary diagnosis to be reported with 110.1 & 703.8 for the treatment of mycotic nails, onychogryphosis and onychauxis” should remain. We would add “to indicate medical necessity”.



Response:

The following changes will be made:

For treatment of Mycotic Nails, or Onychogryphosis, or Onychauxis, ICD-9 CM code 110.1 or 703.8 respectively, must be reported as primary, with the diagnosis representing the patient's symptom reported as the secondary ICD-9-CM code. Refer to the "Indications and Limitations of Coverage and/or Medical Necessity" section of the LCD.

Secondary Diagnoses to be reported with 110.1 and 703.8 for Treatment of Mycotic Nails, Onychogryphosis, and Onychauxis to indicate medical necessity:

The SIA, under General Guidelines will be changed to read:

9. When reporting procedures for treatment of Onychogryphosis or Onychauxis, the primary diagnosis representing one of these conditions must be reported, as well as one of the diagnosis codes listed in the "ICD-9-CM Codes that Support Medical Necessity" section of the LCD which indicates secondary infection or pain. A diagnosis of Onychogryphosis or Onychauxis alone is insufficient for payment.

Comment:

The representative also asked, under Documentation Requirements – 5th paragraph: when describing the involved nails, what is meant by "size"? Is it sufficient to note that the nail plate is thick or do we have to measure it?

Response:

The qualitative description is acceptable.

Comment:

The representative asked about Utilization Guidelines: 2nd paragraph: the statement, "Services for debridement of more than 5 nails in a single day may be subject to special review" is unreasonable. Many elderly patients have more than 5 nails that require debridement due to genetic, medical, or environmental factors. To deny such services or to have physicians fearful to perform them would be detrimental to good patient care. This could lead to more complications and higher costs in patient care.

Response:

This Guideline simply states that this situation may be subject for review. If a provider routinely performs this service, a review may be conducted to confirm that the multiple debridements are necessary.

Comment:

Request to add link to NCD section 70.2.1 in Indications and Limitations #4, Other Comments.

Response:

The following will be added to Limitations #4 of the LDC for Routine Foot Care and Debridement of Nails:

According to National Coverage Determination, IOM 100-3, Section 70.2.1:

“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:

- 1. A patient history, and*
- 2. 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*

3 Patient education.”

Comment:

At the New York CAC meeting the Medical Society CAC representative asked that profound neuropathy (anesthetic foot – no feeling) be added to the indications. Dr. Costantino responded that we will add a diagnosis code if there is a specific one.

Response:

No specific ICD-9 code could be found, the LCD does allow for this is the NOTE in the Indications section:

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 diabetes with

peripheral neuropathy, but no vascular impairment, the use of class findings modifiers is not necessary. This condition would be represented by ICD-9 CM codes 250.60-250.63 or 357.2.

Comment:

A CAC representative from New Jersey had these comments:

1. Requested a change in the documentation of systemic anti-fungal treatment to include that all options have been discussed with the patient.
2. Coverage of peripheral neuropathy should be qualified with diabetes.
3. In the SIA, coverage of a new condition should include the word “or” to be consistent with the LCD.

Response:

1. Refer to the first comment/response in this document.
2. Refer to the response to the previous comment.
3. We are not sure what this refers to.