Medicare / Medicare Advantage Patients

On February 1, 2009 Medicare made a change to the "routine" foot care guidelines. Previously Medicare covered nail care for toe nails that were fungal and painful. As of February 1, 2009 this is no longer the case.

Medicare will now cover "routine" foot care if the nails are fungal, painful and meet what Medicare calls Class Findings. Some examples of Class Findings are amputation, absent pulses in the feet, changes in skin color (redness) or texture (thick, shiny), edema and temperature changes in the feet (cold feet). Medicare requires that you have several of these examples in order to qualify; just one does not meet their requirement. The only exception to this is if you have an amputation of part of the foot.

What does this mean to you: This means that you **may** no longer have your "routine" nail care covered by Medicare. If you do not meet their new guidelines we will still continue to provide you with the best podiatric care available and will continue to provide what Medicare defines as routine foot care. The only difference is now this will be a direct expense to you. The cost of routine nail care, debride "cutting and thinning" of the nail, will be $35.00 due at the time of service. In addition you may be required to sign an ABN (Advanced Beneficiary Notice), which is a Medicare form.

What can you do about this: Contact Medicare and voice your concerns to their medical director who has made this decision on your behalf. We have provided the contact information for you below. Should Medicare change this policy we will let you know at your next visit.

Customer Service - 1-800-MEDICARE (1-800-633-4227)

Contractor Medical Director - WPS Medicare
Kenneth L. Bussan, M.D.
Phone: 608-301-2604
Fax: 608-301-2625
Kenneth.Bussan@wpsic.com

Kansas Senators

Brownback, Sam - (R - KS)
brownback.senate.gov/CMEmailMe.cfm
303 HART SENATE OFFICE BUILDING
WASHINGTON DC 20510
(202) 224-6521

Roberts, Pat - (R - KS)
109 HART SENATE OFFICE BUILDING
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Thank you for your continued support.

Central Kansas Podiatry Associates

MAC *Communiqué* February2009

CLARIFICATION: FT-501 ROUTINE FOOT CARE ~Part B~

Providers have asked WPS if ICD-9 codes 110.1, 700, 703.8, 703.9 require a Q modifier to indicate that the beneficiary has a systemic condition that will allow payment - the answer is yes.
This is a National Coverage issue, Medicare program generally excludes routine foot care services from coverage, however there are specific indications or exceptions under which there are program benefits.
Medicare payment may be made for routine foot care when the patient has a systemic disease, such as metabolic, neurologic, or peripheral vascular disease, of sufficient severity that performance of such services by a nonprofessional person would put the patient at risk (for example, a systemic condition that has resulted in severe circulatory embarrassment or areas of desensitization in the patient's legs or feet).
Services normally considered routine may be covered if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of ulcers, wounds, or infections. (Medicare Benefit Policy Manual, Pub 100-02, Chapter 15, Section 290)

The policy states:
The following class finding modifiers should be used with G0127, 11055, 11056, 11057, 11719, 11720, 11721, when applicable:
Q7 one class A finding
Q8 two class B findings
Q9 one class B and two class C findings

The LCD now states:
ICD-9 Codes that Support Medical Necessity
Note: ICD-9 codes must be coded to the highest level of specificity. *These are the **only** ICD-9-CM codes that support medical necessity.
110.1 Dermatophytosis of Nail
700 Corns and Callosities
703.8 Other Specified Diseases of Nail
703.9 Unspecified Disease of Nail

*When billing CPT codes G0127, 11055, 11056, 11057, 11719 the Q modifier always must be used to indicate that there are systemic conditions that will allow the service to be covered. When billing CT codes 11720 or 11721 the Q modifier must always be used with ICD-9 codes in list one and list two.

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