

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	FOOT CARE and TREATMENT OF MYCOTIC NAILS
Policy Number	2.01.35
Category	Contract Clarification
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Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

****Note: This policy does NOT address the pharmacologic treatment of mycotic nails.****

POLICY STATEMENT

- I. Based upon our criteria, foot care is **medically appropriate** for members with systemic conditions of sufficient degree to cause severe circulatory insufficiency and/or areas of desensitization in the feet or legs, such as:
 - A. diabetes mellitus,
 - B. peripheral vascular disease, peripheral neuropathy, and
 - C. severe collagen vascular diseases (e.g., rheumatoid arthritis, scleroderma).

In the absence of systemic disease that causes circulatory insufficiency and/or areas of desensitization of the feet or legs, these services are considered routine foot care and are **not medically necessary**.
- II. Based upon our criteria, non-pharmacologic treatment of mycotic nails (onychomycosis) and trimming and shaving of the nail is **medically appropriate** for members with a *diagnosis of fungal infection of the nail* **AND**:
 - A. A vascular impairment or hazardous medical condition, including systemic conditions of sufficient degree to cause severe circulatory embarrassment and/or areas of desensitization in the feet or legs (e.g., diabetes mellitus, peripheral vascular disease, peripheral neuropathy, severe collagen vascular diseases such as rheumatoid arthritis or scleroderma); OR
 - B. In *ambulatory* individuals, marked limitation of ambulation and pain, and/or secondary infection resulting from the thickening and dystrophy of the infected nail plate; OR
 - C. In *non-ambulatory* individuals, pain and/or secondary infection resulting from the thickening and dystrophy of the infected nail plate; OR
 - D. Compromised immune function (e.g., infection with human immunodeficiency virus – HIV).

Treatment of mycotic nails in the absence of the conditions stated above is **not medically necessary**.
- III. Based upon our criteria and the lack of peer-reviewed literature, laser treatment of onychomycosis is considered **investigational**.

POLICY GUIDELINES

- I. Routine foot care is excluded under most Health Plan contracts. Refer to the member's subscriber contract for specific benefit information.
- II. When eligible for coverage, foot care or nail care, including trimming and shaving of the nails, that is requested more often than once every 60 days may require prior authorization.

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- III. For the treatment of *mycotic nails* (onychomycosis) documentation is required of a *positive* fungal culture or KOH (potassium hydroxide) smear **AND**:
- A. A systemic condition as stated in policy statement II; OR
 - B. pain and/or limitation of activity related to the thickened and dystrophic nails.

DESCRIPTION

Foot care is the treatment of corns and calluses, trimming of nails, treatment of *simple* ingrown nails (e.g., with removal of the offending wing or spicule, clipping, or debriding of nail, distal to the eponychium) and other preventive hygienic or maintenance procedures in the realm of self-care. In the absence of systemic disease that causes circulatory insufficiency and/or areas of desensitization of the feet or legs these services are considered to be routine foot care.

Surgical options to treat *complicated* ingrown nail(s) (onychocryptosi) include avulsion of the nail, excision of the nail and nail matrix, and wedge excision of the soft tissue with removal of the offending portion of the nail. These procedures are not billed with the routine nail care codes.

Mycotic nails, or onychomycosis, is a fungal infection of the nail bed, matrix and/or plate. The infection invades the nail bed and the underside of the nail plate. The infection can cause discoloration and disfigurement of the nail. In severe conditions the nail may become loosened from the nail bed and a secondary infection may develop. The resulting thickened nails become difficult to trim and may make walking painful.

Debridement of mycotic nails is performed when the dystrophy of the nail causes secondary infection and/or pain which results in limitation of ambulation and requires the professional skills of a medical care provider for treatment. Several types of device-based therapies are under investigation for treatment of onychomycosis, including ultrasound, iontophoresis, photodynamic therapy, and laser systems. A number of laser systems for treating onychomycosis have been cleared for marketing by the U.S. Food and Drug Administration (FDA). FDA-cleared indications are for the temporary increase of clear nail; they are not cleared as a cure for onychomycosis.

RATIONALE

Published literature is insufficient to determine whether laser treatment improves health outcomes in patients with onychomycosis. Additional well-designed, controlled studies are needed that use FDA-cleared devices and compare outcomes with those obtained with a sham control or an alternative treatment for onychomycosis and conduct appropriate statistical analyses.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
11055	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callous); single lesion
11056	two to four lesions
11057	more than four lesions
11719	Trimming of nondystrophic nails, any number
11720	Debridement of nail(s) by any method(s); one to five
11721	six or more

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Code	Description
G0127	Trimming of dystrophic nails, any number
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
G9226	Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed)
S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit

ICD10 Codes

Code	Description
A30.0-A30.9	Leprosy (Hansen's disease) (code range)
A52.10-A52.3	Symptomatic neurosyphilis (code range)
B20	Human immunodeficiency virus (HIV) disease
B35.1	Tinea unguium
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
E08.40-E08.59	Diabetes mellitus due to underlying condition with neurological or circulatory complications (code range)
E09.40-E09.59	Drug or chemical induced diabetes mellitus with neurological or circulatory complications (code range)
E10.10-E13.9	Diabetes mellitus (code range)
E52	Niacin deficiency (pellagra)
E53.8	Deficiency of other specified B group vitamins
E75.21-E75.22	Other Sphingolipidosis (code range)
E75.240- E75.249	Niemann-Pick disease (code range)
E75.3	Sphingolipidosis, unspecified
E77.0-E77.9	Disorder of glycoprotein metabolism (code range)
E85.0-E85.9	Amyloidosis (code range)
G13.0-G13.1	Systemic atrophies primarily affecting central nervous system in diseases classified elsewhere (code range)
G57.90-G57.93	Unspecified mononeuropathy of lower limb (code range)
G60.0-G60.9	Hereditary and idiopathic neuropathy (code range)
G62.0	Drug-induced polyneuropathy
G62.1	Alcoholic polyneuropathy
G62.81-G62.9	Other and unspecified polyneuropathy (code range)
G63	Polyneuropathy in diseases classified elsewhere

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Code	Description
G65.0-G65.2	Sequelae of inflammatory and toxic polyneuropathy (code range)
I67.0	Dissection of cerebral arteries, nonruptured
I70.201-I70.299	Atherosclerosis of native arteries of the extremities (code range)
I70.301-I70.399	Atherosclerosis of unspecified type of bypass graft(s) of the extremities (code range)
I70.401-I70.499	Atherosclerosis of autologous vein bypass graft(s) of the extremities (code range)
I70.501-I70.599	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities (code range)
I70.601-I70.699	Atherosclerosis of nonbiological bypass graft(s) of the extremities (code range)
I70.701-I70.799	Atherosclerosis of other type of bypass graft(s) of the extremities (code range)
I70.90-I70.92	Atherosclerosis (code range)
I73.00-I73.9	Other peripheral vascular disease (code range)
I77.71-I77.79	Other arterial dissection (code range)
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I80.10-I80.299	Phlebitis and thrombophlebitis (code range)
K90.0	Celiac disease
K90.1	Tropical sprue
L60.0	Ingrowing nail
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.571-M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis (code range)
M34.83	Systemic sclerosis with polyneuropathy
M79.604-M79.609	Pain in limb (code range)
M79.651-M79.676	Pain in thigh, lower leg, foot and toes (code range)
N18.1-N18.9	Chronic kidney disease (code range)
R26.0-R26.9	Abnormalities of gait and mobility (code range)
Z21	Asymptomatic human immunodeficiency virus (HIV) infection status
For treatment of mycotic nails one of the above ICD10 codes plus one of the following ICD10 codes must be included:	
B35.1	Tinea unguium
L03.031-L03.039	Cellulitis of toe (code range)

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*Key Article

KEY WORDS

Foot care, Mycotic nails, Nail care, Onychomycosis.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) addressing Routine Foot Care and Debridement of Nails. Please refer to the following websites for Medicare Members:

Routine Foot Care and Debridement of Nails LCD:

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33636&ver=39&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&Keyword=routine+foot+care&KeywordLookUp=Title&KeywordSearchType=And&FriendlyError=NoLCDIDVersion&bc=gAAAABAAIAAAAA%3d%3d&>