Nail Debridement

Prepare for Targeted Probe and Educate Pre-Payment Review























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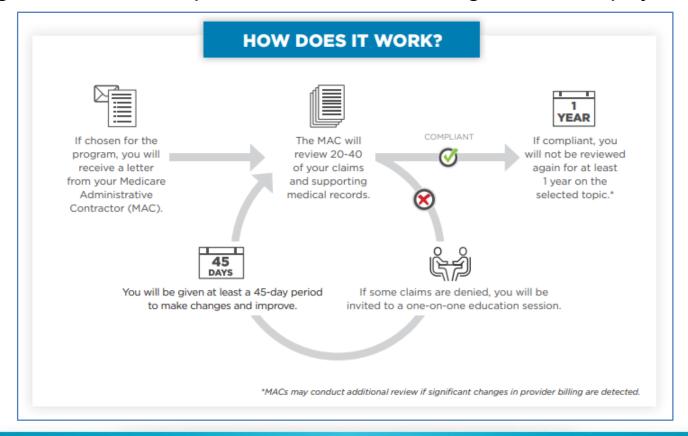
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Objectives

- Explain the Targeted Probe and Educate (TPE) process
- Demonstrate how to locate the Nail Debridement policy
- Review billing guidelines
- Provide resources

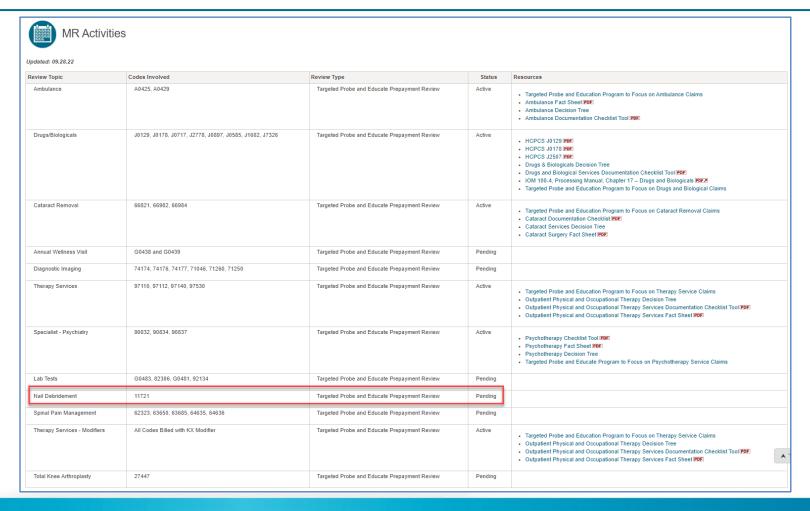
Targeted Probe and Educate (TPE)

CMS program designed to educate providers while reducing claim and payment errors.



Targeted Probe and Educate (TPE) (Cont.)

MR Activities Log



Targeted Probe and Educate (TPE) (Cont.)

Avoid common errors

- Physician signature missing or illegible
 - Include a signature attestation signature log
 - Signature Guidelines for Medical Review
 - Sample Signature Attestation Statement
- Documentation does not support medical necessity
 - Review the Local Coverage Determination (LCD) and LCD Article
- Respond to requests for additional documentation
 - Use myCGS for the BEST way to send medical records!
 - ADRs: How and What to Send
- Do NOT re-submit claims while they are being reviewed
 - CGS has 30 days (pre-payment) or 60 days (post-payment) from the date documentation is received

Targeted Probe and Educate (TPE) (Cont.)

Additional TPE Resources

- Navigating The Process: Target, Probe, and Educate (TPE) (cgsmedicare.com) Video
- Top Provider Questions Targeted Probe and Educate (cgsmedicare.com)
- Targeted Probe and Educate | CMS
- Submit questions and requests for education to Medical Review directly
 - J15BPROBEANDEDUCATION@cgsadmin.com

Local Coverage Determination

Go to the LCDs / Medical Policies webpage

- Use 'CTRL F' to search
- Review LCD for Coverage Indications, Limitations, and/or Medical Necessity
- Review LCD Article for billing and coding guidance

ID	Title		Revision Effective			HCPCS/CPT Code	Related Article(s)
			Date	·			
1.0.00000000000000000000000000000000000	Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder	2/8/16	1/6/22	12/29/21	Active	90867, 90868, 90869	A57047 – Billing and Coding: Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder
	Routine Foot Care and Debridement of Nails	10/1/15	8/4/22	7/26/22	Active	11055, 11056, 11057, 11719, 11720, 11721, G0127	A57193 – Billing and Coding: Routine Foot Care and Debridement of Nails
L34061	Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)	10/1/15	8/4/22	7/26/22	Active	92133, 92134	A56692 – Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

Routine Foot Care – L34246

Medicare generally does not cover routine foot care

Routine foot care defined as:

- Cutting or removal of corns or calluses
- Trimming, cutting, clipping, or debriding of nails
- Hygienic and preventive maintenance care such as:
 - Cleaning and soaking feet
 - Use of skin creams to maintain skin tone of either ambulatory or bedfast patients
 - Any other service performed in absence of localized illness, injury, or symptoms involving the foot

With allowed ICD-10-CM code, routine foot care is covered only if patient is under active care of doctor of medicine or doctor of osteopathy or qualified non-physician practitioner who documents the condition

Routine Foot Care and Debridement of Nails – L34246

There are specific indications or exceptions under which there are program benefits

- Routine foot care is a necessary and integral part of otherwise covered services
- Treatment of warts on the foot
- Presence of systemic conditions, such as metabolic, neurologic, or peripheral vascular disease
- Treatment of mycotic nails
 - Qualifying systemic illnesses causing a peripheral neuropathy must be present
 - In absence of a systemic condition, the following criteria must be met:
 - Ambulatory patients
 - » Clinical evidence of mycosis of the toenail, and
 - » Marked limitation of ambulation, pain, and/or secondary infection resulting from the thickening and dystrophy of the infected toenail plate
 - Non-ambulatory patients
 - » Clinical evidence of mycosis of the toenail, and
 - » Patient suffers from pain and/or secondary infection resulting from thickening and dystrophy of infected toenail plate

Routine Foot Care and Debridement of Nails – L34246 (Cont.)

Procedures for treating toenails are covered for:

- Onychogryphosis (defined as long-standing thickening, in which typically a curved hooked nail (ram's horn nail) occurs)
 - There is marked limitation of ambulation, pain, and/or secondary infection where the nail plate is causing symptomatic indentation of or minor laceration of affected distal toe; and/or
- Onychauxis (defined as a thickening (hypertrophy) of the base of the nail/nail bed)
 - There is marked limitation of ambulation, pain, and/or secondary infection that causes symptoms

Routine Foot Care and Debridement of Nails – L34246 (Cont.)

Physical and clinical findings, which are indicative of severe peripheral involvement, must be documented and maintained in patient record

Class A findings

Non-traumatic amputation of foot or integral skeletal portion thereof

Class C findings

- Claudication
- Temperature changes (e.g., cold feet)
- Edema
- Paresthesias (abnormal spontaneous sensations in the feet)
- Burning

Class B findings

- Absent posterior tibial pulse
- Advanced trophic changes (any three)
 - hair growth (decrease or increase)
 - nail changes (thickening)
 - pigmentary changes (discoloring)
 - skin texture (thin, shiny)
 - skin color (rubor or redness); and
- Absent dorsalis pedis pulse

Routine Foot Care and Debridement of Nails – L34246 (Cont.)

Foot care services are considered medically necessary once in 60 days

Services for debridement of more than 5 nails in a single day may be subject to special review

Documentation Requirements

Patient's medical record should include (but is not limited to...)

- Evidence that patient was under care of M.D., D.O., or qualified NPP
 - Ordering provider's assessment of patient's compliant
- Relevant medical history
- Results of related tests and/or procedures
- Signed and dated office visit record/operative report
- For each service, description of each nail which requires debridement
 - Such as size/thickness, color, symptoms resulting in need for debridement, the specific toe
- Other physical/clinical findings to support medical necessity

There must be adequate medical documentation to demonstrate need for routine foot care services

Billing and Coding: Routine Foot Care and Debridement of Nails

When reporting debridement of mycotic nails (CPT codes 11720 and 11721)

- Primary diagnosis representing patient's dermatophytosis of nail must be listed
- Secondary diagnosis represents systemic condition
- In absence of systemic condition
 - Must report primary diagnosis of dermatophytosis
 - Also report one of the diagnosis codes which indicates secondary infection or pain
 - Diagnosis of mycotic nails alone is insufficient for payment

Billing and Coding: Routine Foot Care and Debridement of Nails (Cont.)

Global surgery rules apply to routine foot care procedure codes

- E&M service billed on same day as routine foot care service is not eligible for reimbursement unless the
 E&M service is a significant separately identifiable service
- Utilize modifier 25 and supported by medical records

Billing and Coding: Routine Foot Care and Debridement of Nails (Cont.)

When reporting debridement of mycotic nails (CPT codes 11720 and 11721)

- If coverage based on qualifying systemic condition, report a class findings modifier
 - HCPCS mod Q7 = 1 Class A finding
 - HCPCS mod Q8 = 2 Class B findings
 - HCPCS mod Q9 = 1 Class B finding and 2 Class C findings
- Reminder: If neuropathy present without vascular impairment these modifiers are not necessary
 - Instead, report appropriate ICD-10-CM code from the LCD article (Group 4)

Billing and Coding: Routine Foot Care and Debridement of Nails (Cont.)

When reporting debridement of mycotic nails (CPT codes 11720 and 11721)

- Date patient last saw attending physician/qualified NPP
 - In MM/DD/YYYY format in electronic equivalent of Item 19
- Name and National Provider Identifier (NPI) of attending physician/qualified NPP
 - Reported in electronic equivalent of Item 19

Additional Resources and Things To Do!

- Review the <u>LCD</u> and <u>billing/coding article</u>
 - CMS Internet-Only Medicare Benefit Policy Manual (cms.gov)
 - 100-02, Chapter 15, Section 290
- Complete random audits
- Order a <u>Comparative Billing Report (CBR)</u> through myCGS
 - National-level CBRs from early-2022
 - CBR 202202 Podiatry: Nail Debridement and Evaluation and Management Services
- Watch for updates to the <u>MR Activities</u> page

GoToStage Video Channel!

CGS has recently made improvements to access the Part A, Part B, and the Home Health & Hospice webinar recordings. Access will be provided to all the J15 recorded webinars through

GoToStage Video Channel.

- Webinars will display as:
 - Featured Videos
 - Recently Added
 - myCGS
 - Line-of-Business specific (A/B/HHH)
- Select the webinar and register to view
- Transcript also available



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- CMS MLN Web page: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo.
 This includes the MN Connects, MLN articles, and more.
- Electronic Mailing List page at: https://www.cms.gov/ Outreach-and-Education/Outreach/FFSProvPartProg/ Electronic-Mailing-Lists
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