

Billing and Coding: Routine Foot Care and Debridement of Nails

A57759

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	States
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

Article Information

General Information

Article ID

A57759

Article Title

Billing and Coding: Routine Foot Care and Debridement of Nails

Article Type

Billing and Coding

Original Effective Date

12/26/2019

Revision Effective Date

08/22/2024

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act

Section 1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862 (a) (1) (A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1862 (a) (13)(C) defines the exclusion for payment of routine foot care services.

Code of Federal Regulations:

(CFR) Part 411.15., subpart A addresses general exclusions and exclusion of particular services.

CMS Publications:

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15:

290 Foot care services which are exceptions to the Medicare coverage exclusion.

CMS Publication 100-03, *Medicare National Coverage Determinations* (NCD) Manual Part 1:

70.2.1 Services provided for diagnosis and treatment of diabetic peripheral neuropathy.

CMS Publication 100-09, *Medicare Contractor Beneficiary and Provider Communications Manual*, Chapter 5:

National Correct Coding Initiative.

Article Guidance

Article Text

This article contains coding and other guidelines that complement the Local Coverage Determination (LCD) for Routine Foot Care and Debridement of Nails.

National Coverage Provisions:

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.*

The treatment of warts (including plantar warts) on the foot is covered to the same extent as services provided for the treatment of warts located elsewhere on the body.

Services ordinarily considered routine might also be covered if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of diabetic ulcers, wounds, and infections.

Exceptions to Routine Foot Care Exclusions

Presence of Systemic Condition

The presence of a systemic condition such as metabolic, neurologic, or peripheral vascular disease requiring scrupulous foot care by a professional that in the absence of such condition(s) would be considered routine (and, therefore, excluded from coverage).

Accordingly, foot care that would otherwise be considered routine may be covered when systemic condition(s) result in severe circulatory embarrassment or areas of diminished sensation in the individual's legs or feet. Documentation of the class findings below supports these conditions:

Class Findings

Class A findings

Non-traumatic amputation of foot or integral skeletal portion thereof.

Class B findings

Absent posterior tibial pulse;

Advanced trophic changes such as (three required):

- *hair growth (decrease or absence);*
- *nail changes (thickening);*
- *pigmentary changes (discoloration);*
- *skin texture (thin, shiny);*
- *skin color (rubor or redness); AND*

Absent dorsalis pedis pulse.

Class C findings

Claudication;

Temperature changes (e.g., cold feet);

Edema;

Paresthesias (abnormal spontaneous sensations in the feet); and

Burning.

The presumption of coverage may be applied when the physician rendering the routine foot care has identified:

1. *A Class A finding;*
2. *Two of the Class B findings; or*
3. *One Class B and two Class C findings.*

Mycotic Nails

Treatment of mycotic nails or onychogryphosis, or onychia (codes 11719, 11720, 11721 and G0127 may be covered under the exceptions to the routine foot care exclusion when one of the situations below is present:

1. Systemic conditions with adequate documentation of class findings as outlined above, and the use of the appropriate modifier, indicating the presence of qualifying systemic illnesses causing a peripheral neuropathy. 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 criteria are met; OR
2. In the absence of a systemic condition, the following criteria must be met:

- In the case of ambulatory patients there exists:

Clinical evidence of mycosis of the toenail, and

Marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

- In the case of non-ambulatory patients there exists:

Clinical evidence of mycosis of the toenail, and the patient suffers from pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

Loss of Protective Sensation (LOPS):

For coverage information on Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (LOPS), and its relation to coverage of Routine Foot Care Services, refer to *Medicare National Coverage Determinations (NCD) Manual*, Section 70.2.1.

According to this National Coverage Determination,

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:

A patient history, and

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

Patient education.

Coding Information:

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.

For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim.

A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.

The diagnosis code(s) must best describe the patient's condition for which the service was performed. For diagnostic tests report the result of the test if known; otherwise the symptoms prompting the performance of the test should be reported.

In addition, the beneficiary may have complicated diagnosis(es) that require them to be under the care of a primary physician for the disease that is causing the beneficiary to seek provider based routine foot care. For the asterisked conditions below, the name of the primary physician (must be a D.O. or M.D.) who made the diagnosis, and the approximate date of the last visit should be included in the record and entered on the appropriate claim forms or electronic equivalent when billing Medicare per the Benefit Policy Manual noted above. Please refer to the CMS website for instructions for billing Part A and Part B claims.

Specific Coding Guidelines:

Global surgery rules will apply to routine foot care procedure codes 11055, 11056, 11057, 11719, 11720, 11721, and G0127. As a result, an E&M service billed on the same day as a routine foot care service is not eligible for reimbursement unless the E&M service is a significant separately identifiable service, indicated by the use of modifier 25, and documented by medical records.

Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within the LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Documentation supporting the medical necessity, such as physical and/or clinical findings consistent with the diagnosis and indicative of severe peripheral involvement must be maintained in the patient record.

The clinical documentation must clearly show that the patient's condition warrants a provider rendering these services in accordance with the above instruction, and failure to provide such professional services would be hazardous to the beneficiary due to their underlying medical condition(s). **The billed diagnoses should be supported with clinical findings.** Failure to properly document the reasoning for the care rendered may result in denial of the claim.

There should be documentation of co-existing systemic illness. The physical examination and findings must be precise and specific, with documentation of the location, appearance, characteristics and symptoms of the nails and/or lesion(s). The procedure note must describe what, how and where the procedures were performed and correlate these treatments to the lesions documented on the physical examination. The procedure note may reference the physical examination when describing the treatment(s) given during the procedure (e.g., left great toe, or right foot, 4th digit.)

There must be adequate medical documentation to demonstrate the need for routine foot care services as outlined in this determination. This documentation may be office records, physician notes or diagnoses characterizing the patient's physical status as being of such severity to meet the criteria for exceptions to the Medicare routine foot care exclusion.

Routine identification of fungi in the toenail either by culture **or similarly by either nucleic acid probes or amplified probe technique** only is medically indicated only when necessary to differentiate fungal disease from psoriatic nail, or when definitive treatment for prolonged oral antifungal therapy has been planned and there must be adequate documentation in the file. If cultures or nucleic acid probes or amplified probe techniques are performed and billed, documentation of cultures or nucleic acid probes or amplified probe techniques and the need for prolonged oral antifungal therapy must be in the patient record and available to Medicare upon request.

Utilization Guidelines:

Routine foot care services are considered medically necessary once (1) in 60 days. More frequent services will be considered not medically necessary. Services for debridement of more than five nails in a single day may be subject to special review.

Coding Information/Limitations

- 1. Covered exceptions to routine foot care services are considered medically necessary once (1) in 60 days. More frequent services will be denied as not reasonable and necessary.
- 2. The exclusion of foot care is determined by the nature of the service, regardless of the clinician who performs the service.
- 3. Medicare allows payment for routine foot care only if the conditions under indications are met. These conditions describe the systemic diseases and their peripheral complications that increase the danger for infection and injury if a non-professional provides these services.
- 4. Services not meeting the criteria in this statement of national coverage will be denied as statutory non-covered services. For diagnosis codes designated by an asterisk (*), we will require the date the patient was last seen (DPLS) and the NPI of the Doctor of Medicine or Doctor of Osteopathic Medicine actively managing the patient's systemic condition.
- 5. Nail debridement procedures are considered non-covered routine foot care when these services do not meet the guidelines outlined above for mycotic nail services or are not based on the presence of a systemic condition. If the nail debridement procedures are performed in the absence of mycotic nails and as part of foot care, they must meet the same criteria as all other routine foot care services to be considered for payment.
- 6. Foot care services that do not require a professional would be considered routine and not a Medicare benefit. Professional in this situation is defined as an M.D., D.O., D.P.M., Nurse Practitioner, Clinical Nurse Specialist, or Physician Assistant.
- 7. **Effective for dates of service on or after December 1, 2023,** a Registered Nurse that holds foot care certification such as Certified Foot Care Nurse (CFCN®) or Certified Foot Care Specialist (CFCS) or other similar certifications or independent training by supervising professionals may perform covered foot care services when all the following requirements are met:
 - Services are performed under direct supervision of a physician or other practitioner
 - All requirements of the "incident to" provision are met per the CMS Medicare Benefit Policy Manual
 - Proof of accredited Foot Care Nurse certification must be available for NGS on request
 - All other coverage provisions outlined in this Billing and Coding Article are met
 - *Providers should be aware that this may not be allowed, based on their state scope of practice laws.*

Coding Information

CPT/HCPCS Codes	
Group 1 (7 Codes)	
Group 1 Paragraph N/A	
Group 1 Codes	
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 NONDYSTROPHIC 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
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER

CPT/HCPCS Modifiers

Group 1 (3 Codes)

Group 1 Paragraph

One of the modifiers listed below must be reported with codes 11055, 11056, 11057, 11719, G0127, and with codes 11720 and 11721 when the coverage is based on the presence of a qualifying systemic condition. If the patient has evidence of neuropathy, but no vascular impairment, class findings modifiers are not required:

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

Group 1 Codes

Code	Description
Q7	ONE CLASS A FINDING
Q8	TWO CLASS B FINDINGS
Q9	ONE CLASS B AND TWO CLASS C FINDINGS

ICD-10-CM Codes that Support Medical Necessity

Group 1 (218 Codes)

Group 1 Paragraph

Codes 11055, 11056, 11057, 11719, 11720, 11721 and G0127

Group 1 Codes

Code	Description
A30.0	Indeterminate leprosy
A30.1	Tuberculoid leprosy
A30.2	Borderline tuberculoid leprosy
A30.3	Borderline leprosy
A30.4	Borderline lepromatous leprosy
A30.5	Lepromatous leprosy
A30.8	Other forms of leprosy
A50.41	Late congenital syphilitic meningitis
A50.42	Late congenital syphilitic encephalitis
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A52.11	Tabes dorsalis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D81.818	Other biotin-dependent carboxylase deficiency

Code	Description
E08.41*	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42*	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43*	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44*	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49*	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.51*	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52*	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59*	Diabetes mellitus due to underlying condition with other circulatory complications
E08.610*	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E09.42*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.49*	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51*	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52*	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59*	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610*	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E10.22*	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.41*	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42*	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43*	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44*	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49*	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51*	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52*	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59*	Type 1 diabetes mellitus with other circulatory complications
E10.610*	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.22*	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.41*	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42*	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43*	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44*	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49*	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51*	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52*	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene

Code	Description
E11.59*	Type 2 diabetes mellitus with other circulatory complications
E11.610*	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.42*	Other specified diabetes mellitus with diabetic polyneuropathy
E13.49*	Other specified diabetes mellitus with other diabetic neurological complication
E13.51*	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52*	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59*	Other specified diabetes mellitus with other circulatory complications
E13.610*	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E51.11*	Dry beriberi
E51.12*	Wet beriberi
E52*	Niacin deficiency [pellagra]
E53.1*	Pyridoxine deficiency
E53.8*	Deficiency of other specified B group vitamins
E64.0*	Sequelae of protein-calorie malnutrition
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.244	Niemann-Pick disease type A/B
E75.248	Other Niemann-Pick disease
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E85.1	Neuropathic hereditary amyloidosis
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
G04.1	Tropical spastic paraplegia
G11.10	Early-onset cerebellar ataxia, unspecified

Code	Description
G11.11	Friedreich ataxia
G11.19	Other early-onset cerebellar ataxia
G12.21	Amyotrophic lateral sclerosis
G13.0*	Paraneoplastic neuromyopathy and neuropathy
G13.1*	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35*	Multiple sclerosis
G60.0	Hereditary motor and sensory neuropathy
G60.1	Refsum's disease
G60.2	Neuropathy in association with hereditary ataxia
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G61.0*	Guillain-Barre syndrome
G61.1*	Serum neuropathy
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.89	Other inflammatory polyneuropathies
G62.0*	Drug-induced polyneuropathy
G62.1*	Alcoholic polyneuropathy
G62.2*	Polyneuropathy due to other toxic agents
G62.81	Critical illness polyneuropathy
G62.82*	Radiation-induced polyneuropathy
G62.89	Other specified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0	Sequelae of Guillain-Barre syndrome
G65.1	Sequelae of other inflammatory polyneuropathy
G65.2	Sequelae of toxic polyneuropathy
G70.1*	Toxic myoneural disorders
G70.81*	Lambert-Eaton syndrome in disease classified elsewhere
G73.1*	Lambert-Eaton syndrome in neoplastic disease
G73.3*	Myasthenic syndromes in other diseases classified elsewhere
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.51	Quadriplegia, C1-C4 complete

Code	Description
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G95.0	Syringomyelia and syringobulbia
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.291	Other atherosclerosis of native arteries of extremities, right leg
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I73.00	Raynaud's syndrome without gangrene
I73.01	Raynaud's syndrome with gangrene
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.81	Erythromelalgia

Code	Description
I73.89	Other specified peripheral vascular diseases
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I80.01*	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
I80.02*	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
I80.03*	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
I80.11*	Phlebitis and thrombophlebitis of right femoral vein
I80.12*	Phlebitis and thrombophlebitis of left femoral vein
I80.13*	Phlebitis and thrombophlebitis of femoral vein, bilateral
I80.211*	Phlebitis and thrombophlebitis of right iliac vein
I80.212*	Phlebitis and thrombophlebitis of left iliac vein
I80.213*	Phlebitis and thrombophlebitis of iliac vein, bilateral
I80.221*	Phlebitis and thrombophlebitis of right popliteal vein
I80.222*	Phlebitis and thrombophlebitis of left popliteal vein
I80.223*	Phlebitis and thrombophlebitis of popliteal vein, bilateral
I80.231*	Phlebitis and thrombophlebitis of right tibial vein
I80.232*	Phlebitis and thrombophlebitis of left tibial vein
I80.233*	Phlebitis and thrombophlebitis of tibial vein, bilateral
I80.241*	Phlebitis and thrombophlebitis of right peroneal vein
I80.242*	Phlebitis and thrombophlebitis of left peroneal vein
I80.243*	Phlebitis and thrombophlebitis of peroneal vein, bilateral
I80.251*	Phlebitis and thrombophlebitis of right calf muscular vein
I80.252*	Phlebitis and thrombophlebitis of left calf muscular vein
I80.253*	Phlebitis and thrombophlebitis of calf muscular vein, bilateral
I80.291*	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity
I80.292*	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
I80.293*	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
I82.541*	Chronic embolism and thrombosis of right tibial vein
I82.542*	Chronic embolism and thrombosis of left tibial vein
I82.543*	Chronic embolism and thrombosis of tibial vein, bilateral
I82.811*	Embolism and thrombosis of superficial veins of right lower extremity
I82.812*	Embolism and thrombosis of superficial veins of left lower extremity
I82.813*	Embolism and thrombosis of superficial veins of lower extremities, bilateral

Code	Description
I82.891*	Chronic embolism and thrombosis of other specified veins
I89.0	Lymphedema, not elsewhere classified
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2*	Blind loop syndrome, not elsewhere classified
K90.3*	Pancreatic steatorrhea
K91.2*	Postsurgical malabsorption, not elsewhere classified
M05.471*	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.472*	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.571*	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572*	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.771*	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M05.772*	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.871*	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.872*	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M06.071*	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.072*	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.871*	Other specified rheumatoid arthritis, right ankle and foot
M06.872*	Other specified rheumatoid arthritis, left ankle and foot
M30.0	Polyarteritis nodosa
M30.2	Juvenile polyarteritis
M30.8	Other conditions related to polyarteritis nodosa
M31.4	Aortic arch syndrome [Takayasu]
M31.7	Microscopic polyangiitis
M34.83	Systemic sclerosis with polyneuropathy
N18.1*	Chronic kidney disease, stage 1
N18.2*	Chronic kidney disease, stage 2 (mild)
N18.30*	Chronic kidney disease, stage 3 unspecified
N18.31*	Chronic kidney disease, stage 3a
N18.32*	Chronic kidney disease, stage 3b
N18.4*	Chronic kidney disease, stage 4 (severe)
N18.5*	Chronic kidney disease, stage 5
N18.6*	End stage renal disease

Group 1 Medical Necessity ICD-10-CM Codes Asterisk Explanation

* For these diagnoses, the patient must be under the active care of a doctor of medicine or osteopathy (MD or DO) for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.

Group 2 (3 Codes)

Group 2 Paragraph

Refer to Group 3 for the secondary ICD-10-CM codes required for coverage for codes 11719, 11720, 11721 and G0127.

Group 2 Codes

Code	Description
B35.1	Tinea unguium
L60.2	Onychogryphosis
L60.3	Nail dystrophy

Group 3 (16 Codes)

Group 3 Paragraph

Treatment of mycotic nails, or onychogryphosis, or onychauxis (codes 11719, 11720, 11721 and G0127), may be covered under the exceptions to the routine foot care exclusion when the patient has a qualifying systemic condition. Class findings must be documented and reported with the appropriate modifiers as listed above.

If the patient has evidence of neuropathy, but no vascular impairment, class findings modifiers are not required, ICD-10 CM code B35.1, L60.2 or L60.3 respectively, must be reported as primary, with the diagnosis representing the patient's symptom reported as the secondary ICD-10-CM code. Refer to the "Indications and Limitations of Coverage and/or Medical Necessity" section of the related LCD.

Secondary Diagnoses to be reported with B35.1, L60.2 or L60.3 for treatment of mycotic nails, onychogryphosis, and onychauxis to indicate medical necessity:

Group 3 Codes

Code	Description
L02.611	Cutaneous abscess of right foot
L02.612	Cutaneous abscess of left foot
L03.031	Cellulitis of right toe
L03.032	Cellulitis of left toe
L03.041	Acute lymphangitis of right toe
L03.042	Acute lymphangitis of left toe
L60.0	Ingrowing nail
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
R26.0	Ataxic gait
R26.1	Paralytic gait
R26.2	Difficulty in walking, not elsewhere classified
R26.81	Unsteadiness on feet
R26.89	Other abnormalities of gait and mobility

Group 4 (98 Codes)

Group 4 Paragraph

Codes 11055, 11056, 11057, 11719, 11720, 11721 and G0127

The ICD-10-CM codes below represent those diagnoses where the patient has evidence of neuropathy, but no vascular impairment, for which class findings modifiers are not required.

Group 4 Codes

Code	Description
A30.0	Indeterminate leprosy
A30.1	Tuberculoid leprosy
A30.2	Borderline tuberculoid leprosy
A30.3	Borderline leprosy
A30.4	Borderline lepromatous leprosy
A30.5	Lepromatous leprosy
A30.8	Other forms of leprosy
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A52.11	Tabes dorsalis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
D81.818	Other biotin-dependent carboxylase deficiency
E08.41*	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42*	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43*	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44*	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49*	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.610*	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E09.42*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.49*	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.610*	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E10.41*	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42*	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43*	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44*	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49*	Type 1 diabetes mellitus with other diabetic neurological complication
E10.610*	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.41*	Type 2 diabetes mellitus with diabetic mononeuropathy

Code	Description
E11.42*	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43*	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44*	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49*	Type 2 diabetes mellitus with other diabetic neurological complication
E11.610*	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.42*	Other specified diabetes mellitus with diabetic polyneuropathy
E13.49*	Other specified diabetes mellitus with other diabetic neurological complication
E13.610*	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E51.11*	Dry beriberi
E51.12*	Wet beriberi
E52*	Niacin deficiency [pellagra]
E53.1*	Pyridoxine deficiency
E53.8*	Deficiency of other specified B group vitamins
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.244	Niemann-Pick disease type A/B
E75.248	Other Niemann-Pick disease
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E85.1	Neuropathic heredofamilial amyloidosis
G04.1	Tropical spastic paraplegia
G11.10	Early-onset cerebellar ataxia, unspecified
G11.11	Friedreich ataxia
G11.19	Other early-onset cerebellar ataxia
G12.21	Amyotrophic lateral sclerosis
G13.0*	Paraneoplastic neuromyopathy and neuropathy
G13.1*	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35*	Multiple sclerosis

Code	Description
G60.0	Hereditary motor and sensory neuropathy
G60.1	Refsum's disease
G60.2	Neuropathy in association with hereditary ataxia
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G61.0*	Guillain-Barre syndrome
G61.1*	Serum neuropathy
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.89	Other inflammatory polyneuropathies
G62.0*	Drug-induced polyneuropathy
G62.1*	Alcoholic polyneuropathy
G62.2*	Polyneuropathy due to other toxic agents
G62.81	Critical illness polyneuropathy
G62.82*	Radiation-induced polyneuropathy
G62.89	Other specified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0	Sequelae of Guillain-Barre syndrome
G65.1	Sequelae of other inflammatory polyneuropathy
G65.2	Sequelae of toxic polyneuropathy
G70.1*	Toxic myoneural disorders
G73.3*	Myasthenic syndromes in other diseases classified elsewhere
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G95.0	Syringomyelia and syringobulbia
M05.571*	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572*	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M34.83	Systemic sclerosis with polyneuropathy

Group 4 Medical Necessity ICD-10-CM Codes Asterisk Explanation

* For these diagnoses, the patient must be under the active care of a doctor of medicine or osteopathy (MD or DO) for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.

ICD-10-CM Codes that DO NOT Support Medical Necessity

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

Revision History Date	Revision History Number	Revision History Explanation
08/22/2024	R9	Article revised to add ICD-10 codes E10.22* and E11.22* to Group 1 in the ICD-10-CM Codes that Support Medical Necessity section.
01/01/2024	R8	This statement has been added to Coding Information, related to RNs performing routine foot care services: Providers should be aware that this may not be allowed, based on their state scope of practice laws.
01/01/2024	R7	Either the short and/or long code description was changed for the following code(s). Please Note: Depending on which descriptor was used, there may not be any changes to the code display in this document: 11055 descriptor was changed in Group 1 11056 descriptor was changed in Group 1 11057 descriptor was changed in Group 1
10/12/2023	R6	Certification requirements for Registered Nurses effective 12/1/2023 have been updated to include Certified Foot Care Nurse (CFCN®) or Certified Foot Care Specialist (CFCS) or other similar certifications or independent training by supervising professionals may perform. Documentation of this certification should be available to NGS on request. Updated to indicate the article is an LCD reference article.
10/12/2023	R5	Provisions related to coverage of treatment of mycotic nails has been clarified. In addition, effective for dates of service on or after 12/1/2023, provisions for routine foot care performed by a Registered Nurse that holds foot care certification (CFCN®) have been added.
08/04/2022	R4	Clarifying information has been added to the Coding Guidelines and Documentation Requirements sections to reflect new testing technology and to specify clear medical documentation needed to justify services and for review of claims. The active care requirement in ICD-10 coding sections for systemic conditions has been revised to remove “qualified non-physician practitioners” to conform with IOM 100-02, <i>Medicare Benefit Policy Manual</i>, Chapter 15, section 290.D.

Revision History Date	Revision History Number	Revision History Explanation
10/01/2021	R3	Based on annual ICD-10 updates for 2022, ICD-10 code E75.244 was added to Group 1 and Group 4 covered diagnoses.
10/01/2020	R2	Based on annual ICD-10 updates for 2021, ICD-10 codes G11.1 and N18.3 were deleted and replaced by G11.10, G11.11, G11.19 for Groups 1 and 4, and N18.30, N18.31 and N18.32 for Group 1 covered diagnoses.
03/19/2020	R1	Article revised to clarify coverage for debridement of mycotic nails and to remove the following documentation requirements: For debridement of mycotic nails, each service encounter, the medical record should contain a description of each nail which requires debridement. This should include, but is not limited to, the size (including thickness) and color of each affected nail. In addition, the local symptomatology caused by each affected nail resulting in the need for debridement must be documented. For CPT code 11720 documentation of at least one nail will be accepted. For CPT code 11721 complete documentation must be provided for at least 6 nails.

Associated Documents

- Related Local Coverage Documents
- LCDs
- [L33636 - Routine Foot Care and Debridement of Nails](#)
- Related National Coverage Documents
- NCDs
- [70.2.1 - Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation \(aka Diabetic Peripheral Neuropathy\)](#)
- Statutory Requirements URLs
- N/A
- Rules and Regulations URLs
- N/A
- CMS Manual Explanations URLs
- N/A
- Other URLs
- N/A
- Public Versions

Updated On	Effective Dates	Status	
08/16/2024	08/22/2024 - N/A	Currently in Effect	You are here

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Keywords

N/A