Clinical Policy: Podiatry Services

Reference Number: TX.CP.MP.527
Last Review Date: 12/19

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

The purpose of this policy is to provide the guidelines and medical necessity criteria for podiatry services for the following products: STAR, STAR+PLUS, STAR Health, STAR Kids, and CHIP.

Policy/Criteria

I. It is the policy of Superior HealthPlan that **podiatry procedures for routine foot care, diabetic foot care, and removal of toenails** are **medically necessary** if the member presents with at least **one** the following criteria:

A. Diabetes; or
B. Lesions or calluses that are
   1. Symptomatic (bleeding, burning, pruritus, irritated, inflamed); or
   2. Subject to recurrent trauma; or
   3. Infectious (e.g., viral warts or fungal dermatitis); or
   4. Suspected to be premalignant or malignant
C. Routine foot care may include corns, calluses, and trimming of nails (CPT 11055, 11056, 11057, 11719 and HCPCS G0127) and is limited to every six months.

II. Podiatry services that appear to be cosmetic should be sent for secondary medical director review. Examples include, but are not limited to: removal of seborrheic keratoses, sebaceous cysts, small nevi (moles), dermatofibromas, pilomatrixoma, or other benign skin lesions.

III. Flat Foot Treatment

Deformities of the foot and lower extremity that includes flat foot are **medically necessary** when a member presents with:

A. Significant pain in the foot, leg, or knee, resulting in a loss of or decrease in function; and
B. A secondary condition such as valgus deformity or plantar fasciitis.

Note: *Treatment of flat foot that is solely cosmetic in nature is not a covered benefit*.

IV. Casting and wedging are **medically necessary** if the member has one of the following conditions:

Diagnosis Codes (Submitted as stand-alone diagnosis codes)

M21541	M21542	M21549	Q6600	Q6601	Q6602	Q6610	Q6611
Q6612	Q66211	Q66212	Q66219	Q66221	Q66222	Q66229	Q6630
Q6631	Q6632	Q6640	Q6641	Q6642	Q6651	Q6652	Q666
Q6670	Q6671	Q6672	Q6681	Q6682	Q6689	Q6690	Q6691
Q6692							

A. Procedure code 29750 is limited to members birth through three (3) years of age.

V. **Joint injections** (20600, 20604, 20605, 20606, 20610, 20611 and 20612) of the ankle or foot are **medically necessary** in order to treat acute problems such as digital Morton's neuromas, joint pain and arthritis, plantar fasciitis or heel pain, and Achilles' tendonitis.

Background

Definitions:

- **Routine foot care**: includes, but is not limited to, the treatment of bunions (except capsular or bone surgery thereof), calluses, clavus, corns, hyperkeratosis and keratotic lesions, keratoderma, nails (except surgery for ingrown nails), plantar keratosis, tyloma or tylomata, and tylosis. The reduction of nails, including the trimming of nails, is also considered routine foot care.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
29750	Wedging of clubfoot cast
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
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

CPT® Codes	Description
11719	Trimming of nondystrophic nails, any number

HCPCS Codes	Description
G0127	Trimming of dystrophic nails, any number

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Date	Approval Date
Added number 6, 7, 8 and 9 policy criteria. Updated references. Updated signatories.	04/14	04/14
Removed work process and imbedded in attachment section.	02/15	02/15
Added 20604, 20606, and 20611 for joint injections. Updated references. Updated reference sections for TMPPM	04/15	04/15
Grammatical edits. Review of 2016 TMHP references. Updated signatories. Updated to ICD 10 codes. Removed imbedded work process from attachment section.	04/16	04/16
Removed product regional references. Added STAR Kids to products. Updated scope, references, and signatories. Grammatical edits.	02/17	02/17
Updated references, revision date, and signatories. Deleted revision history prior to 2014. Deleted references to orthotic devices, pain management and imaging procedures.	02/18	02/18
Annual review. Updated references and signatories.	01/19	01/19
Updated to new template from TX.UM.10.27 (TX.CP.MP.527 nomenclature implementation). Changed age limitation from 2 years to 3 years for procedure code 29750 per TMPPM. Removed code 29450 due to no PA required. Added codes and descriptions to CPT and HCPCS chart. Updated diagnosis chart for casting and wedging per TMPPM. Updated references.	12/19	12/19

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27. TX.UM.10.14 Pain Management Invasive Procedures

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

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recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.

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