

NORIDIAN MEDICARE

CURRENT FINAL POLICIES (LCDs, formerly LMRPs)

www.noridianmedicare.com/p-medb/

as of: 4/2008

TITLE	LCD #	Contractor Determination Number	Last Modified
Application of Bioengineered Skin Substitutes..	L23684	B2007.10 R2	2007
Injections- Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma	L23856	B2007.68	2007
Blocks and Destruction of Somatic and Sympathetic Nerves	L23692	B2007.15 R1	2007
Non-Invasive Peripheral Arterial Studies	L23741	B2007.67 R2	2007
Non-Invasive Peripheral Venous Studies	L23743	B2007.68 R2	2007
Physical Medicine and Rehabilitation	L20556	B2004.11 R2	2007
Routine Foot Care	L23756	B2007.83 R1	2007
Skin Lesion (Non-Melanoma) Removal (formerly Non-Malignant Skin Lesion Removal)	L10106	B2002.21 R1	2007
Surgical Dressings	A23903		2007
Symptomatic Pathological Nail and Its Treatment	L23906	B2007.93	2007
Treatment of Ulcers and Symptomatic Hyperkeratoses	L23770	B2007.101	2007
Treatment of Varicose Veins of the Lower Extremity	L23902	B2007.102	2007
Trigger Point Injections	L23773	B2007.103	2007
Unna Boot Policy	L23791	B2007.105	
Vitamin B 12 Injections	L23783	B2007.112	2007

LCDs REGARDING DMEPOS

www.noridianmedicare.com/dme/coverage/lcd.html

Ankle Foot Orthoses	L142
Cold Therapy	L11567
Lower Limb Prosthesis	L11453
Negative Pressure Wound Therapy Pumps	L11489
Orthopaedic Footwear	L11456
Osteogenic Stimulators	L11490
Pneumatic Compression Devices	L11492
Surgical Dressings	L11460
Therapeutic Shoes for Persons with Diabetes	L157

NATIONAL COVERAGE DETERMINATIONS (NCD)

Access via: www.noridianmedicare.com/p-medb/

Consultation Services by a Podiatrist in a SNF	70.2
Diathermy	150.5
Durable Medical Equipment Reference List	280.1
Electrical Nerve Stimulators	160.7
Electrical Stim and Electromagnetic Tx of Wounds	270.1
Laser Procedures	140.5
Neuromuscular Electrical Stimulation (NMES)	160.12
Non-Contact Normothermic Wound Therapy (NNWT)	270.2
Osteogenic Stimulators	150.2
Physician's Office within an Institution- Supplies	70.3
Plethysmography	20.14
Pneumatic Compression Devices	280.6
Porcine Skin and Gradient Pressure Dressings	270.5
Portable Hand-held X-ray Instrument	220.1
Prolotherapy, Joint Sclerotherapy, and Sclerosing Inj	150.7
Prosthetic Shoe	280.1
Sensory Nerve Conduction Threshold (sNCTs)	160.23
Diabetic Peripheral Neuropathy (LOPS)	70.2.1
Supplies used with TENS and NMES	160.13
TENS for Acute Post-op Pain	10.2
TENS	280.13
Tx of Decubitus Ulcers	270.4
Tx of Motor Function Disorders with Elec Stim	160.2
Tx of Psoriasis	250.1
Ultrasound Diagnostic Procedures	220.5
Vit B12 Injections of the Foot	150.6

NORIDIAN MEDICARE COVERAGE POLICIES

SYMPTOMATIC/PAINFUL SKIN LESIONS

as of : 4/2008

Relevant Noridian Medicare LCDs:

Skin Lesion (Non-Melanoma) Removal (L10106)

Tx of Ulcers & Symptomatic Hyperkeratoses (L23770)

Qualifying Criteria (abbreviated, and edited):

Bleeding, intense itching, or pain
Physical evidence of inflammation
Uncertain clinical diagnosis (e.g., pigmented lesion)
Anatomic region subject to recurrent physical trauma
Verrucae/ warts (under same criteria as above)

Representative types of lesions:

Moles, nevi, painful hyperkeratotic lesions, porokeratoses, keratoderma, verrucae

Select CPT code based upon method of Tx

PARING OR CUTTING (implies thinning, without removal?)

11055 Single lesion
11056 2-4 lesions
11057 5 or more lesions

Special Diagnosis codes for use of CPT 11055-57 series:

PRIMARY DIAGNOSIS

700 Corns and Callouses (suggest ONLY use this for RFC)
701.1 Acquired Keratoderma (Suggested for Symptomatic Lesions)
757.39 Other Specified Congenital Anomalies of Skin

SECONDARY DIAGNOSIS (must have one)

686.9 Local Inflammation/infection of Skin and Subcutaneous Tissue
729.5 Pain in Limb

SHAVING ("Shave Removal"?)

11305 diam 0.5 cm or less
11306 0.6-1.0 cm
11307 1.1-2.0 cm
11308 >2.0 cm

DESTRUCTION inc acid, chemo, cryo, laser, currettement, etc

17110 Up to 14 lesions
17111 15 or more lesions

EXCISION implies full thickness excision and closure via suture

11420 diam 0.5 cm or less in "excised diameter"
11421 0.6-1.0 cm
11422 1.1-2.0 cm
11423 2.1-3.0 cm
11424 3.1-4.0 cm

11426 > 4.0 cm

NOTE: as of CPT 2003, "diameter" inc widest dimension of lesion itself, PLUS excised margins

QUALIFYING DIAGNOSIS CODES

STAND-ALONE DIAGNOSES (do not require secondary Dx)

- 78.19 Verruca; wart
- 238.2 Skin Neoplasm of Uncertain Behavior
- 686.1 Pyogenic Granuloma of Skin or Subcut Tissue
- 701.1 Keratoderma, acquired
(Indicates symptomatic, painful or inflamed
If NOT symptomatic, use 700, and refer to RFC)
- 701.4 Hypertrophic scar, Keloid

NON-STAND-ALONE DIAGNOSES (DO require secondary Dx)

- 216.7 Benign Neoplasm of skin, lower extremity
- 701.9 Unspecified Hypertrophic and Atrophic Skin
- 702.19 Other seborrheic keratosis

SECONDARY DIAGNOSES (for NON-STAND-ALONE Dx)

- 238.2 Neoplasm of Uncertain Behavior
- 459.0 Hemorrhage, Unspecified
- 682.9 Abscess, Cellulitis
- 686.8 Specified Local infections of Skin and Subcutaneous Tissue
- 695.89 Other specified erythematous conditions (e.g. intertrigo)
- 695.9 Unspecified Erythematous condition
- 698.9 Unspecified Pruritic Disorder
- 782.0 Pain, Paresthesia, Burning of Skin
- 959.8 Injury (trauma) of skin

Noridian Medicare policies: Symptomatic/Painful Skin Lesions

NORIDIAN MEDICARE COVERAGE POLICIES

INJECTIONS

as of: 4/2008

Relevant Noridian Medicare LCDs:

Injections- Tendon, Ligament, Ganglion Cyst,
Tunnel Syndromes and Morton's Neuroma (L23856)

Blocks and Destruction of Somatic and Sympathetic Nerves (L23692)

Trigger Point Injections (L23773)

NOTE: Discussion is ongoing with Noridian Medicare regarding correct coding for injection of peripheral nerves

There are expected to be 2 new codes in CPT 2009 to reflect injection of interdigital neuroma

Correspondingly, for now, listing of applicable codes is separated Noridian Medicare vs "all others", where applicable

STRUCTURE INJECTED	ALL OTHERS	NORIDIAN MEDICARE (current)
Intralesional, 7 or less	11900	
Intralesional, 8 or more	11901	
Ligament or Tendon Sheath, Plantar Fascia	20550	
Tendon Origin or Insertion	20551	
Trigger point, 1 or 2 muscle groups	20552	
Trigger point, 3 or more muscle groups	20553	
Joint or Bursa, small (distal to LisFranc)	20600	
Joint or Bursa, Intermed (LisFranc and prox)	20605	
Ganglion Cyst (aspirate and/or inject)	20612	
Bone cyst	20615	
Peripheral Nerve-other than Tarsal Tunnel or "Morton's Neuroma"	64450	
Tarsal Tunnel	64450	28899 *
"Morton's Neuroma" (any interdigital neuroma)	64450	28899 *
Sclerosing Injection (alcohol or neurolytic agent) of nerve	64999	28899*
Therapeutic Injection, Subcut or IM	90782	

* for Noridian Medicare, insert "tarsal tunnel" or "Morton's Neuroma" in Item 19 of CMS 1500 form

No more than 2 injections per date of service

Medically necessary imaging guidance (i.e. fluoroscopy, ultrasound) is separately billable (should be rarely medically necessary)

fluoroscopic guidance	77003
ultrasonic guidance	76942

INJECTED SUPPLY IS SEPARATELY BILLABLE VIA HCPCS CODES

SUPPLY	DOSE	HCPCS
betamethasone (Celestone Soluspan)	per 3 mg	J0702
methylprednisolone acetate (Depo-Medrol)	20 mg	J1020
methylprednisolone acetate (Depo-Medrol)	40 mg	J1030
dexamethasone acetate (Decadron LA)	1 mg	J1094
dexamethasone sodium phosphate (Dalalone, Decadron)	1 mg	J1100
diphenhydramine (Benedryl)	up to 50 mg	J1200
midazolam (Versed)	per mg	J2250
phentolamine (Regitine)	up to 5 mg	J2760
methylprednisolone sodium succinate (Solu Medrol)	up to 40 mg	J2920
triamcinolone acetonide (Kenalog)	per 10 mg	J3301
triamcinolone diacetate (Aristocort)	per 5 mg	J3302
triamcinolone hexacetonide (Aristospan)	per 5 mg	J3303
diazepam (Valium)	up to 5 mg	J3360
hydroxyzine HCl (Vistaril)	up to 25 mg	J3410
hyaluronidase (Wydase)	up to 150 units	J3470
bleomycin (Blenoxane)	15 units	J9040
tetanus Immune Globulin	up to 250 units	90389
tetanus toxoid adsorbed		90703

Local anesthetics (lidocaine, marcaine, etc.) are NOT billable

USE APPLICABLE MODIFIERS TO REFLECT SEPARATE SITES, ETC.

/Noridian Medicare policies - injections

NORIDIAN MEDICARE COVERAGE POLICIES

CASTS, SPLINTS, UNNA BOOTS

as of: 4/2008

Relevant Noridian Medicare LCDs:

Unna Boot Policy (L23791)

BACKGROUND

The *initial* application of any cast, splint, or unna boot is included in the global allowance for virtually every procedural service (inc injections, debridement, etc.)

Noridian Medicare limits coverage of supply for casts, splints and braces to:

Fractures and Dislocation

Application of a cast may be covered for other diagnoses,
but supply would not be reimbursed

suggestion, for Medicare patient w/ sprains, etc..use a BRACE

Application of the cast or splint is separately billable from the materials used

There are different qualifying criteria

Application of an unna boot includes the material used

Medicare currently uses "Q" codes to reflect cast supply
reimbursed according to a fee schedule

weblink to all Q codes, fee schedule:

http://www.noridianmedicare.com/provider/pubs/med_b/fee_sched/updates/temp_q_codes.html

Non-Medicare payers use standard HCPCS supply codes

CAST APPLICATION CODES

- 29405 Application of short leg (below knee to toes) cast, non-weightbearing
- 29425 Application of short leg (below knee to toes) cast, walking
- 29440 Application of walker to previously-applied cast
- 29445 Application of rigid total contact cast
- 29450 Application of clubfoot cast, inc manipulation
- 29515 Application of short leg splint
- 29540 Strapping/Taping; ankle and/or foot
- 29550 Strapping/Taping; toes
- 29580 Application of Unna Boot
- 29590 Application of Denis-Brown splint

CAST REMOVAL OR REPAIR

Cast removal is only billable if the cast was applied by another
(non-associated) physician

- 29700 Removal of cast applied by others
- 29730 Windowing of cast
- 29740 Wedging of cast (not for clubfoot)

29750 Wedging of clubfoot cast

CAST SUPPLY

NON-MEDICARE

A4580 Cast supply, plaster
A4590 Cast supply, fiberglass

MEDICARE

abbreviated
Q4037 Cast supply, short leg cast, adult, plaster
Q4038 fiberglass
Q4045 Cast supply, short leg splint, adult, plaster
Q4046 fiberglass

Weblink to noridian Medicare Q codes noted above

UNNA BOOT

Covered for arterial or venous dermatitis, with ulceration
ALSO covered for sprains and strains of ankle, foot , or toes
NOT covered for fractures, dislocations, edema, post immobilization
NOT covered for phlebitis or edema or varicose veins without ulceration
NOT covered for tendonitis

WALKING BRACES, ETC

L4360 Pneumatic Walking Brace
L4386 Non-Pneumatic Walking Brace
L4396 Night splint
L1930 AFO, plastic, prefab
L2999 Unlisted lower extremity orthosis
L8110 Gradient compression stocking 30-40 mm Hg, each
L8120 Gradient compression stocking 40-50 mm Hg, each
The allowance for braces etc includes fitting and adjustment

GLOBAL FRACTURE CARE

The global service for fracture care (or surgery) includes the initial cast application;

Medically necessary subsequent x-rays, cast applications and supplies are
separately billable- even within the (Medicare 90 day) global period

CMS 21 PROVIDER STANDARDS FOR DISPENSING DME, ETC:

<http://www.palmettogba.com/palmetto/other.nsf/PrintableDocs/85256D430058D01D85256B830076C61D>

Noridian Medicare policies - casts

NORIDIAN MEDICARE COVERAGE POLICIES

WOUND CARE

as of: 4/2008

Relevant Noridian Medicare LCDs:

- Tx of Ulcers and Symptomatic Hyperkeratoses (L23770)
- Unna Boots (L23791)
- Application of Bioengineered Skin Substitutes (L23684)
- Non-Invasive Peripheral Arterial Studies (L23741)
- Non-Invasive Peripheral Venous Studies (L23743)
- Tx of Varicose Veins of the Lower Extremities (L23902)

*Coding and Qualifying Criteria for this Subject are extremely complex;
Providers must carefully independently review, and should/must trust what manufacturers say*

SHARP DEBRIDEMENT

Select CPT code based upon DEPTH of SHARP debridement

Code is determined by depth of DEBRIDEMENT, NOT depth of the Ulcer

**Use of whirlpool, flush, spray or chemical debridement are NOT applicable here
(use physical therapy or E/M codes)**

		Medicare Global Days
10060	I&D Abscess, Simple or Single	10
10061	I&D Abscess, Complicated or Multiple	10
11040	Debridement; skin, partial thickness	0
11041	skin, full thickness	0
11042	skin, and subcutaneous tissue	0
11043	skin, subcutaneous tissue, and muscle	10
11044	skin, subcutaneous tissue, muscle, and bone	10

QUALIFYING DIAGNOSIS CODES

250.80	Diabetic Ulcer
440.23	Atherosclerosis of lower extremity, with ulceration
440.24	Atherosclerosis of lower extremity, with gangrene
454.0	Varicose veins of lower extremity, with ulcer
454.2	Varicose veins of lower extremity, with ulcer and inflammation
681.10	Unspecified cellulitis or abscess of toe
681.11	Onychia and paronychia of toe
682.7	Abscess foot, except toe
686.8	Other specified skin infections
686.9	Unspecified local infection of skin and subcut tissue
707.06	Decubitus ulcer, Ankle
707.07	Decubitus ulcer, Heel
707.09	Decubitus ulcer, other than ankle or heel
707.10	Unspecified ulcer of lower limb
707.12	Neurogenic or trophic ulcer, Calf

707.13	Neurogenic or trophic ulcer, Ankle
707.14	Neurogenic or trophic ulcer, Heel and/or midfoot
707.15	Neurogenic or trophic ulcer, other, inc toes
785.4	Gangrene
891.1	Open wound of ankle, complicated
892.1	Open wound of foot, complicated
893.1	Open wound of toe, complicated
894.1	Multiple and unspecified open wounds, complicated
919.3	Blister, infected

APPEND APPLICABLE MODIFIERS TO DESCRIBE AREAS INVOLVED

TA-T9	Digit-specific T modifiers
LT	Left
RT	Right
59	Independent/Separate Anatomical Site

APPLICATION OF UNNA BOOTS, OR CASTS AFTER WOUND DEBRIDEMENT

CPT considers the first cast or splint applied the same day as a procedure to be included in the global procedural service

As such, Medicare will not pay for application of an unna boot, cast, or total contact cast on the same day as any procedural (e.g. wound debridement) service

If it's a separate site, bill the cast application with a "-59" modifier

UNNA BOOTS

Covered as primary dressings. As such, covered in the management of ulcerations with or without inflammation due to venous insufficiency, as well as immobilization of ligamentous injuries (sprains) of the ankle, foot, and toes
They are NOT covered (under Medicare) for: fractures, dislocations, edema, venous insufficiency without ulceration, phlebitis, edema, varicose veins without ulceration, tendonitis, ischemic ulcers, neuropathic ulcers (i.e. no open wound)

UNNA BOOTS

COVERED DIAGNOSES FOR UNNA BOOT

440.23	Atherosclerosis of lower extremity, with ulceration
454.0	Varicose veins of lower extremity, with ulcer
454.1	Varicose veins with inflammation
454.2	Varicose veins of lower extremity, with ulcer and inflammation
459.11	Postphlebotic syndrome with ulcer *
459.13	Postphlebotic syndrome with ulcer and inflammation *
	* <i>NOTE: NOT covered for debridement</i>
707.10	Unspecified ulcer of lower limb
707.12	Ulcer of calf
707.13	Neurogenic or trophic ulcer, Ankle
707.14	Neurogenic or trophic ulcer, Heel and/or midfoot
707.15	Neurogenic or trophic ulcer, other, inc toes
845.00	Sprains and strains of ankle and foot
845.01	Deltoid ligament Ankle Sprain
845.02	Calcaneofibular ligament Ankle Sprain
845.03	Tibiofibular ligament Ankle Sprain
845.09	Other Ankle Sprain
845.10	Unspecified site of Foot Sprain
845.11	Tarsometatarsal Joint Sprain
845.12	Metatarsal Phalangeal Joint Foot Sprain

- 845.13 Interphalangeal joint foot Sprain
- 845.19 Other Foot Sprain

OTHER DRESSINGS, MATERIALS AND SUPPLIES

Any and all dressings, materials and supplies used in the physician's office are included in the debridement, and NOT separately billable

Dressings, materials and supplies provided to the patient for at-home use are billable with applicable HCPCS codes

QUALIFYING CRITERIA FOR BIOENGINEERED SKIN SUBSTITUTES

Diabetic Neuropathic Ulcers

- of greater than 4 weeks duration
- Must have failed to respond to at least one month of conservative Tx
- Must be partial or full-thickness
- Must be free of infection of skin and bone
- Must have adequate circulation
- Must evidence appropriate steps to off-load
- Must document measurements of ulcer on initial presentation, at end of conservative Tx, and at beginning of Wound Care Tx
- Must document "surgical fixation" (steri strip, etc.)

Venous Stasis Ulcerations

- of greater than 3 months duration
- Must have failed to respond to at least two months of conservative Tx
- Must be partial or full-thickness
- Must document measurements of ulcer on initial presentation, at end of conservative Tx, and beginning of Wound Care Tx

PREPARATION FOR APPLICATION OF BIOENGINEERED SKIN SUBSTITUTE

- 15000 Surgical preparation of site
 - 11040-2 Site preparation via sharp debridement
- NO site preparation is billable on same date as Apligraf or Oasis/Surgisis

APPLICATION OF BIOENGINEERED SKIN SUBSTITUTE

- Must state in documentation that graft is "surgically fixated"
- 15170 Acellular Dermal Replacement, leg (Integra, Graftjacket)
 - 15175 foot
 - 15300 Allograft Skin for Temporary Wound Closure, leg (cadaveric)
 - 15320 foot
 - 15330 Acellular Dermal Allograft, leg (AlloDerm)
 - 15335 foot
 - 15340 Tissue cultured Allogeneic Skin Substitute, up to 25 sq cm (Apligraf)
 - 15341 each additional 25 sq cm
 - 15360 Tissue cultured Allogeneic DERMAL Substitute, leg (Transcyte, Dermagraft)
 - 15365 foot

15400 Xenograft (Dermal) Skin for Temp Wound Closure, leg (Mediskin, EZ Derm)
15420 foot
15430 Acellular Xenograft Implant (Oasis, Surgisis)
15430 has a 90 day global (Medicare)

BILLING FOR BIOENGINEERED SUPPLY

J7340 Tissue Cultured Allogeneic Substitute (Apligraf, Transcyte), per sq cm
J7341 Acellular Xenograft Implant (Oasis, Surgisis), per sq cm
J7342 Dermal (but NOT epidermal) tissue; per sq cm (Dermagraft)
J7343 *Non-metabolically activedermal/epidermal tissue; per sq cm (Integra)*
J7344 *Non-metabolically active tissue (FOR HOSP USE?)*

**WOUND CARE OTHER THAN VIA SHARP DEBRIDEMENT
SELECTIVE**

97597 Intended to be used by physical therapists
97578 Intended to be used by physical therapists
97602 Intended to be used by physical therapists

NEGATIVE PRESSURE WOUND THERAPY

97605 Total wound surface less than 50 sq cm; per session
97606 Total wound surface greater than 50 sq cm

ELECTRICAL STIMULATION

G0281 Electrical stimulation of wound (unattended)
They do not reimburse for the device (E0761)
G0283 Electrical stimulation; non-covered

ELECTROMAGNETIC THERAPY OF WOUND

G0329 Electromagnetic therapy

HYPERBARIC OXYGEN (TOTAL BODY)

99183 Physician attendance and supervision of HBO

BILLING SUPPLIES TO DMERC

Most common reasons for denial of billing for Wound Care Supplies

Incorrect Place of Service (should be "home"- Not "office")
Lack of UPIN number of referring physician
Lack of Code "A" modifier number, indicating number of wounds
Lack of documented medical necessity

HCPCS CODES AVAILABLE ONLINE

<http://cms.hhs.gov/providers/pufdownload/anhcpcdl.asp>

CMS "21 PROVIDER STANDARDS" FOR DISPENSING DME, ETC

<http://www.palmettogba.com/palmetto/other.nsf/PrintableDocs/85256D430058D01D85256B830076C61D>

c: Noridian Medicare policies: wound care

NORIDIAN MEDICARE COVERAGE POLICIES

ROUTINE FOOT CARE

as of: 1/2006

Relevant Noridian Medicare LCDs:

Routine Foot Care (B2002.03)

NOTE: "Routine Foot Care" reflects the debridement or trimming of asymptomatic corns, callouses, and nails.

In the absence of underlying "risk status", it is a non-covered service

In the presence of "at-risk" status, it is a covered service

Noridian Medicare currently has an extremely narrow interpretation regarding what constitutes "sufficient risk"

In the presence of symptoms (pain, inflammation, hemorrhage, infection, etc), it is NOT "routine foot care", and should not be documented or coded as such

Use applicable codes under:

Non-Malignant Skin Lesion Removal
Tx of Ulcers and Symptomatic Hyperkeratoses

Many visits may contain elements of BOTH routine and Non-routine services. Be sure to document and code accordingly

Noridian Medicare has rules regarding "incident to" services

These services are only payable if performed by the physician

These services are not payable by Medicare if delegated to staff, etc..

APPLICABLE ROUTINE FOOT CARE SERVICES

11055	Trim (asymptomatic) skin lesion, single
11056	Trim lesion, 2-4
11057	Trim lesion, 5 or more
11719	Trim non-dystrophic nails
G0127	Trim dystrophic nail RECOMMEND DO NOT USE
11720	Debride, dystrophic nail, 1-5
11721	Debride, dystrophic nail, 6 or more

These are the ONLY applicable CPT codes for Routine Foot Care

COVERED DIAGNOSES (IN ADDITION TO RISK)

110.1	Onychomycosis
700	(asymptomatic) corns and callouses
703.8	Dystrophic nail
	There is no diagnosis code to reflect an elongated nail; use risk Dx only

NORIDIAN MEDICARE ROUTINE FOOT CARE RISK DIAGNOSES
as of: 2/2005

ICD-9	Q Required	Active Care Required	Description
250.60	Y	Y	Diabetic neuropathy
250.70	Y	Y	Diabetic vascular disease
250.80	Y	Y	Diabetic complications
250.90	Y	Y	Diabetic complications
340	N	Y	Multiple Sclerosis
344.00 - 344.09	N	N	Quadriplegia
344.1	N	N	Paraplegia
344.30 - 344.32	N	N	Monoplegia of lower limb
355.0 - 355.9	N	N	Mononeuritis of lower limb
356.0 - 356.4	N	N	Hereditary/idiopathic peripheral neuropathies
356.8 - 356.9	N	N	Idiopathic peripheral neuropathy
357.0 - 357.1	N	N	Acute polyneuritis, polyneuropathy in collagen vascular disease
357.2 - 357.4	N	Y	Polyneuropathy in diabetes, malignancy, and other diseases
357.5 - 357.7	N	Y	Polyneuropathy due to alcohol, drugs, and other toxic agents
357.8 - 357.9	N	N	Neuropathy, other and unspecified
440.20 - 440.32	Y	N	Atherosclerosis
443.1	Y	N	Thromboangiitis obliterans (Buerger's Disease)
443.9	Y	N	Peripheral vascular disease, unspecified
451.0	N	Y	Phlebitis/thrombophlebitis, superficial
451.11	N	Y	Femoral vein phlebitis
451.19	N	Y	other deep phlebitis
451.2	N	Y	Deep phlebitis

Q MODIFIERS

Q7 non-traumatic amputation of all or portion of a foot

Q8 (Requires 2 or more)
Absent posterior tibial pulse
Absent dorsalis pedis pulse
Advanced trophic changes (3 required)
 decrease in hair growth
 nail thickening
 discoloration
 thin or shiny skin texture
 reddened skin color (rubor)

Q9 (Requires 1 Q8 and 2 Q9 findings)
Claudication
Temperature changes (e.g., cold skin)
Edema
Abnormal spontaneous sensations in the feet
Burning

Noridian Medicare policies- routine foot care

NORIDIAN MEDICARE COVERAGE POLICIES

ULCERS AND ULCEROUS LESIONS

as of 4/2008

Relevant Noridian Medicare LCDs:

- Tx of Ulcers & Symptomatic Hyperkeratoses (L23770)
- Skin Lesion (Non-Melanoma) Removal (L10106)
- Unna Boots (L23791)
- Surgical Dressings (A23903)
- Tx of Varicose Veins of the Lower Extremities (L23902)

QUALIFYING CRITERIA (abbreviated and edited):

- Skin Ulcers (e.g. Wagner, etc)
 - Must have a minimum partial thickness loss of epidermis
 - No "pre-ulcerous" or Wagner Grade 0 lesions
 - Must be "true ulcers"- not impending or potential
- Circumscribed Dermal Infections
- Conditions affecting contiguous deeper structures
- Debridement of ground-in dirt from abrasions

Code is determined by depth of DEBRIDEMENT (as performed and documented), NOT depth of the ulcer

Select CPT code based upon DEPTH of SHARP debridement

No more than 4 services on one date of service; otherwise on appeal

Use of whirlpool, flush, spray or chemical debridement are NOT applicable here (use physical therapy or E/M codes)

		Medicare Global Days
10060	I&D of Abscess; Simple or Single	10
10061	I&D of Abscess; Multiple or Complicated	10
11040	Debridement; skin, partial thickness	0
11041	skin, full thickness	0
11042	skin, and subcutaneous tissue	0
11043	skin, subcutaneous tissue, and muscle	10
11044	skin, subcutaneous tissue, muscle, and bone	10

QUALIFYING DIAGNOSIS CODES

- 250.80 Diabetic Ulcer, Type II
- 250.81 Diabetic Ulcer, Type I
- 440.23 Atherosclerosis of lower extremity, with ulceration
- 440.24 Atherosclerosis of lower extremity, with gangrene
- 454.0 Varicose veins of lower extremity, with ulcer
- 454.2 Varicose veins of lower extremity, with ulcer and inflammation
- 681.10 Cellulitis or Abscess of Toe
- 681.11 Onychia and paronychia of toe
- 682.7 Cellulitis or Abscess foot, except toe
- 686.8 Other specified skin and subcut infections

686.9	Unspecified local skin infection/inflammation
707.06	Decubitus ulcer, Ankle
707.07	Decubitus Ulcer, Heel
707.09	Decubitus Ulcer, other site
707.12	Ulcer of Calf (chronic, neuropathic)
707.13	Ulcer of Ankle (chronic, neuropathic)
707.14	Ulcer of Heel and Midfoot (chronic, neuropathic)
707.15	Ulcer of Other part of foot (chronic, neuropathic)
785.4	Gangrene
891.1	Open wound of leg and ankle, complicated
892.1	Open wound of foot, complicated
893.1	Open wound of toe, complicated
894.1	Multiple and Unspecified Open Wounds, complicated
919.3	Blister, infected

Noridian will permit up to four independent debridements on same date of service but EACH must meet qualifying criteria

APPEND APPLICABLE MODIFIERS TO DESCRIBE AREAS INVOLVED

TA-T9	Digit-specific T modifiers
LT	Left
RT	Right
59	Independent/Separate Anatomical Site

UNNA BOOTS

Covered for arterial or venous dermatitis, with ulceration
 Also for sprains and strains of ankle, foot, or toes
 NOT covered for fractures, dislocations, edema, postop immobilization
 NOT covered for phlebitis or edema or varicose veins without ulceration
 NOT covered for Tendonitis

OTHER DRESSINGS, MATERIALS AND SUPPLIES

Any and all dressings, materials and supplies used in the physician's office are included in the debridement, and NOT separately billable

Dressings, materials and supplies provided to the patient for at-home use are billable with applicable HCPCS codes

Noridian Medicare Policies: Ulcers and Ulcerous Lesions
SEE ALSO: Noridian Medicare Policies: Wound Care