

Required Documentation Needed for Routine Foot Care Bundling Denials

April 26, 2023

We have all been seeing RFC denials for Aetna, Humana, BCBS and probably other carriers. It is critical that your documentation meets the CMS requirements as stated below so that these denials can be appealed. The distinction in your documentation is especially important, when a lesion is pared on the same toe which has a nail debrided.

CPT 1105X (Paring or cutting of benign hyperkeratotic lesion ...) and 1172X (Debridement of nail(s) by any method are considered bundled. Modifier 59 may be added to 1172X only if the paring/cutting of a benign hyperkeratotic lesion is performed proximal to the skin overlying the distal interphalangeal joint of a toe on which a nail is debrided.

Modifier 59 should not be used if a nail is debrided on the same toe on which a hyperkeratotic lesion of the skin on or distal to the distal interphalangeal joint is pared.

Your notes/documentation **MUST** contain the following in order to unbundle the RFC codes:

- ⇒ Indicate the nature of the nail pathology (if present) and the exact digital location of the pathological nail(s), including laterality-This should be in the dermatologic section of the medical exam
- ⇒ Description of the nail deformity may include terms such as “abnormally thickened, discolored (describe the abnormal color), brittle, thin, ridged,” and other descriptors when applicable
- ⇒ Indicate exactly which nails were debrided and which ones were trimmed, including laterality. Examples include: “Debridement of toenails 1 through 5 left, and 1, 5 right was performed” and “Toenails 2, 3, 4 right were trimmed with a nail clipper”
- ⇒ The presence of a pathological nail does not indicate that a debridement occurred, unless the procedure of debridement is specified in the documentation
- ⇒ The exact anatomical location of each lesion must be described
- ⇒ In general, terminology such as “punctate, diffuse, inflamed, etc.” serves to indicate the severity of the involved lesion(s)
- ⇒ **Of utmost importance is documenting the number of corns/calluses and the description of the precise location of each corn / callus to be pared**

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***** **It is not sufficient** to describe in general terms that the lesion is occurring on the digit, on the ball of the foot, or other general location.

*****Some MACs may require additional descriptive terminology, based on guidance in that Jurisdiction's LCD/LCA. Some may also require mycologic confirmation of onychomycosis. This is not a national mandate and is only required by some MACs.