

Helena Family Podiatry/Hoover Foot Center

2321 Hwy 150, Ste 121
Hoover, AL 35244

150 Gilbreath Dr
Oneonta, AL 35121

205-271-7620 (office)
205-263-1655 (fax)

We have had several questions arise about nail care/callus care and what is needed for Medicare (or other insurers) to cover this. Hopefully this will help.

Medicare also does not cover: cutting or removal of corns and calluses; clipping or trimming of normal or 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; and other hygienic and preventive maintenance care in the realm of self care, such as cleaning and soaking the feet and the use of skin creams to maintain skin tone of both ambulatory and bedridden patients.

ALSO,

The presence of a systemic condition such as metabolic, neurologic, or peripheral vascular disease may require 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.

What are these conditions?

Although not intended as a comprehensive list, the following metabolic, neurologic, and peripheral vascular diseases (with synonyms in parentheses) most commonly represent the underlying conditions that might justify coverage for routine foot care:

Diabetes mellitus

Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis)

Buerger's disease (thromboangiitis obliterans)

Chronic thrombophlebitis

Peripheral neuropathies involving the feet - Associated with:

- malnutrition and vitamin deficiency
- Malnutrition (general, pellagra)
- Alcoholism
- Malabsorption (celiac disease, tropical sprue)
- Pernicious anemia
- Associated with carcinoma

- Associated with diabetes mellitus
- Associated with drugs and toxins
- Associated with multiple sclerosis
- Associated with uremia (chronic renal disease)
- Associated with traumatic injury
- Associated with leprosy or neurosyphilis
- Associated with hereditary disorders
 - Hereditary sensory radicular neuropathy
 - Angiokeratoma corporis diffusum (Fabry's)
 - Amyloid neuropathy

Here is where it gets tricky

When the patient's condition is one designated by an asterisk (*), routine procedures are covered only if the patient is under the active care of a doctor of medicine or osteopathy who documents the condition.

Active care: The claim or other available evidence must indicate that the patient has seen an M.D. or D.O. **for treatment and/or evaluation of the complicating disease process within six months before the routine-type services were rendered.**

- If the patient only saw a nonphysician practitioner (NPP), can the date the patient last saw that NPP be used to meet the date last seen requirement?
 - When the patient's condition is one of those designated by an asterisk (*), routine procedures are covered only if the patient is under the active care of a doctor of medicine or osteopathy who documents the condition.
- What if we only have a nurse practitioner as the primary?
 - When the patient's condition is one of those designated by an asterisk (*), routine procedures are covered only if the patient is under the active care of a doctor of medicine (M.D.), or osteopathy (D.O.) who documents the condition. If the requirement is not met, the service is not covered.

What this is saying is that if you have NOT seen a doctor (MD or DO) in the last 6 months who has treated you for one of the above conditions then the insurance WILL NOT PAY FOR YOUR CARE AND YOU WILL BE RESPONSIBLE

Fungal Toenails

In the absence of a systemic condition, treatment of mycotic nails may be covered. The treatment of mycotic nails for an ambulatory patient is covered only when the physician attending the patient's mycotic condition documents that (1) there is clinical evidence of mycosis of the toenail, and (2) the patient has marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

Is a nail biopsy/culture necessary to document the mycotic infection?

Answer: At the current time, documented evidence of a mycotic nail infection is required, a culture could contribute to that documentation

If it appears that your insurance may not cover your care today, we have a special form called an ABN which can be filled out and allows you to decide what we do today.

Hopefully this helps clear up why we need the date you last saw your doctor treating you for any of the conditions above AND why we need to get a culture of the fungus from your nails.

Thank you in advance

Charles R. Oehrlein, DPM, Diplomate, American Board of Multiple Specialties in Podiatry, Board Certified in Primary Care in Podiatric Medicine, Podiatric Surgery, and Prevention and Treatment of Diabetic Foot Wounds and In Diabetic Footwear, Triathlete