Reimbursement Policy

Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (NCD 70.2.1)

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Approved By</th>
<th>Current Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.2.1</td>
<td>UnitedHealthcare Medicare Reimbursement Policy Committee</td>
<td>07/24/2013</td>
</tr>
</tbody>
</table>

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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**History**

Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

**Summary**

**Overview**

Presently, peripheral neuropathy, or diabetic sensory neuropathy, is the most common factor leading to amputation in people with diabetes. In diabetes, sensory neuropathy is an anatomically diffuse process primarily affecting sensory and autonomic fibers; however, distal motor findings may be present in advanced cases. Long nerves are affected first, with symptoms typically beginning insidiously in the toes and then advancing proximally. This leads to loss of protective sensation (LOPS), whereby a person is unable to feel minor trauma from mechanical, thermal, or chemical sources. When foot lesions are present, the reduction in autonomic nerve functions may also inhibit wound healing.

**Reimbursement Guidelines**

Diabetic sensory neuropathy with LOPS is a localized illness of the feet and falls within the regulation’s exception to the general exclusionary rule (see 42 CFR §411.15(l) (1) (i)). Foot exams for people with diabetic sensory neuropathy with LOPS are reasonable and necessary to allow for early intervention in serious complications that typically afflict diabetics with the disease.

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.

A. The examination includes:
   1. A patient history.
Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (NCD 70.2.1)

2. 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.

3. Patient education.

B. Treatment includes, but is not limited to:
   - Local care of superficial wounds.
   - Debridement of corns and calluses.
   - Trimming and debridement of nails.

The diagnosis of diabetic sensory neuropathy with LOPS should be established and documented prior to coverage of foot care. Other causes of peripheral neuropathy should be considered and investigated by the primary care physician prior to initiating or referring for foot care for persons with LOPS.

### CPT/HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0245</td>
<td>Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education</td>
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<tr>
<td>G0246</td>
<td>Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education</td>
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<tr>
<td>G0247</td>
<td>Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails</td>
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### Modifiers

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Q7</td>
<td>One Class A finding</td>
</tr>
<tr>
<td>Q8</td>
<td>Two Class B findings</td>
</tr>
<tr>
<td>Q9</td>
<td>One class B and 2 class C findings</td>
</tr>
<tr>
<td>TA</td>
<td>Left foot, great toe</td>
</tr>
<tr>
<td>T1</td>
<td>Left foot, second digit</td>
</tr>
<tr>
<td>T2</td>
<td>Left foot, third digit</td>
</tr>
<tr>
<td>T3</td>
<td>Left foot, fourth digit</td>
</tr>
<tr>
<td>T4</td>
<td>Left foot, fifth digit</td>
</tr>
<tr>
<td>T5</td>
<td>Right foot, great toe</td>
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<tbody>
<tr>
<td>T6</td>
<td>Right foot, second digit</td>
</tr>
<tr>
<td>T7</td>
<td>Right foot, third digit</td>
</tr>
<tr>
<td>T8</td>
<td>Right foot, forth digit</td>
</tr>
<tr>
<td>T9</td>
<td>Right foot, fifth digit</td>
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#### Questions and Answers

**Q:** What are the modifier Q7, Q8 and Q9 class findings?

**A:**

- **Class A Findings:** Nontraumatic amputation of foot or integral skeletal portion
- **Class B Findings:**
  - Absent posterior tibial pulse
  - Advanced trophic changes (three required): hair growth (decrease or absence);
  - Nail changes (thickening); pigmentary changes (discoloration); skin texture (thin, shiny); skin color (rubor or redness)
  - Absent dorsalis pedal pulse
- **Class C Findings:**
  - Claudication
  - Temperature changes (e.g. cold feet)
  - Edema
  - Parasthesia (abnormal spontaneous sensations in the feet)
  - Burning

### References Included (but not limited to):

- **CMS NCD**
  NCD 70.2.1 Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy)
- **CMS LCD(s)**
  Numerous LCDs
- **CMS Article**
  One Article
- **CMS Benefit Policy Manual**
  Chapter 15; § 290 Foot Care
  Chapter 16; § 30 Foot Care
- **CMS Claims Processing Manual**
  Chapter 6; § 80 Billing Related to Physician’s Services
  Chapter 30; § 20.2.1 Categorical Denials
- **CMS Transmittals**
  Transmittal AB-02-042, Dated 04/01/2002, Change Request 2060 (Coverage and Billing of the Diagnosis and Treatment of Peripheral Neuropathy with Loss of Protective Sensation in People with Diabetes)
  Transmittal AB-02-096, Change Request 2269, Dated 07/17/2002 (Coverage and Billing of the Diagnosis and Treatment of Peripheral Neuropathy With Loss of Protective Sensation in People With Diabetes)
  Transmittal 498, Change Request 3580, Dated 03/11/2005 (Billing of the Diagnosis and Treatment of Peripheral Neuropathy with Loss of Protective Sensation in People with Diabetes)
- **UnitedHealthcare Medicare Advantage Coverage Summaries**
  Evaluation and Management Services
  Foot Care Services
Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (NCD 70.2.1)

UnitedHealthcare Reimbursement Policies
Podiatry

MLN Matters
Article SE1113, Foot Care Coverage Guidelines

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>07/24/2013</td>
<td>Administrative updates</td>
</tr>
<tr>
<td>09/26/2012</td>
<td>Annual review, no changes</td>
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