

## Reimbursement Policy for Podiatric Q Modifiers

### Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

### Reimbursement Guidelines

While routine foot care is typically considered an excluded service, there are exceptions under which it may be covered by Molina Healthcare.

#### Payment for routine foot care may be provided in the following situations:

1. When the patient has a systemic disease, such as metabolic, neurologic, or peripheral vascular disease.
2. When the performance of routine foot care by a nonprofessional may put the patient at risk due to sudden severity.

#### Additionally, procedures for treating toenails are covered under specific circumstances:

- **Onychogryphosis** (long-standing thickening of the nail): Coverage is provided when it results in marked limitation of ambulation, pain, secondary infection, symptomatic indentation, or minor laceration.
- **Onychauxis** (thickening of the nail/nail bed): Coverage is provided when it results in marked limitation of ambulation, pain, secondary infection, and associated symptoms.

To qualify for reimbursement for routine foot care services, the patient record must document physical and clinical findings indicative of severe peripheral involvement.

#### Routine foot care includes the following services, regardless of the provider:

- Cutting or removal of corns and calluses.
- Clipping, trimming, or debridement of nails, including mycotic nails.
- Shaving, paring, cutting, or removal of keratoma, tyloma, and heloma.
- Non-definitive simple, palliative treatments such as shaving or paring of plantar warts.
- Other hygienic and preventive maintenance care.
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Coverage for the treatment of foot warts, diabetic ulcers, wounds, and infections may also be available.

Treatment of mycotic nails may be covered under exceptions to routine foot care exclusion. For coverage, specific criteria must be met, including clinical evidence and the presence of qualifying systemic illnesses causing peripheral neuropathy.

#### Class Findings:

- Class A: Non-traumatic amputation of the foot or integral skeletal portion.
- Class B: Absent posterior tibial pulse, advanced trophic changes, and absent dorsalis pedis pulse.
- Class C: Claudication, temperature changes, edema, paresthesias, and burning.



Global surgery rules apply to routine foot care procedure codes, and modifier 25 may be used when billing for E&M services on the same day as routine foot care.

When billing for specific procedure codes, modifiers Q7, Q8, and Q9 must be reported based on the presence of class findings, unless the patient has evidence of neuropathy without vascular impairment.

Incorrect billing may result in payment delays or denials, and Molina Healthcare may conduct recovery for incorrectly paid claims."

### State Exceptions

State	Exception

### Documentation History

Type	Date	Action
Published		
Revised Date		

### References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts
- [Article - Billing and Coding: Foot Care \(A56232\) \(cms.gov\)](#)
- [Article - Billing and Coding: Routine Foot Care and Debridement of Nails \(A57759\) \(cms.gov\)](#)
- [Article - Billing and Coding: Routine Foot Care \(A57188\) \(cms.gov\)](#)