

Internal Medicine Coding Alert

News Brief: Medicare Covers Foot Exams for Diabetics With LOPS

Medicare will now pay for regular foot examinations for diabetic patients who have been diagnosed with peripheral neuropathy with loss of protective sensation (LOPS). Code these exams using a new series G0245, G0246 and G0247.

Peripheral neuropathy with LOPS, one of the many complications that can result from diabetes mellitus, is the most common reason for amputation in diabetic patients.

Medicare's decision to cover foot exams every six months for these patients recognizes that detecting and treating this disease early can stave off devastating complications for the patient and expensive healthcare bills for payers, says **Karen M. Beard, CPC**, a senior associate at Medical Management Associates Inc., in Atlanta. "I think this is an effort to get more people who have access to patients with diabetes to pay careful attention to the patients' feet because of the potential for major complications," Beard says.

Some primary-care physicians provide routine foot care to their patients and will use these new codes in their practices. However, even the many internists who refer their diabetic patients out to podiatrists for specialized foot care need to be aware of the new codes, which went into effect July 1, and the rules for using them. For example, **Jerome S. Fischer, MD**, a board-certified internist and endocrinologist at Diabetes and Glandular Disease Clinic in San Antonio and the author of *Diabetes Care Documentation and Coding for Clinicians*, published in 2002 by the American Diabetes Association, says he will continue to examine his patient's feet regularly but will include that examination in his E/M coding, allowing the podiatrists who provide his patients with specialized foot care to use the new codes.

Medicare will pay for the foot exams only for diabetic patients who have a documented diagnosis of peripheral neuropathy with LOPS, diagnosed through sensory testing with the Semmes-Weinstein monofilament using established guidelines. Beard says physician offices that do not now do this testing can purchase the proper equipment for about \$250.

The rules for using the new codes were announced in April in Transmittal AB-02-042, then updated in July and August with further information and to clarify that the codes are intended for use by physicians in evaluating and managing disease. Visit your local Medicare carrier's Web site for the local medical review policies on these codes.

The new codes are:

G0245 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 including at least the following: Visual inspection of the forefoot, hindfoot, and toe web spaces, Evaluation of a protective sensation, Evaluation of foot structure and biomechanics, Evaluation of vascular status and skin integrity, Evaluation and recommendation of footwear.

4. Patient education.

G0246 Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in LOPS to include at least the following:

1. A patient history.

2. A physical examination that includes:

Visual inspection of the forefoot, hindfoot, and toe web spaces, Evaluation of protective sensation, Evaluation of foot structure and biomechanics, Evaluation of vascular status and skin integrity, Evaluation and recommendation of footwear.

3. Patient education.

G0247 Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include if present, at least the following:

1. Local care of superficial wounds,

2. Debridement of corns and calluses, and

3. Trimming and debridement of nails.

Use G0245 for the visit resulting in the initial diagnosis of LOPS. G0246 is used for a follow-up visit. G0247 cannot be billed by itself but must be coded on the same date of service as either G0245 or G0246.

Medicare will pay for G0246 every six months with one caveat: The patient cannot have seen a foot specialist for any other problem during that period.

Acceptable Diagnosis Codes

Be sure to use the proper diagnosis code in the 250.6x series (Diabetes mellitus with neurological manifestations) and 357.2 (Polyneuropathy in diabetes) or your claim may be denied.