

Part B Insider (Multispecialty) Coding Alert

Foot Care: LOPS Versus Routine Foot Care?

Beware 180-day global period around LOPS codes

Some practices are overusing the diagnosis of diabetic sensory neuropathy resulting in loss of protective sensation (LOPS) for their patients' feet, experts say.

No more than 25 percent of your diabetic patients with foot problems should be classified as LOPS patients, says **Richard Odom**, a podiatrist and coder with Scott & White Hospital/Clinic at Texas A&M Health Science Center in Temple, Texas. While recent studies have shown that 41 percent of the diabetic population has LOPS as their primary foot risk factor, 13 percent of those patients also have peripheral vascular disease changes based on missing an arterial pulse.

As of July 1, 2002, Medicare covers a physician's evaluation and treatment of patients with LOPS in their feet every six months - as long as the patient hasn't seen a foot-care specialist for any reason otherwise, according to Transmittal AB-02-042.

But beware putting patients into the straitjacket of a 180-day global period, Odom says. For the most at-risk patients, this can increase their risk of bony foot deformities, callous problems and even amputation.

Luckily, Medicare also pays for routine foot care such as debridement ([CPT 11720](#) and [CPT 11721](#)). Some carriers will cover this every 60 days, some every 90 days. The coverage criteria are less stringent for these codes than for G0245-G0247, the LOPS codes.

For example, Wisconsin Physicians Services lists dozens of ICD-9 codes that it recognizes for routine foot care, and only requires the use of a modifier (-Q7, -Q8 or -Q9) to indicate the patient's systemic disease.

Medicare pays about \$24.26 for 11720 and \$36.02 for 11721, versus \$60.65 for G0245, \$35.66 for G0246 and \$37.50 for G0247. In other words, after the initial LOPS diagnosis, you can receive about \$73 every 180 days for LOPS care, versus \$36 every 60 to 90 days for routine foot care.

To establish the LOPS diagnosis, a physician must test five sites on the plantar surface of each foot using a 5.07 Semmes-Weinstein monofilament. The physician must document an absence of sensation at two or more sites out of five on either foot. The patient must have a diagnosis of 250.60-250.63 (Diabetes) or 357.2 (Polyneuropathy in diabetes).