

Revised Local Determination (LCD): Routine Foot Care and Debridement of Nails (L33636)

July 18, 2017

On 6/26/2017, a revision was published for LCD L33636 in the Medicare Coverage Database (MCD). To allow sufficient notice of the change to providers, the revised LCD can be found in the MCD on the Centers for Medicare & Medicaid Services (CMS) website under [FUTURE Local Coverage Determination \(LCD\): Routine Foot Care and Debridement of Nails \(L33636\)](#) until 8/15/2017, when it becomes effective.

Click on the underlined link above for the revised LCD.

The following change was made:

Due to an inconsistency with CMS Internet-Only Manual (IOM) Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 290, (1 MB) the following language has been removed from the "Limitations" section, where the active care requirement is defined as:

"or if the patient had come under a physician's care shortly after the services were furnished."

Old Verbiage-*The red colored verbiage will be omitted in the revised LCD*

Limitations:

When the patient's condition is designated by an ICD-10-CM code with an asterisk (*) (see ICD-10-CM Codes That Support Medical Necessity), routine foot care procedures are reimbursable only if the patient is under the active care of a doctor of medicine or osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service **or if the patient had come under a physician's care shortly after the services were furnished.**

New Verbiage-

Limitations:

When the patient's condition is designated by an ICD-10-CM code with an asterisk (*) (see ICD-10-CM Codes That Support Medical Necessity), routine foot care procedures are reimbursable only if the patient is under the active care of a doctor of medicine or osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.