The Coding Conundrum of the CDFE

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Introduction:

How to code when performing a Comprehensive Diabetic Foot Exam (CDFE) is a common question among our colleagues. It is frustrating that coding and payment guidelines do not always follow peer-reviewed literature or clinical guidelines. Even worse, sometimes, coding and payment guidelines do not even allow for the performance of literature-driven practice. Unfortunately, an example of that follows here as both the 2016 SVS-APMA-SVM joint clinical practice guideline[1] and 2019 ADA Standards of Medical Care in Diabetes[2] recommend at least once yearly foot examinations. Before getting into details, just a look at definitions of “CDFE” and “E&M” introduces the problem.

CDFE – Comprehensive Diabetic Foot Exam
E&M – Evaluation and Management

A CDFE is an *exam*. There is no code for an exam. There is no payment for an *exam*. An E&M must include more than an exam as an E&M requires an evaluation of a problem, normally requiring both a history and an exam, and then some form of management[3]. We cannot forget about the "M" of the E&M. Some form of management is required when submitting an E&M.

Complicating matters is the fact that most payors do not cover screenings at all or offer very limited coverage of screenings. For example, our biggest payor, Medicare, lists which screenings they cover[4] and diabetic foot screenings are not on that list. This illustrates the disconnect between the evidence-based practice referenced above and payor guidelines.

One option for Medicare patients is the "G" codes involving loss of protective sensation:

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 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,

4. patient education.

One option for Medicare patients is the "G" codes involving loss of protective sensation:

G0246 - 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,

   (e) evaluation and recommendation of footwear,

3. patient education.

There are two main problems with these codes. The first is that these G codes are not CPT® codes as they were created by Medicare. As such, they are recognized by Medicare, but may not be recognized by any other payors. The second concern with these codes is that no routine foot care service nor a repeat of this same service may be performed within six months of using these codes.

In order to submit an E&M, a pathology must be identified that falls within our scope of practice and that pathology must be evaluated and managed. This is true even of new patients as there is no such thing as an "automatic" E&M just because the patient is new. Page 18 of Chapter I of the 2020 National Correct Coding Initiative Manual tells us, "the fact that the patient is 'new' to the provider is not sufficient alone to justify reporting an E&M service."[5] Some common pathologies among patients with diabetes that podiatrists frequently evaluate and manage include tinea pedis, xerosis, fissure, edema, neuropathy, PAD, Charcot, gait disturbance, onychomycosis, other nail dystrophy, and contracted toes. That is a short list of just some examples, but all of those pathologies in most patients with diabetes carry increased risk compared to a non-diabetic patient. Therefore, when detected, an E&M of any of those pathologies, including many more examples, is likely to be medically necessary. Good, thorough care would see that E&M is accompanied by a CDFE.

A CDFE that is truly comprehensive will evaluate things that change over time. These include plantar pressure pathways, loss of protective sensation, skin moisture levels, skin temperature, and foot size.

A true CDFE should include the following:

- Biomechanical analysis which goes beyond just watching a patient walk up and down the hallway. We now have cost-effective easy-to-use tools like PressureStat® that reveal areas of increased focal plantar pressure, allowing us to identify and document areas that are at higher risk for ulceration, and offload them before they do.
- Neurologic exam which looks different than it did twenty years ago, with the advent of smaller, more user-friendly tools, such as the VibraTip® that assesses and documents vibratory sensation with a consistent frequency and amplitude.
- As the vascular status of your patient can change, a vascular exam should include palpating for DP, PT pulses, capillary refill time, etc. and should be part of the documentation to support the need for more extensive diagnostic testing.
- Skin moisture levels. Using a tool such as the DermaStat®, xerosis can be objectively quantified and measured over time, assessing both the risk of fissures related to dry skin and the patient's response to treatment with prescribed or recommended moisturizers.
- Foot measurement compared to shoe size[6]. 69%of men and 48% of women wear shoes that are an incorrect size leading to areas of friction and potential ulceration.
- Foot temperature. Easy to use tools like IRStat®, an infrared digital thermometer, can identify contralateral temperature differences, which may be indicative of a vascular problem and/or the need for further diagnostic testing.

A CDFE that includes these components provides personalized patient risk stratification and drives improvement in patient health literacy and appropriate intervention according to evidence-based guidelines.

When conducting a CDFE, it is important to remember that there is no code for an "exam", and when an E&M is submitted, there must be both an evaluation and some form of management. A list of common pathologies frequently evaluated and managed by podiatrists is detailed above.

As a Board-Certified Foot and Ankle Surgeon, a Board-Certified Professional Coder, and an attendee at the AMA CPT meetings where CPT codes are created, deleted, and modified, I make these recommendations with a reasonable degree of certainty.

Still have questions?
Please reach out to Arche Healthcare at info@archehealthcare.com.

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References

1 Hingorani A, LaMuraglia GM, Henke P, et al. The management of diabetic foot: A clinical practice guideline by the Society for Vascular Surgery in collaboration with the American Podiatric Medical Association and the Society for Vascular Medicine. J Vasc Surg. 2016;63(2 Suppl):3S-21S. doi:10.1016/j.jvs.2015.10.003

2 American Diabetes Association. 11. Microvascular Complications and Foot Care: Standards of Medical Care in Diabetes-2019. Diabetes Care. 2019;42(Suppl 1):S124-S138. doi:10.2337/dc19-S011

3 1997 Documentation Guidelines For Evaluation And Management Services Https://www.Cms.Gov/Outreach-And-Education/Medicare-Learning-Network-Mln/Mlnedwebguide/Downloads/97docguidelines.pdf

4 Medicare Preventive & Screening Services Https://www.Medicare.Gov/Coverage/Preventive-Screening-Services

5 https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd

6 Buldt AK, Menz HB. Incorrectly fitted footwear, foot pain and foot disorders: a systematic search and narrative review of the literature. J Foot Ankle Res. 2018;11:43. Published 2018 Jul 28. doi:10.1186/s13047-018-0284-z

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