

## MP.010.MPC – Routine Foot Care

Maryland Physicians Care considers **Routine Foot Care** medically necessary for the following indications:

When the member has a systemic condition resulting in severe circulatory insufficiency and/or areas of desensitization in the legs or feet, such as diabetes mellitus, peripheral vascular disease, peripheral neuropathy, and severe collagen vascular diseases with the following indications:

- One Class A finding or
- Two Class B findings; or
- One Class B finding and two Class C findings.

### Class A Findings:

A non-traumatic amputation of foot or integral skeletal portion thereof.

### Class B Findings:

Absent posterior tibial pulse or

Advanced trophic changes such as *(3 of the following sub categories must be documented to qualify as a Class B finding):*

- Hair growth (decrease or absence),
- Nail changes (thickening),
- Pigmentary changes (discoloration),
- Skin color (rubor or redness),
- Skin texture (thin, shiny),
- Absent dorsalis pedis pulse.

### Class C Findings:

- Paresthesias (abnormal spontaneous sensations)
- Edema
- Temperature changes (e.g., cold feet)
- Claudication
- Burning

2. **Treatment of Mycotic Nails:** Payment may be made for the debridement of mycotic nails only when the physician attending the member with a mycotic condition documents that the following indications are met:

## MP.010.MPC - Routine Foot Care

Policy Number: MP.010.MPC

Last Review Date: 08/26/2021

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- Ambulatory patient must have marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of infected toenail plate.
- Non ambulatory patient suffers from pain or secondary infection resulting from the thickening and dystrophy of infected toenail plate.

### Limitations

1. Claims submitted by a podiatrist for routine foot care must identify the attending or referring physician and list the diagnosis or medical reason necessitating the treatment.
2. Routine foot care is limited to once every 60 days when performed by a physician or podiatrist unless documentation substantiates the medical necessity for increased frequency. The documentation should include evidence of the patient's physical status as being of such an acute or severe nature that more frequent services are appropriate.
3. Medical care provided on the same day as routine foot care by the same doctor for the same condition is not eligible for payment except if it is the initial Evaluation and Management (E&M) service performed to diagnose the patient's condition or if the E&M service is a significant separately identifiable service. In this case, the modifier 25 must be reported with the E&M service and the medical records must clearly document the E&M service reported.
4. Whirlpool treatment performed prior to routine foot care to soften the nails or skin is **not** eligible for separate reimbursement.
5. Services normally considered routine may be covered if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of ulcers, wounds or infections.
6. Fungus cultures, Potassium Hydroxide (KOH) preparations and/or dermatophyte testing performed on toenail clippings in the doctor's office are not routinely covered. Only exception is when required to differentiate fungal disease from psoriatic nails and definitive treatment for a prolonged period of time is being planned involving the use of prescription medication.
7. Clinical documentation in order to audit claims data may be requested.
8. Treatment of warts on the foot is covered to the same extent as services provided for the treatment of warts located elsewhere on the body.

### Background

Routine foot care is the paring, cutting, or trimming of corns (tylomas) and calluses, or debridement and trimming of toenails in the absence of localized illness, injury or symptoms involving the foot. Components of routine foot care include:

- Cutting or removal of corns and calluses;

## MP.010.MPC - Routine Foot Care

Policy Number: MP.010.MPC

Last Review Date: 08/26/2021

Effective Date: 10/01/2021

- Clipping, trimming, or debridement of nails;
- Shaving, paring, cutting or removal of keratoma, tyloma, and heloma;
- Non-definitive simple, palliative treatments like shaving or paring of plantar warts which do not require thermal or chemical cautery and curettage;
- Other hygienic and preventive maintenance care in the realm of self-care, such as cleaning and soaking the feet and the use of skin creams to maintain skin tone of both ambulatory and bedridden patients;
- Any services performed in the absence of localized illness, injury, or symptoms involving the foot.

Onychomycosis may present as one or more nail findings, including hypertrophy/thickening, lysis, discoloration, brittleness or loosening of the nail plate. Fungal disease of the toenails is usually a relatively benign condition and may produce little or no symptoms beyond white opacities on the nails.

Debridement of nails, whether by electric grinder or manual method, is a temporary reduction in the length and thickness (short of avulsion) of an abnormal nail plate. It is performed most commonly without anesthesia to accomplish any or all of the following objectives:

- Relief of pain
- Treatment of infection (bacterial, fungal, and viral)
- Temporary removal of an anatomic deformity such as onychauxis (thickened nail), or certain types of onychocryptosis (ingrown nail)
- Exposure of subungual conditions for the purpose of treatment as well as diagnosis (biopsy, culture, etc.)
- As a prophylactic measure to prevent further problems, such as a subungual ulceration in an insensate patient with onychauxis.

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT codes	
11055	Paring or cutting of benign hyperkeratotic lesion (e.g. corn or calluses), single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus), two to four
11057	Paring or cutting of benign hyperkeratotic lesion (e.g. corn or callus), more than four lesions
11719	Trimming of non-dystrophic nails, any number

## MP.010.MPC - Routine Foot Care

Policy Number: MP.010.MPC

Last Review Date: 08/26/2021

Effective Date: 10/01/2021

11720	Debridement of nail(s) by any method(s); one to five
11721	Debridement of nail(s) by any method(s), six or more
<b>HCPCS codes covered if selection criteria are met (If Appropriate):</b>	
G0127	Trimming of nondystrophic nails, any number
<b>G0247</b>	G0247 -Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protection sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails
<b>Modifiers- One of the following modifiers must be reported to document that the Class Findings (listed in Indications Section), have been observed and are documented in the patient's medical record:</b>	
Q7	Indicates one (1) Class A finding
Q8	Indicates two (2) Class B findings
Q9	Indicates one (1) Class B and two (2) Class C findings
<b>Note:</b> When the member's condition is one of those designated by an asterisk (*), routine procedures are covered only if the member is under the active care of a physician who documents the condition.	
<b>ICD-10 codes covered if selection criteria are met:</b>	
A30.0-A30.9	All Types of Leprosy (Hansen's disease)
B20	Human Immunodeficiency Virus Disease
B35.0-B35.9	Dermatophytosis
A50.1	Early congenital syphilis, latent
A50.40-A50.49	Late congenital neurosyphilis (Juvenile neurosyphilis)
A52.10-A52.19	Symptomatic neurosyphilis
E08.00-E08.29	Diabetes mellitus due to underlying condition
E08.40-E08.49	Diabetes mellitus due to underlying condition with neurological complications
E08.51-E08.628	Diabetes mellitus due to underlying conditions with diabetic peripheral angiopathy to dermatitis
E08.8	Diabetes mellitus due to underlying condition unspecified
*E09.00-E09.29	Diabetes mellitus with nephropathy, renal failure, etc.

## MP.010.MPC - Routine Foot Care

Policy Number: MP.010.MPC

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*E09.610-E09.618	Diabetes mellitus with diabetic arthropathy
*E09.620-E09.628	Diabetes mellitus with drug or chemical induced skin complications
*E10.10-E13	Diabetes mellitus type 1 or 2 for various reasons
E52	Niacin deficiency (pellagra)
E53.0-E53.9	Deficiency of B-Complex components
E74.8	Renal Glycosuria
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.249	Niemann-Pick disease, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E85.8-E85.9	Amyloidosis, other and unspecified
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
G12.21	Amyotrophic lateral sclerosis (ALS)
G90.01-G90.09	Idiopathic peripheral autonomic neuropathy
G35	Multiple Sclerosis
G60.0-G60.9	Hereditary motor and sensory neuropathy
G61.0	Acute infective polyneuritis
*G62.0-G62.9	Polyneuropathy unspecified and other
*G61.81-G61.9	Inflammatory polyneuropathy, chronic to unspecified
G63	Polyneuropathy in diseases classified elsewhere
I70.201-I70.299	Atherosclerosis of native arteries of extremities
I70.90-I70.92	General and unspecified Atherosclerosis
I73.00-I73.01	Raynaud's syndrome
I73.1	Thromboangitis obliterans (Buerger's disease)
I73.89	Other specified peripheral vascular diseases
I73.9	Peripheral vascular disease, unspecified
I77.1	Stricture of artery
I77.71-I77.79	Other arterial dissection
I79.1	Aortitis in diseases classified elsewhere

## MP.010.MPC - Routine Foot Care

Policy Number: MP.010.MPC

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*I79.8	Other disorders of arteries, arterioles, and capillaries in diseases classified elsewhere
*I80.00-I80.9	Phlebitis and thrombophlebitis lower extremities
I89.0	Lymphedema, not elsewhere classified
I87.001-I87.099	Postthrombotic syndrome
I87.1	Compression of vein
I87.301-I87.399	Chronic venous hypertension (idiopathic)
I87.2	Venous insufficiency (chronic) (peripheral)
I95-I99	Other and unspecified disorders of the circulatory system
I77.4	Celiac artery compression syndrome
K90.1	Tropical sprue
K90.9	Intestinal malabsorption, unspecified
N18.1-N19	Chronic kidney disease
O24.011-O24.93	Diabetes mellitus in pregnancy, childbirth, and the puerperium
L02.611-L02.619	Cutaneous abscess of foot
L03.031-L03.039	Cellulitis of toe
L03.115-L03.119	Cellulitis of lower limbs
L03.041-L03.049	Acute lymphangitis of toe
L03.125-L03.129	Acute lymphangitis of lower limbs
L60.0	Ingrowing nail
R26.0	Ataxic gait
R26.1	Paralytic gait
R26.2	Difficulty in walking, not elsewhere classified
R26.81	Unsteadiness on feet
R26.89	Other abnormalities of gait and mobility
R26.9	Unspecified abnormalities of gait and mobility
M79.601-M79.659	Pain in limbs, hand, foot, fingers and toes
M79.661-M79.669	Pain in lower leg
M79.671-M79.676	Pain in foot/toe
R60.0	Localized edema
Q82.0	Hereditary edema

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S89.001A-S89.92XS	Injury to lower extremities
*Z79.01	Long term (current) use of anticoagulants

### References

1. Center for Medicare & Medicaid Services: Local coverage article: A52996- Routine Foot Care. Article Revision Effective Date: 10/01/2020.  
<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52996>
2. Center for Medicare & Medicaid Services: Local Coverage Determination L35138- Routine Foot Care. Revision Effective Date: 10/17/2019.  
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35138&DocID=L35138>
3. Center for Medicare & Medicaid Services: Local Coverage Determination L34246 Routine Foot Care and Debridement of Nails (Contractor: CGS Administrators, LLC) Revision Effective Date: 10/17/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35138&ver=43&Date=&DocID=L35138&bc=hAAAAAqAAAAA&>
4. Center for Medicare & Medicaid Services: Local coverage determination L35013 Debridement of Mycotic Nails (Contractor: Novitas Solutions, Inc.). Revision Effective Date: 09/12/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35013&ver=36&Date=&DocID=L35013&bc=hAAAAAqAAAAA&>
5. Center for Medicare & Medicaid Services: MLN Matters SE1113-Foot Care Coverage Guidelines. Developed January 2010; revised February 2011.  
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1113.pdf>
6. Orchard TJ, Strandness DE. Assessment of peripheral vascular disease in diabetes. Report and recommendations of an international workshop sponsored by the American Diabetes Association and the American Heart Association – September 18-20, 1992 New Orleans, Louisiana. Circulation. 1993 Aug; 88(2):819-828. <http://circ.ahajournals.org/content/88/2/819.long>
7. Palmetto GBA: Routine Foot Care Guidelines. Last updated on 06/12/2020. Ver 1.0.42.  
<https://www.palmettogba.com/palmetto/providers.nsf/DocsR/Providers~JM%20Part%20B~Browse%20by%20Specialty~Podiatry~8EELDX8000?open>
8. Screening for Peripheral Arterial Disease. A Brief Evidence Update for the U.S. Preventive Services Task Force (USPSTF). Release date: August 2005. AHRQ Publication No. 05-0583-B-EF.



## MP.010.MPC - Routine Foot Care

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<https://www.uspreventiveservicestaskforce.org/uspstf/document/brief-evidence-summary/peripheral-arterial-disease-pad-screening>

9. Thomson FJ, Masson EA. Can elderly diabetic patients co-operate with routine foot care? ; Age Ageing. 1992 Sep; 21(5):333-337.  
<http://www.ncbi.nlm.nih.gov/pubmed/1414669>
10. Tierney S, Fennessy F, Hayes DP. ABC of arterial and vascular disease. Secondary prevention of peripheral vascular disease. BMJ. 2000 May; 320(7244):1262-1265. <http://www.bmj.com/content/320/7244/1262.pdf%2Bhtml>

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