

09-M0101-01

Original Effective Date: 05/15/02

Reviewed: 03/28/24

Revised: 04/15/24

Subject: Foot Care Services

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

DESCRIPTION:

Certain systemic conditions are associated with impaired peripheral circulation and neuropathy and may increase the risk for lower extremity ulcers and amputations. These conditions include, but are not limited to diabetes mellitus, peripheral vascular disease, peripheral neuropathy, arteriosclerosis obliterans, Buerger's disease (i.e., thromboangiitis obliterans), and chronic thrombophlebitis. Symptoms related to these conditions include but are not limited to loss of protective sensation, absent pedal pulses, foot deformity, history of foot ulcer, and prior amputation.

Services that are considered routine foot care include but are not limited to:

- Nail trimming, cutting, clipping, debriding of nails
- Paring, trimming or removal of corns and calluses
- Evaluation and debridement of mycotic nails

Summary and Analysis of Evidence: The American Diabetes Association Standards of Care in Diabetes—2023: Retinopathy, Neuropathy, and Foot Care (ElSayed et al) states that a thorough examination of the feet should be performed annually in all people with diabetes and more frequently in at-risk individuals. Each assessment should include evaluation for skin integrity, loss of protective sensation (LOPS), pulse examination of the dorsalis pedis and posterior tibial arteries, and foot deformities such as bunions, hammertoes, and prominent metatarsals. At-risk individuals should be assessed at each visit and should be referred to foot care specialists for ongoing preventive care and surveillance. This includes individuals with LOPS, peripheral artery disease (PAD), and/or structural foot deformities, such as Charcot foot, bunions, or hammertoes. A 2023 guideline by the International Working Group on the Diabetic Foot (Bus et al) recommends providing integrated foot care for moderate-to-high-risk people with diabetes to help prevent (recurrence of) ulceration, to increase the number of ulcer-free days, and to reduce the patient and healthcare burden of diabetes-related foot disease. The authors reported that one cohort study and five non-controlled studies all reported a significantly lower percentage of recurrent ulcers in people with diabetes who received integrated foot care compared to those who did not, or in those people with diabetes who were adherent to an integrated foot care program compared to those who were not.

POSITION STATEMENT:

Routine foot care services **meet the definition of medical necessity** when:

- There is impaired peripheral circulation and/or loss of protective sensation in the lower extremities from a systemic condition such as diabetes mellitus, peripheral vascular disease, peripheral neuropathy, arteriosclerosis obliterans, Buerger's disease (i.e., thromboangiitis obliterans), or chronic thrombophlebitis (not an all-inclusive list), **AND**
- There is an absence of sensation at two or more sites out of five tested on either foot when tested with the 5.07 Semmes-Weinstein monofilament **AND**
- Performance of the service by a non-professional would be hazardous for the member because of an underlying condition or disease causing impaired peripheral circulation and/or loss of protective sensation in the lower extremities

Treatment of symptomatic diseases and medical conditions of the feet is **not** considered routine foot care, and treatment of these conditions **meets the definition of medical necessity**. These conditions include, but are not limited to:

- Warts (including plantar warts)
- Plantar fasciitis
- Sprains or strains of the foot
- Neuroma
- Infection
- Ingrown toenail
- Bursitis
- Heel spur

BILLING/CODING INFORMATION:

CPT Coding:

11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
11719	Trimming of nondystrophic nails, any number
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more
11730	Avulsion of nail plate, partial or complete, simple; single
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)

HCPCS Coding:

G0127	Trimming of dystrophic nails, any number
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 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
S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit

ICD-10 Diagnosis Codes That Support Medical Necessity:

A30.0-A30.9	Leprosy [Hansen's disease]
A52.10-A52.3	Neurosyphilis
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
E08.40 – E08.42	Diabetes mellitus due to underlying condition with diabetic neuropathy
E09.40 – E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy
E10.40 – E10.42	Type 1 diabetes mellitus with diabetic neuropathy
E11.40 – E11.42	Type 2 diabetes mellitus with diabetic neuropathy
E13.40 – E13.42	Other specified diabetes mellitus with diabetic neuropathy
E46	Peripheral neuropathy of the feet associated with protein-calorie malnutrition
E52	Peripheral neuropathy of the feet associated with niacin deficiency [pellagra]
E56.9	Peripheral neuropathy of the feet associated with vitamin deficiency, unspecified
E64.0	Peripheral neuropathy of the feet associated with sequelae of protein-calorie malnutrition
E75.21	Fabry (-Anderson) disease
E85.0 – E85.9	Peripheral neuropathy of the feet associated with amyloidosis
G13.0	Paraneoplastic neuromyopathy and neuropathy
G35	Peripheral neuropathy of the feet associated with multiple sclerosis
G60.0 – G60.9	Peripheral neuropathy of the feet associated with hereditary motor and sensory neuropathy
G62.0 – G62.2	Drug-induced polyneuropathy; alcoholic polyneuropathy; polyneuropathy due to other toxic agents
G62.82	Radiation-induced polyneuropathy
G63	Polyneuropathy in diseases classified elsewhere
I70.201 – I70.92	Atherosclerosis of extremities
I73.00 – I73.01	Raynaud's syndrome
I73.1	Thromboangiitis obliterans [Buerger's disease]

I73.9	Peripheral vascular disease, unspecified
I80.00 – I80.3	Phlebitis and thrombophlebitis of lower extremities
K90.0 – K90.1	Celiac disease; Tropical sprue
N18.1 – N18.9	Chronic kidney disease (CKD)
S86.001A – S86.009S S86.091A – S86.109S S86.191A – S86.201S S86.209A – S86.209S S86.291A – S86.309S S86.391A – S86.809S S86.891A – S86.909S S86.991A – S86.999S S89.80XA – S89.92XS S96.001A – S96.009S S96.091A – S96.109S S96.191A – S96.209S S96.291A – S96.809S S96.891A – S96.909S S96.991A – S96.999S S99.811A – S99.929S	Traumatic injury, foot

REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

The following National Coverage Determination (NCD) was reviewed on the last guideline review date: National coverage determination (NCD) for Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (70.2.1), located at cms.gov.

The following Local Coverage Determination (LCD) was reviewed on the last guideline review date: Routine Foot Care (L33941), located at cms.gov.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

REFERENCES:

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2. Blue Cross Blue Shield Association Medical Policy - Foot Care Services 9.01.01 (Archived 02/11).
3. Blue Cross Blue Shield of Florida physician consultant (03/27/02).
4. Bus SA, Sacco ICN, Monteiro-Soares M, Raspovic A, Paton J, Rasmussen A, Lavery LA, van Netten JJ. Guidelines on the prevention of foot ulcers in persons with diabetes (IWGDF 2023 update). Diabetes Metab Res Rev. 2023 Jun 11:e3651. doi: 10.1002/dmrr.3651.
5. Centers for Medicare & Medicaid Services (CMS). Article - Billing and Coding: Routine Foot Care (A57188) (10/03/18) (Revised 01/01/24).
6. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD) Routine Foot Care (L33941) (10/01/15) (Revised 10/01/19).
7. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (70.2.1) (07/01/02).
8. Dorland's Illustrated Medical Dictionary, 27th Edition.
9. ElSayed NA, Aleppo G, Aroda VR, Bannuru RR, Brown FM, Bruemmer D, Collins BS, Gibbons CH, Giurini JM, Hilliard ME, Isaacs D, Johnson EL, Kahan S, Khunti K, Leon J, Lyons SK, Perry ML, Prahalad P, Pratley RE, Seley JJ, Stanton RC, Sun JK, Gabbay RA, on behalf of the American Diabetes Association. 12. Retinopathy, Neuropathy, and Foot Care: Standards of Care in Diabetes-2023. Diabetes Care. 2023 Jan 1;46(Suppl 1):S203-S215. doi: 10.2337/dc23-S012.
10. Florida Medicare Part B Medical Policy # 11055 – Routine Foot Care (01/01/02) (Retired).
11. Florida Medicare Part B Medical Policy # 11720 – Nail Debridement (01/01/02). (Retired).
12. Medicare Carriers Manual (2323.C; 4120.1; 7506.5.A).
13. UpToDate. Overview of general medical care in nonpregnant adults with diabetes mellitus. 2024. Accessed at uptodate.com.
14. UpToDate. Overview of Polyneuropathy. 2024. Accessed at uptodate.com.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 03/28/24.

GUIDELINE UPDATE INFORMATION:

05/15/02	Reviewed, reformatted, revised; diagnosis list expanded; nerve conduction studies cross-referenced.
07/01/02	07/01/02 2nd Quarter HCPCS update (new G code added).
10/01/02	10/01/02 New ICD-9 codes added.
06/15/04	Scheduled review, no revisions. No longer scheduled for routine review.

05/15/07	Medical Coverage Guideline archived.
01/01/23	Medical Coverage Guideline revised and returned to active status.
04/15/24	Scheduled review. Revised description, maintained position statement and updated references.