



EFFECTIVE DATE: 09|01|2009

POLICY LAST UPDATED: 05|21|2019

OVERVIEW

This policy addresses routine foot care, nail debridement, and examination of the feet. Routine foot care includes the cutting or removal of corns and calluses, clipping, trimming, or debridement of nails, including debridement of mycotic nails, shaving, paring, cutting or removal of keratoma, tyloma, and heloma. Also included are non-definitive simple, palliative treatments like shaving or paring of plantar warts, which do not require thermal or chemical cautery and curettage.

Other components of routine foot care include 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 or any services performed in the absence of localized illness, injury, or symptoms involving the foot.

Note: With the exception of the use of the qualifying modifiers, Blue Cross & Blue Shield of Rhode Island follows the Routine Foot Care Policy for both BlueCHiP for Medicare and Commercial Products.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Annual Foot Exam for Diabetics

An annual evaluation of diabetics who are being treated with diabetic medication is covered for patients not otherwise receiving podiatric services. Frequency of greater than once per year for this foot care evaluation would be considered not covered for BlueCHiP for Medicare and not medically necessary for Commercial Products.

Diabetic Sensory Neuropathy –Loss of Protective Sensation

This exam/evaluation may identify the diagnosis of diabetic sensory neuropathy with loss of protective sensation (LOPS) or patients with known LOPS. Patients with this diagnosis may receive two foot evaluations (examination and treatment) per year, specifically for diabetic peripheral neuropathy with LOPS diagnosis, provided they have not seen a foot care professional for some other reason.

Routine Foot Care

Routine foot care is considered medically necessary when the patient has a systemic disease, such as metabolic, neurologic, or peripheral vascular disease, of sufficient severity that performance of such services by a nonprofessional person would put the patient at risk (for example, a systemic condition that has resulted in severe circulatory embarrassment or areas of desensitization in the patient's legs or feet). All other indications are not covered for BlueCHiP for Medicare and not medically necessary for Commercial Products.

COVERAGE

Benefits vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscribe Agreement for applicable surgery services and services not medically necessary coverage and the related exclusions in the podiatrist services section.

BACKGROUND

Routine foot care is typically rendered when the patient has a systemic disease, such as metabolic, neurologic, or peripheral vascular disease, of sufficient severity that performance of such services by a nonprofessional person would put the patient at risk (for example, a systemic condition that has resulted in severe circulatory embarrassment or areas of desensitization in the patient's legs or feet).

Routine foot care includes the cutting or removal of corns and calluses, clipping, trimming, or debridement of nails, including debridement of mycotic nails, shaving, paring, cutting, or removal of keratoma, tyloma, and heloma. Non-definitive simple, palliative treatments include shaving or paring of plantar warts that 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. Also included are any services performed in the absence of localized illness, injury, or symptoms involving the foot.

Podiatric physicians may establish diagnoses (care plan by an allopathic/osteopathic physician is not a coverage or medical necessity requirement) but may be part of appropriate medical care.

The criteria below outlines the specific conditions for coverage of routine foot care when the following physical and clinical findings meet the guidelines (qualifying and class findings) and are documented in the medical record.

Treatment of mycotic nails is medically necessary based on the class findings, outlined below, or the presence of qualifying systemic illnesses causing a peripheral neuropathy, is present and documented in the medical record.

In the absence of a systemic condition, the following criteria must be met:

- In the case of ambulatory patients there exists:
 - Clinical evidence of mycosis of the toenail, and
 - Marked limitation of ambulation, pain, or secondary infection resulting from
 - the thickening and dystrophy of the infected toenail plate.
 -
- In the case of non-ambulatory patients there exists:
 - Clinical evidence of mycosis of the toenail, and
 - The patient suffers from pain or secondary infection resulting from the
 - thickening and dystrophy of the infected toenail plate.

In addition, procedures for treating toenails are covered for one the following:

- Onychogryphosis
- Onychauxis

Indications of Severe Peripheral Involment

The following physical and clinical findings, which are indicative of severe peripheral involvement, must be documented and maintained in the patient record, in order for routine foot care services to be reimbursable.

Class A findings

- Non-traumatic amputation of foot or integral skeletal portion thereof.

Class B findings

- Absent posterior tibial pulse;

- Advanced trophic changes such as (three required):
 - hair growth (decrease or absence);
 - nail changes (thickening);
 - pigmentary changes (discoloration);
 - skin texture (thin, shiny);
 - skin color (rubor or redness)
- Absent dorsalis pedis pulse.

Class C findings

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

The coverage for routine foot care may be applied when the physician rendering the routine foot care has identified one of the following:

1. A Class A finding;
2. Two of the Class B findings; or
3. One Class B and two Class C findings.

Note: Benefits for routine foot care are also available for patients with peripheral neuropathy involving the feet, but without the vascular impairment outlined in Class B findings. The neuropathy should be of such severity that care by a nonprofessional person would put the patient at risk. If the patient has evidence of neuropathy but no vascular impairment, the use of class findings modifiers is not necessary

Definitions

Routine foot care: The following services are considered to be components of routine foot care, regardless of the provider rendering the service:

- The cutting or removal of corns and calluses;
- Clipping, trimming, or debridement of nails, including debridement of mycotic 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, such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of either ambulatory or bedfast patients, and any other service performed in the absence of localized illness, injury, or symptoms involving the foot.

Nail debridement: the significant reduction in the thickness and length of the toenail with the aim of allowing the patient to ambulate without pain. Nail debridement is a distinct service from “routine foot care.” Simple trimming of the end of the toenails by cutting or grinding is not debridement. Reduction in the length of normal or thickened elongated toenails (whether done with an electric burr or by hand) is not debridement. Similarly, buffing the surface or the edges of manually trimmed mycotic toenails (mycotic=fungal infection) is not debridement.

Loss of protective sensation (LOPS): A diagnosis of diabetic sensory neuropathy with loss of protective sensation(LOPS) requires early intervention to prevent serious complications that typically afflict diabetics with sensory neuropathy. Patients with this diagnosis may receive two foot evaluations, no more often than every six months (examination and treatment) per year, specifically for diabetic peripheral neuropathy with LOPS, as long as they have **not** seen a foot care professional for another reason.

It is not necessary that an osteopathic (DO) or allopathic (MD) physician have established a diagnosis of LOPS and comprehensive diabetic care plan. However, the podiatric professional (i.e., Doctor of Podiatric Medicine) should take appropriate steps for care coordination and promotion of appropriate diabetic care with the physician who is managing the patient's diabetes.

Peripheral neuropathy: peripheral neuropathy involving the feet, but without the vascular impairment outlined in Class B findings. The neuropathy would be of such severity that care by a non-professional person would put the patient at risk. If the patient has evidence of neuropathy but no vascular impairment, the use of class findings modifiers is not necessary.

Onychogryphosis: a long-standing thickening, in which typically a curved hooked nail (ram's horn nail) occurs, and there is marked limitation of ambulation pain and/or secondary infection where the nail plate is causing symptomatic indentation of or minor laceration of the affected distal toe.

Onychauxis: a thickening (hypertrophy) of the base of the nail/nail bed and there is marked limitation of ambulation pain and/or secondary infection that causes symptoms.

CODING

BlueCHiP for Medicare and Commercial Products

The following CPT codes are medically necessary when submitted with **1 of the diagnosis codes** found in group 1 of the covered diagnosis list. All other indications are considered not medically necessary.

11055: Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion

11056: Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); 2 to 4 lesions

11057: Paring or cutting of benign hyperkeratotic lesion (e.g., 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

G0127: Trimming of dystrophic nails, any number

The following CPT codes are medically necessary when submitted with 1 primary and 1 secondary diagnosis code found in group 2 of the covered diagnosis list. All other indications are considered not medically necessary.

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

G0127: Trimming of dystrophic nails, any number

Covered Diagnosis List

[Routine Foot Care covered diagnosis](#)

RELATED POLICIES

None

PUBLISHED

Provider Update, July 2019

Provider Update, February 2018

Provider Update, February 2017

Provider Update, September 2016

Provider Update, July 2015

Provider Update, September 2014

Provider Update, August 2012

REFERENCES

- 1.CMS Medicare Benefit Policy Manual: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf> NGLCD Routine Foot Care & Nail Debridement: www.ngsmedicare.com
- 2..National Government Services (NGS) Calculator: <https://www.ngsmedicare.com/gs/portal/ngsmedicare/newngs/home-lob/pages/calculators/podiatry-calculator/>

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

