



Medical Coverage Policy

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Foot Care Services

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy addresses routine foot care services which includes the paring and removing of corns and calluses or trimming of nails.

Coverage Policy

Coverage for routine foot care, including the paring and removing of corns and calluses or trimming of nails, varies across plans. Please refer to the customer’s benefit plan document for coverage details.

Foot care services are considered medically necessary when EITHER of the following criteria is met:

- The foot care services that are associated with systemic conditions that are significant enough to result in severe circulatory insufficiency and/or areas of desensitization in the lower extremities, including, but not limited to, ANY of the following:
 - diabetes mellitus
 - peripheral vascular disease
 - peripheral neuropathy

- Evaluation/debridement of mycotic nails, in the absence of a systemic condition, when BOTH of the following conditions are met:
 - There is pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.
 - If ambulatory, there is pain to a degree that there is difficulty walking and/or abnormality of gait.

General Background

Services that are considered routine foot care include, but are not limited to, any of the following:

- trimming, cutting, clipping or debriding of nails
- paring, trimming or removal of corns and calluses

The above treatments may be considered medically necessary in the presence of certain medical conditions that involve impaired peripheral circulation and loss of protective sensation. The provision of foot care procedures such as those listed above, by individuals who are not medical professionals, can present a hazard to patients with certain disease processes. If such a procedure does present a hazard to the patient due to the disease process, it is no longer considered routine. Certain conditions that are associated with impaired peripheral circulation and neuropathy may increase the risk for lower extremity ulcers and amputations. Examples of underlying conditions that may justify the medical necessity for routine foot care include, but are not limited to:

- diabetes
- peripheral neuropathy
- arteriosclerosis obliterans (e.g., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis)
- Buerger's disease (i.e., thromboangiitis obliterans)
- chronic thrombophlebitis

The risk factors for diabetic foot disease, foot ulcers and amputation of the foot include peripheral neuropathy, peripheral vascular disease, previous ulceration, and foot deformity. Poor glycemic control, absence of foot care education, other diabetic complications, and poor foot care resulting from other physical and psychological disabilities, or from socioeconomic conditions, also contribute to risk of diabetic foot disease. Peripheral neuropathy of the lower extremities results in loss of protective sensation. This may occur alone or in combination with peripheral vascular disease. Adequate blood supply is essential for healing of a foot ulcer.

Early management and identification of risk factors for ulcers and amputations are keys to the prevention or delay of the onset of these problems. Early management of the patient with diabetes includes education to increase the patient's knowledge about foot care, self-monitoring and examination of the feet, hygiene, protective footwear, when to seek care from a health professional, and the consequences of neglecting foot care. In addition, it is recommended that diabetic patients receive a comprehensive foot examination annually and that a visual inspection of the patient's feet be conducted at each visit. The examination should include assessment of protective sensation, foot structure and biomechanics, vascular status and skin integrity (Mayfield, et al., 2004). Individuals at high risk should be evaluated more frequently. Examination of the low-risk foot should include (Mayfield, et al., 2004):

- evaluation of neurological status, including a quantitative somatosensory threshold test, using the Semmes-Weinstein 5.07 (10 gram) monofilament
- evaluation for peripheral vascular disease, including history for claudication and assessment of pedal pulses
- evaluation of skin integrity, in particular the areas between toes and under the metatarsal heads
- assessment of the foot for erythema, warmth, or callus formation
- evaluation for bony deformities, limitation in joint mobility, and problems with gait and balance

A high-risk patient is identified with the presence of one or more of the following:

- loss of protective sensation
- absent pedal pulses
- foot deformity
- history of foot ulcer
- prior amputation

A mycotic nail, or onychomycosis, is a fungal nail infection. The symptoms include thickening and yellowing of nails. In severe conditions, the nail may come loose from the nail bed and a secondary infection may develop. Debridement of these toenails may be warranted in the presence of secondary infection and pain to a degree that ambulation is limited.

Treatment of symptomatic diseases and medical conditions of the feet is not considered routine foot care, and treatment of these conditions is generally considered medically necessary. These diseases and medical conditions may include:

- bursitis
- heel spur
- sprain/strain of the foot
- bunion
- hammer toe
- plantar fasciitis
- neuroma
- ingrown toenail
- infections
- warts, including plantar warts

Use Outside of the US

No relevant information.

Medicare Coverage Determinations

	Contractor	Policy Name/Number	Revision Effective Date
NCD	National	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)	7/1/2002
LCD	First Coast Service Options, Inc	Local Coverage Determination (LCD): Routine Foot Care (L33941)	10/2019
LCD	Novitas Solutions, Inc.	Local Coverage Determination (LCD): Routine Foot Care (L35138)	10/2019
LCD	Palmetto GBA	Local Coverage Determination (LCD): Routine Foot Care (L37643)	12/2019
LCD	National Government Services, Inc.	Local Coverage Determination (LCD): Routine Foot Care and Debridement of Nails (L33636)	12/2019
LCD	CGS Administrators, LLC	Local Coverage Determination (LCD): Routine Foot Care and Debridement of Nails (L34246)	11/2019

Note: Please review the current Medicare Policy for the most up-to-date information.

Coding/Billing Information

- Note:** 1) This list of codes may not be all-inclusive.
 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	Description
11055	Paring or cutting of benign hyperkeratotic skin lesion (eg, corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic skin lesion (eg, corn or callus); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic skin 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

HCPCS Codes	Description
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-CM Diagnosis Codes	Description
A52.15	Late syphilitic neuropathy
B35.1	Tinea unguium
E08.00- E08.9	Diabetes mellitus due to underlying condition
E09.00- E09.9	Drug or chemical induced diabetes mellitus
E10.10- E10.9	Type 1 diabetes mellitus
E11.00- E11.9	Type 2 diabetes mellitus
E13.00- E13.9	Other specified diabetes mellitus
G13.0	Paraneoplastic neuromyopathy and neuropathy
G60.0- G60.9	Hereditary and idiopathic neuropathy
G61.0- G61.9	Inflammatory polyneuropathy
G62.0- G62.9	Other and unspecified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G65.0- G65.2	Sequelae of inflammatory and toxic polyneuropathies

ICD-10-CM Diagnosis Codes	Description
G90.09	Other idiopathic peripheral autonomic neuropathy
G99.0	Autonomic neuropathy in diseases classified elsewhere
I70.201- I70.299	Atherosclerosis of native arteries of extremities
I70.301- I70.399	Atherosclerosis of unspecified type of bypass graft(s) of the extremities
I70.401- I70.499	Atherosclerosis of autologous vein bypass graft(s) of the extremities
I70.501- I70.599	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities
I70.601- I70.699	Atherosclerosis of nonbiological bypass graft(s) of the extremities
I70.701- I70.799	Atherosclerosis of other type of bypass graft(s) of the extremities
I70.92	Chronic total occlusion of artery of the extremities
I73.00- I73.9	Other peripheral vascular disease
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
L03.031- L03.039	Cellulitis of toe
L03.041- L03.049	Acute lymphangitis of toe
M34.83	Systemic sclerosis with polyneuropathy
M79.671- M79.676	Pain in foot and toes
R26.2	Difficulty in walking, not elsewhere classified
R26.89	Other abnormalities of gait and mobility
R26.9	Unspecified abnormalities of gait and mobility

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