

BENEFIT COVERAGE GUIDELINE – 10.01.522

Routine Foot Care Services

Effective Date: Mar. 1, 2025

Last Revised: Feb. 24, 2025

Replaces: N/A

RELATED MEDICAL POLICIES:

7.01.104 Subtalar Arthroereisis

Select a hyperlink below to be directed to that section.

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Introduction

Most adults are able to provide their own routine foot care, such as trimming nails or filing calluses. Therefore, this type of foot care is not covered under the medical benefits. However, for some individuals with certain medical conditions, it may be important to have professional help with routine foot care in order to prevent serious problems. Routine foot care includes services such as cutting corns and calluses or trimming, cutting, clipping, or removing part of the nail (debridement). This benefit coverage guideline discusses when routine foot care may be covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guideline

Indication	Medical Necessity
Conditions associated with poor blood flow to the legs and feet	Routine foot care may be considered medically necessary for individuals with conditions associated with poor blood flow to the legs and feet such as diabetes, peripheral vascular disease

Indication	Medical Necessity
	and/or peripheral neuropathy (numbness, loss of protective sensation) (see Benefit Application).
Routine foot care	Routine foot care, such as trimming nails or removing corns and calluses, does not typically require the skills of a qualified provider of foot care services, as such, it is not a covered benefit and therefore, is considered a contractual exclusion.

Coding

Code	Description
CPT	
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
HCPCS	
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 - Covered	
A50.43	Late congenital syphilitic polyneuropathy
A52.15	Late syphilitic neuropathy
B35.1	Tinea unguium (dermatophytic onychia, dermatophyos of nail, onychomycosis)



Code	Description
E08.00 – E08.9	Diabetes mellitus due to underlying condition
E09.00 – E09.9	Drug or chemical induced diabetes mellitus
E10.10 – E10.A2	Type 1 diabetes mellitus
E11.00 – E11.9	Type 2 diabetes mellitus
E13.00 – E13.9	Other specified diabetes mellitus
G13.0 – G13.1	System atrophies primarily affecting central nervous system
G60.0 – G60.9	Hereditary and idiopathic neuropathy
G61.1	Serum neuropathy
G61.81 – G61.9	Other inflammatory polyneuropathies
G62.0 – G62.9	Other and unspecified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0 – G65.2	Sequelae of inflammatory and toxic polyneuropathies
G90.09	Idiopathic peripheral autonomic neuropathy
G99.0	Autonomic neuropathy in diseases elsewhere classified
I70.201 – I70.799	Atherosclerosis of arteries, lower extremities
I70.92	Chronic total occlusion of artery of the extremities
I73.00 – I73.01	Raynaud's syndrome
I73.1	Thromboangiitis obliterans (Buerger's disease)
I73.81 – I73.89	Other specified peripheral vascular diseases
I73.9	Peripheral vascular disease, unspecified (intermittent claudication, peripheral angiopathy, spasm of artery)
I75.021 – I75.029	Atheroembolism of lower extremity
I79.1 – I79.8	Disorders of arteries, arterioles and capillaries
I80.00 – I80.209	Phlebitis and thrombophlebitis, lower extremities
I80.221 – I80.3	Phlebitis and thrombophlebitis, lower extremities
I82.501 – I82.509	Chronic embolism and thrombosis, lower extremities



Code	Description
I82.531 – I82.529	Chronic embolism and thrombosis, lower extremities
I82.811 – I82.819	Embolism and thrombosis of superficial veins, lower extremities
I83.002 – I83.008	Varicose veins, lower extremities
I83.012 – I83.019	Varicose veins, lower extremities with ulcer
I83.022 – I83.029	Varicose veins, lower extremities with ulcer
I83.202 – I83.209	Varicose veins, lower extremity with both ulcer and inflammation
I83.212 – I83.219	Varicose veins, lower extremity with both ulcer and inflammation
I83.222 – I83.229	Varicose veins, lower extremity with both ulcer and inflammation
I87.001 – I87.099	Postthrombotic syndrome
I87.311 – I87.399	Chronic venous hypertension, lower extremities
L97.502 – L97.529	Non-pressure chronic ulcer, foot
M05.511 – M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis
M05.571 – M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis
M14.671 – M14.679	Charcot's joint, ankle and foot
M14.69	Charcot's joint, multiple sites
M34.83	Systemic sclerosis with polyneuropathy
M35.06	Sjogren syndrome with peripheral nervous system involvement
M90.871 – M90.879	Osteopathy, ankle and foot
O24.011 – O24.93	Diabetes mellitus in pregnancy

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Related Information

Benefit Application

This coverage guideline describes the clinical indications for routine foot care services



Routine foot care includes:

- Cutting or removal of corns and calluses
- Trimming, cutting/clipping and debridement of nails

Generally, routine foot care services are performed by an individual or caregiver. However, if certain medical conditions are present, they may pose a hazard when foot care is performed by a non-professional.

The following conditions may pose a risk to life or limb loss, so a qualified provider of foot care services should perform the routine foot care. Conditions that may require a qualified provider to perform routine foot care include but are not limited to any of the following:

- Arteriosclerosis of the extremities
- Buerger's disease (thromboangiitis obliterans)
- Chronic thrombophlebitis of lower extremities
- Diabetes
- Peripheral neuropathies
- Peripheral vascular disease

This policy only addresses routine foot care. It does not address the treatment of symptomatic diseases and medical conditions of the feet, which may include:

- Bunion
- Bursitis
- Hammer toe
- Heel spur
- Ingrown toenail
- Infections
- Neuroma
- Plantar fasciitis
- Sprain/strain of the foot



- Warts, including plantar warts
- Flat feet, including therapy for flat feet

References

1. Noridian Healthcare Solutions. Jurisdiction F. Medicare Part B – Foot Care: https://med.noridianmedicare.com/web/jfb/search?p_id=3&p_p_state=normal&p_p_lifecycle=0&p_p_mode=view&_3_struts_action=%2Fsearch%2Fsearch&_3_redirect=%2Fweb%2Fjfb&_3_groupId=10534&_3_keywordStrategy=allTerms&_3_sortBy=scoreDescending&_3_delta=10&_3_keywords=foot+care Accessed January 24, 2025.
2. American Diabetes Association. Standards of Medical Care in Diabetes – 2022. Retinopathy, neuropathy, and foot care. Diabetes Care 2022; 45 (Suppl. 1): S185-S194. Available at URL https://diabetesjournals.org/care/issue/45/Supplement_1 . Accessed January 24, 2025.
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4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) L33941: Routine Foot Care. Effective 10/1/2015. Revised 10/1/2019. Available at URL: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lclid=33941&ver=23&keyword=diabetic%20foot%20care&keywordType=starts&areaid=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>. Accessed January 24, 2025.
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7. Wexler DJ, Evaluation of the diabetic foot. In: UpToDate, Rubinow K (Ed), UpToDate, Waltham, MA. Last updated: January 4, 2024. [Evaluation of the diabetic foot - UpToDate](#). Accessed January 24, 2025.

History

Date	Comments
06/01/16	New Guideline, approved May 10, 2016. Add to Administrative section. Routine foot care may be considered medically necessary for patients with impaired blood flow to the legs and feet when the complexity of the condition puts the member at risk and care requires the services of a professional.



Date	Comments
12/06/16	Coding update. Added list of covered diagnosis code ranges. Added CPT codes 11720 and 11721. Added HCPCS code G0127.
12/09/16	Policy moved to new format.
05/01/17	Annual Review, approved April 11, 2017. No change in to benefit coverage guideline statements.
02/01/18	Annual Review, approved January 30, 2018. Edited for clarity. No change in intent of benefit coverage guideline statements.
02/01/19	Annual Review, approved January 4, 2019. Guideline reviewed. No change to benefit coverage guideline. Added flat feet, including therapy for flat feet to benefit application list that is not addressed in this guideline.
06/01/20	Annual Review, approved May 21, 2020. Benefit coverage guideline reviewed. Guideline statements unchanged. Reference added. Added HCPCS code G0247.
09/01/20	Coding update. Correction from M20.10 – M02.12 to M20.10 – M20.12.
03/01/21	Annual Review, approved February 2, 2021. Benefit coverage guideline reviewed. References updated. Guideline statements unchanged.
02/01/22	Annual Review, approved January 24, 2022. Benefit coverage guideline reviewed. References added and updated. Guideline statements unchanged except for minor edits made for clarity only; intent unchanged.
02/01/23	Annual Review, approved January 9, 2023. Benefit coverage guideline reviewed. Guideline statements unchanged except for minor edit changing the word “patient” to individual for guideline standardization.
03/01/24	Annual Review, approved February 26, 2024. Benefit coverage guideline reviewed. Changed routine foot care is considered not medically necessary to routine foot care is considered a contractual exclusion.
03/01/25	Annual Review, approved February 24, 2025. Benefit coverage guideline reviewed. No references added. Guideline statements unchanged. Added ICD-10 CM codes A50.43, A52.15, G60.0-G60.9, G61.1, G61.81-G61.9, G62.0-G62.2, I70.92, M05.511-M05.512, M05.521-M05.522, M05.531-M05.532, M05.541-M05.542, M05.51-M05.52, M05.561-M05.562, M35.06. Removed ICD-10 CM codes A52.16, B37.2, B52.0, G73.3, I74.01-I75.019, I75.81-I79.0, I80.211-I80.219, I82.511-I82.529, I82.601-I82.729, I82.890-I83.001, I83.009-I83.011, I83.021, I83.10-I83.201, I83.211, I83.221, I83.811-I86.8, I87.1-I87.309, I87.8-I87.9, I89.0, I99.8, L02.415-L03.129, L11.0, L60.0-L60.9, L84-L85.2, L86, L87.0, L87.2, M14.68, M20.10-M20.12, M90.561-M90.869, M90.88-M90.89, Q82.0, R20.0-R20.9, R60.0-R60.9.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review



and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

