

1 **Clinical Practice Guideline:**      **Routine Foot Care (Commercial and Medicare**  
 2 **Part B Benefits)**

4 **Date of Implementation:**      **August 20, 2015**

6 **Product:**      **Specialty**

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## 9 **GUIDELINES**

10 The American Specialty Health – Specialty (ASH) program generally does not cover  
 11 routine foot care. However, this guideline outlines the specific conditions for which  
 12 coverage may be present. ASH has adopted Medicare guidelines for Routine Foot Care  
 13 management when covered unless Medicare supplemental coverage applies. See *Routine*  
 14 *Foot Care (Medicare Advantage Supplement) (CPG 302 - S)* policy for more information.

## 16 **ROUTINE FOOT CARE SERVICES**

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

- 19 • Cutting or removal of corns and calluses;
- 20 • Clipping, trimming, or debridement of nails, including debridement of mycotic  
 21 nails;
- 22 • Shaving, paring, cutting or removal of keratoma, tyloma, and heloma;
- 23 • Non-definitive simple, palliative treatments like shaving or paring of plantar warts  
 24 which do not require thermal or chemical cautery and curettage;
- 25 • Other hygienic and preventive maintenance care, such as cleaning and soaking the  
 26 feet and the use of skin creams to maintain skin tone of either ambulatory or bedfast  
 27 patients, and any other services performed in the absence of localized illness, injury,  
 28 or symptoms involving the foot.

## 30 **INDICATIONS**

31 While the ASH program generally excludes routine foot care services from coverage unless  
 32 a supplemental benefit is present, there are specific indications or exceptions under which  
 33 there are program benefits.

35 ASH payment may be made for routine foot care when the patient has a systemic disease,  
 36 such as metabolic, neurologic, or peripheral vascular disease, of sufficient severity that  
 37 performance of such services by a nonprofessional person would put the patient at risk  
 38 (e.g., a systemic condition that has resulted in severe circulatory embarrassment or areas  
 39 of desensitization in the patient’s legs or feet).

41 The treatment of warts (including plantar warts) on the foot is covered to the same extent  
 42 as services provided for the treatment of warts located elsewhere on the body.

1 Services ordinarily considered routine may be covered if they are performed as a necessary  
 2 and integral part of otherwise covered services, such as diagnosis and treatment of diabetic  
 3 ulcers, wounds, or infections.

4  
 5 Treatment of mycotic nails may be covered under the exceptions to the routine foot care  
 6 exclusion. The class findings, outlined below, or the presence of qualifying systemic  
 7 illnesses causing a peripheral neuropathy, must be present and grant the presumption of  
 8 coverage. Payment may be made for the debridement of a mycotic nail (whether by manual  
 9 method or by electrical grinder) when definitive antifungal treatment options have been  
 10 reviewed and discussed with the patient at the initial visit and the physician attending the  
 11 mycotic condition documents that the following criteria are met:

12  
 13 In the absence of a systemic condition, the following criteria must be met:

- 14 • In the case of ambulatory patients there exists:
  - 15 ○ Clinical evidence of mycosis of the toenail; and
  - 16 ○ Marked limitation of ambulation, pain, or secondary infection resulting from  
 17 the thickening and dystrophy of the infected toenail plate.
- 18 • In the case of non-ambulatory patients there exists:
  - 19 ○ Clinical evidence of mycosis of the toenail; and
  - 20 ○ The patient suffers from pain or secondary infection resulting from the  
 21 thickening and dystrophy of the infected toenail plate.

22  
 23 In addition, procedures for treating toenails are covered for the following:

24  
 25 Onychogryphosis (defined as long-standing thickening, in which typically a curved hooked  
 26 nail [ram's horn nail] occurs), and there is marked limitation of ambulation, pain, and/or  
 27 secondary infection where the nail plate is causing symptomatic indentation of or minor  
 28 laceration of the affected distal toe; and/or

29  
 30 Onychia (defined as a thickening [hypertrophy] of the base of the nail/nail bed) and  
 31 there is marked limitation of ambulation, pain, and/or secondary infection that causes  
 32 symptoms.

33  
 34 The following physical and clinical findings, which are indicative of severe peripheral  
 35 involvement, must be documented and maintained in the patient record, in order for routine  
 36 foot care services to be reimbursable.

37  
 38 **Class A Findings**

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

**Class B Findings**

- Absent posterior tibial pulse
- Advanced trophic changes as evidenced by at least three of the following:
  - Hair growth (decrease or increase)
  - Nail changes (thickening)
  - Pigmentary changes (discoloring)
  - 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)
- Burning

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

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 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. This condition would be represented by the ICD-10 CM codes in Group 4 of the “ICD-10 Codes that Support Medical Necessity” listed below.

**LIMITATIONS**

When the patient's condition is designated by an ICD-10-CM code with an asterisk (\*) (see ICD-10-CM Codes That Support Medical Necessity), routine foot care procedures are reimbursable only if the patient is under the active care of a doctor of medicine or osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.

The global surgery rules will apply to routine foot care procedure codes 11055, 11056, 11057, 11719, 11720, 11721, and G0127. As a result, an E/M service billed on the same day as a routine foot care service is not eligible for reimbursement unless the E/M service

1 is a significant separately identifiable service, indicated by the use of modifier 25, and  
2 documented by medical records.

3  
4 **ICD-10 CODES AND DESCRIPTIONS THAT SUPPORT MEDICAL NECESSITY**  
5 **Group 1 Paragraph**

6 One of the modifiers listed below must be reported with codes 11055, 11056, 11057,  
7 11719, G0127, and with codes 11720 and 11721 when the coverage is based on the  
8 presence of a qualifying systemic condition EXCEPT where the patient has evidence of  
9 neuropathy, but no vascular impairment, for which class findings modifiers are not  
10 required:

11  
12 **Modifiers**

Modifiers	Description
Q7	One Class A finding
Q8	Two Class B findings
Q9	Once Class B and Two Class C findings

13  
14 **Group 1 Codes:**

ICD-10 Codes	ICD-10 Code Description
A30.0	Indeterminate leprosy
A30.1	Tuberculoid leprosy
A30.2	Borderline tuberculoid leprosy
A30.3	Borderline leprosy
A30.4	Borderline lepromatous leprosy
A30.5	Lepromatous leprosy
A30.8	Other forms of leprosy
A50.41	Late congenital syphilitic meningitis
A50.42	Late congenital syphilitic encephalitis
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A52.11	Tabes dorsalis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency

ICD-10 Codes	ICD-10 Code Description
D81.818	Other biotin-dependent carboxylase deficiency
E08.41 - E08.49, E09.42, E09.49	*Diabetes mellitus due to underlying condition with neurological complications; drug or chemical induced diabetes mellitus with neurological complications
E08.51 - E08.59, E09.51 - E09.59	*Diabetes mellitus due to underlying condition with circulatory complications; drug or chemical induced diabetes mellitus with circulatory complications
E08.610, E09.610, E13.610	*Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy; drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy; other specified diabetes mellitus with diabetic neuropathic arthropathy
E10.41 - E10.49	*Type 1 diabetes mellitus with neurological complications
E10.51 - E10.59	* Type 1 diabetes mellitus with circulatory complications
E10.610	* Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.41 - E11.49	* Type 2 diabetes mellitus with neurological complications
E11.51 - E11.59	* Type 2 diabetes mellitus with circulatory complications
E11.610	*Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.42, E13.49	*Other specified diabetes mellitus with diabetic polyneuropathy - other specified diabetes mellitus with other diabetic neurological complication
E13.51 - E13.59	*Other specified diabetes mellitus with circulatory complications
E13.610	*Other specified diabetes mellitus with diabetic neuropathic arthropathy
E51.11 - E51.12	*Dry or wet beriberi
E52	*Niacin deficiency [pellagra]
E53.1	*Pyridoxine deficiency
E53.8	*Deficiency of other specified B group vitamins
E64.0	*Sequelae of protein-calorie malnutrition
E75.21 - E75.22	Fabry (-Anderson) disease - Gaucher disease
E75.240 - E75.248	Niemann-Pick disease
E77.0 – E77.8	Disorders of glycoprotein metabolism
E85.1, E85.3 - E85.4	Amyloidosis - neuropathic hereditary, secondary systemic, and organ-limited
E85.81 – E85.89	Light chain (AL) amyloidosis, wild-type transthyretin-related (ATTR) amyloidosis, and other amyloidosis

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ICD-10 Codes	ICD-10 Code Description
G04.1	Tropical spastic paraplegia
G11.10- G11.19	Early onset cerebellar ataxia
G12.21	Amyotrophic lateral sclerosis
G13.0 - G13.1	*Paraneoplastic neuromyopathy and neuropathy - Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35	*Multiple sclerosis
G60.0	Hereditary motor and sensory neuropathy
G60.1	Refsum's disease
G60.2	Neuropathy in association with hereditary ataxia
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G61.0	*Guillain-Barre syndrome
G61.1	*Serum neuropathy
G61.81, G61.89	Chronic inflammatory demyelinating polyneuritis - Other inflammatory polyneuropathies
G62.0	*Drug-induced polyneuropathy
G62.1	*Alcoholic polyneuropathy
G62.2	*Polyneuropathy due to other toxic agents
G62.81, G62.89	Critical illness polyneuropathy - Other specified polyneuropathies
G62.82	*Radiation-induced polyneuropathy
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0 - G65.2	Sequelae of inflammatory and toxic polyneuropathies
G70.1	*Toxic myoneural disorders
G70.81	*Lambert-Eaton syndrome in disease classified elsewhere
G73.1	*Lambert-Eaton syndrome in neoplastic disease
G73.3	*Myasthenic syndromes in other diseases classified elsewhere
G82.21 – G82.22	Paraplegia, complete - Paraplegia, incomplete
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G95.0	Syringomyelia and syringobulbia

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ICD-10 Codes	ICD-10 Code Description
I70.201 - I70.203	Unspecified atherosclerosis of native arteries of extremities (right leg, left leg, or bilateral legs)
I70.211 - I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication (right leg, left leg, or bilateral legs)
I70.221 - I70.223	Atherosclerosis of native arteries of extremities with rest pain (right leg, left leg, or bilateral legs)
I70.233 - I70.235	Atherosclerosis of native arteries of right leg with ulceration of ankle, heel and midfoot, or other part of foot
I70.241, I70.243, I70.244 – I70.245	Atherosclerosis of native arteries of left leg with ulceration of thigh, ankle, heel and midfoot, or other part of foot
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261 - I70.263	Atherosclerosis of native arteries of extremities with gangrene (right leg, left leg, or bilateral legs)
I70.291 - I70.293	Other atherosclerosis of native arteries of extremities (right leg, left leg, or bilateral legs)
I70.90 - I70.91	Generalized or unspecified atherosclerosis
I73.00 - I73.01	Raynaud's syndrome
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.81	Erythromelalgia
I73.89	Other specified peripheral vascular diseases
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I80.01 - I80.03	*Phlebitis and thrombophlebitis of superficial vessels of lower extremities
I80.11 - I80.13	*Phlebitis and thrombophlebitis of femoral vein
I80.211 - I80.213, I80.221 - I80.223, I80.231 - I80.233, I80.241 - I80.243, I80.251 - I80.253, I80.291- I80.293	*Phlebitis and thrombophlebitis of iliac vein, popliteal vein, tibial vein, peroneal vein, calf muscular vein, or other deep vessels of lower extremity
I82.541 - I82.543	*Chronic embolism and thrombosis of tibial vein
I82.811 - I82.813	*Embolism and thrombosis of superficial veins of lower extremities
I82.891	*Chronic embolism and thrombosis of other specified veins

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ICD-10 Codes	ICD-10 Code Description
I89.0	Lymphedema, not elsewhere classified
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	*Blind loop syndrome, not elsewhere classified
K90.3	*Pancreatic steatorrhea
K91.2	*Postsurgical malabsorption, not elsewhere classified
M05.471 - M05.472, M05.571 - M05.572, M05.771 –M05.772, M05.871 - M05.872, M06.071 - M06.072, M06.871 - M06.872	*Rheumatoid arthritis, ankle and foot
M30.0, M30.2, M30.8	Polyarteritis nodosa, Juvenile polyarteritis, and other conditions related to polyarteritis nodosa
M31.4	Aortic arch syndrome [Takayasu]
M31.7	Microscopic polyangiitis
M34.83	Systemic sclerosis with polyneuropathy
N18.1	*Chronic kidney disease, stage 1
N18.2	*Chronic kidney disease, stage 2 (mild)
N18.30- N18.32	*Chronic kidney disease, stage 3 unspecified, stage 3a, and stage 3b
N18.4	*Chronic kidney disease, stage 4 (severe)
N18.5	*Chronic kidney disease, stage 5
N18.6	*End stage renal disease
Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation: *For these diagnoses, the patient must be under the active care of a Doctor of Medicine or Osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.	



1 **Group 2 Paragraph**

2 Refer to Group 3 for the secondary ICD-10-CM codes required for coverage for codes  
3 11719, 11720, 11721 and G0127.

4

5 **Group 2 Codes:**

ICD-10 Codes	ICD-10 Code Description
B35.1	Tinea unguium
L60.2	Onychogryphosis
L60.3	Nail dystrophy

6

7 **Group 3 Paragraph**

8 For treatment of mycotic nails, or onychogryphosis, or onychauxis (codes 11719, 11720,  
9 11721 and G0127), in the absence of a systemic condition or where the patient has evidence  
10 of neuropathy, but no vascular impairment, for which class findings modifiers are not  
11 required, ICD-10 CM code B35.1, L60.2 or L60.3 respectively, must be reported as  
12 primary, with the diagnosis representing the patient’s symptom reported as the secondary  
13 ICD-10-CM code. Refer to the “Indications for Routine Foot Care” section of this policy.

14

15 Secondary Diagnoses to be reported with B35.1, L60.2 or L60.3 for treatment of mycotic  
16 nails, onychogryphosis, and onychauxis to indicate medical necessity:

17

18 **Group 3 Codes:**

ICD-10 Codes	ICD-10 Code Description
L02.611 - L02.612, L03.031 - L03.032, L03.041 – L03.042	Cutaneous abscess of foot, cellulitis of toe, or acute lymphangitis of toe
L60.0	Ingrowing nail
M79.671 - M79.672, M79.674 – M79.675	Pain in foot or pain in toe(s)
R26.0 - R26.1	Ataxic or paralytic gait
R26.2	Difficulty in walking, not elsewhere classified
R26.81, R26.89	Unsteadiness on feet and other abnormalities of gait and mobility

19

20 **Group 4 Paragraph**

21 CPT Codes 11055, 11056, 11057, 11719, 11720, 11721 and G0127

22

23 The ICD-10 codes below represent those diagnoses where the patient has evidence of  
24 neuropathy, but no vascular impairment, for which class findings modifiers are not  
25 required.

1 **Group 4 Codes:**

ICD-10 Codes	ICD-10 Code Description
A30.0	Indeterminate leprosy
A30.1	Tuberculoid leprosy
A30.2	Borderline tuberculoid leprosy
A30.3	Borderline leprosy
A30.4	Borderline lepromatous leprosy
A30.5	Lepromatous leprosy
A30.8	Other forms of leprosy
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A52.11	Tabes dorsalis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
D81.818	Other biotin-dependent carboxylase deficiency
E08.41 - E08.49, E09.42, E09.49	*Diabetes mellitus due to underlying condition with neurological complications; drug or chemical induced diabetes mellitus with neurological complications
E08.610, E09.610, E13.610	*Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy; drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy; other specified diabetes mellitus with diabetic neuropathic arthropathy
E10.41 - E10.49	*Type 1 diabetes mellitus with neurological complications
E10.610	* Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.41 - E11.49	* Type 2 diabetes mellitus with neurological complications
E11.610	*Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.42, E13.49	*Other specified diabetes mellitus with diabetic polyneuropathy - other specified diabetes mellitus with other diabetic neurological complication

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ICD-10 Codes	ICD-10 Code Description
E13.610	*Other specified diabetes mellitus with diabetic neuropathic arthropathy
E51.11 - E51.12	*Dry or wet beriberi
E52	*Niacin deficiency [pellagra]
E53.1	*Pyridoxine deficiency
E53.8	*Deficiency of other specified B group vitamins
E75.21 - E75.22	Fabry (-Anderson) disease - Gaucher disease
E75.240 - E75.248	Niemann-Pick disease
E77.0 – E77.8	Disorders of glycoprotein metabolism
E85.1	Neuropathic heredofamilial amyloidosis
G04.1	Tropical spastic paraplegia
G11.10- G11.19	Early onset cerebellar ataxia
G12.21	Amyotrophic lateral sclerosis
G13.0 - G13.1	*Paraneoplastic neuromyopathy and neuropathy - Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35	*Multiple sclerosis
G60.0	Hereditary motor and sensory neuropathy
G60.1	Refsum's disease
G60.2	Neuropathy in association with hereditary ataxia
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G61.0	*Guillain-Barre syndrome
G61.1	*Serum neuropathy
G61.81, G61.89	Chronic inflammatory demyelinating polyneuritis - Other inflammatory polyneuropathies
G62.0	*Drug-induced polyneuropathy
G62.1	*Alcoholic polyneuropathy
G62.2	*Polyneuropathy due to other toxic agents
G62.81, G62.89	Critical illness polyneuropathy - Other specified polyneuropathies
G62.82	*Radiation-induced polyneuropathy
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0 - G65.2	Sequelae of inflammatory and toxic polyneuropathies
G70.1	*Toxic myoneural disorders

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ICD-10 Codes	ICD-10 Code Description
G73.3	*Myasthenic syndromes in other diseases classified elsewhere
G82.21 – G82.22	Paraplegia, complete - Paraplegia, incomplete
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G95.0	Syringomyelia and syringobulbia
M05.571 - M05.572	*Rheumatoid arthritis, ankle and foot
M34.83	Systemic sclerosis with polyneuropathy
Group 4 Medical Necessity ICD-10 Codes Asterisk Explanation: *For these diagnoses, the patient must be under the active care of a Doctor of Medicine or Osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.	

1

2

## CPT®/HCPCS CODES AND DESCRIPTIONS

CPT®/HCPCS Code	CPT®/HCPCS Code Description
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); two to four lesions
11057	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); more than four lesions
11719	Trimming of nondystrophic nails, any number
11720	Debridement of nail(s) by any method(s); one to five
11721	Debridement of nail(s) by any method(s); six or more
G0127	Trimming of dystrophic nails, any number

3

4

## BACKGROUND

5

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this guideline. This documentation includes, but is

6

1 not limited to, relevant medical history, physical examination, and results of pertinent  
2 diagnostic tests or procedures.

3  
4 Documentation supporting the medical necessity, such as physical and/or clinical findings  
5 consistent with the diagnosis and indicative of severe peripheral involvement must be  
6 maintained in the patient record.

7  
8 Physical findings and services must be precise and specific (e.g., left great toe, or right  
9 foot, 4th digit). Documentation of co-existing systemic illness should be maintained.

10  
11 There must be adequate medical documentation to demonstrate the need for routine foot  
12 care services as outlined in this guideline. This documentation may be office records,  
13 physician notes or diagnoses characterizing the patient's physical status as being of such  
14 severity to meet the criteria for exceptions to the routine foot care exclusion.

15  
16 For debridement of mycotic nails, each service encounter, the medical record should  
17 contain a description of each nail which requires debridement. This should include, but is  
18 not limited to, the size (including thickness) and color of each affected nail. In addition,  
19 the local symptomatology caused by each affected nail resulting in the need for  
20 debridement must be documented. For CPT code 11720, documentation of at least one nail  
21 will be accepted. For CPT code 11721, complete documentation must be provided for at  
22 least 6 nails.

23  
24 Routine identification of cultures of fungi in the toenail is medically indicated when  
25 necessary to differentiate fungal disease from psoriatic nail, or when definitive treatment  
26 for prolonged oral antifungal therapy has been planned. If cultures are performed and  
27 billed, documentation of cultures and the need for prolonged oral antifungal therapy must  
28 be in the patient record and available to ASH upon request.

29  
30 Routine foot care services are considered medically necessary once (1) in 60 days. More  
31 frequent services will be considered not medically necessary. Services for debridement of  
32 more than five nails in a single day may be subject to special review.

### 33 34 **PRACTITIONER SCOPE AND TRAINING**

35 Practitioners should practice only in the areas in which they are competent based on their  
36 education, training and experience. Levels of education, experience, and proficiency may  
37 vary among individual practitioners. It is ethically and legally incumbent on a practitioner  
38 to determine where they have the knowledge and skills necessary to perform such services  
39 and whether the services are within their scope of practice.

40  
41 It is best practice for the practitioner to appropriately render services to a member only if  
42 they are trained, equally skilled, and adequately competent to deliver a service compared

1 to others trained to perform the same procedure. If the service would be most competently  
 2 delivered by another health care practitioner who has more skill and training, it would be  
 3 best practice to refer the member to the more expert practitioner.

4  
 5 Best practice can be defined as a clinical, scientific, or professional technique, method, or  
 6 process that is typically evidence-based and consensus driven and is recognized by a  
 7 majority of professionals in a particular field as more effective at delivering a particular  
 8 outcome than any other practice (Joint Commission International Accreditation Standards  
 9 for Hospitals, 2020).

10  
 11 Depending on the practitioner’s scope of practice, training, and experience, a member’s  
 12 condition and/or symptoms during examination or the course of treatment may indicate the  
 13 need for referral to another practitioner or even emergency care. In such cases it is prudent  
 14 for the practitioner to refer the member for appropriate co-management (e.g., to their  
 15 primary care physician) or if immediate emergency care is warranted, to contact 911 as  
 16 appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* policy for  
 17 information.

### 18 19 **References**

20 American Medical Association. (current year). *Current Procedural Terminology (CPT)*  
 21 Current year (rev. ed.). Chicago: AMA.

22  
 23 American Medical Association (current year). *HCPCS Level II*. American Medical  
 24 Association

25  
 26 American Medical Association. (current year). *ICD-10-CM*. American Medical  
 27 Association.

28  
 29 Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding:  
 30 Routine Foot Care (A57188); Retrieved on June 23, 2023 from  
 31 [https://www.cms.gov/medicare-coverage-](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57188&ver=20&keyword=A57188)  
 32 [database/view/article.aspx?articleid=57188&ver=20&keyword=A57188](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57188&ver=20&keyword=A57188)  
 33

34 Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding:  
 35 Routine Foot Care and Debridement of Nails (A57759); Retrieved on June 23, 2023  
 36 from [https://www.cms.gov/medicare-coverage-](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57759&ver=15&LCDId=33636&bc=AAAAAAABEAAA&=)  
 37 [database/view/article.aspx?articleid=57759&ver=15&LCDId=33636&bc=AAAA](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57759&ver=15&LCDId=33636&bc=AAAAAAABEAAA&=)  
 38 [AAABEAAA&=](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57759&ver=15&LCDId=33636&bc=AAAAAAABEAAA&=)  
 39

40 Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD):  
 41 Routine Foot Care and Debridement of Nails (L33636); Retrieved on June 23, 2023

1 from <https://www.cms.gov/medicare-coverage->  
2 [database/view/lcd.aspx?lcdid=33636&ver=52&bc=AAAAAABAAAA&=](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33636&ver=52&bc=AAAAAABAAAA&=)  
3  
4 Joint Commission International. (2020). Joint Commission International Accreditation  
5 Standards for Hospitals (7th ed.): Joint Commission Resources.