

1 **Clinical Practice Guideline:**      **Routine Foot Care (Medicare Advantage Supplement)**  
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4 **Date of Implementation:**            **September 16, 2021**  
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6 **Product:**                                **Specialty**  
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 9 **Related Policies:**

10 CPG 218: Routine Foot Care (Commercial and Medicare Part B  
 11 Benefits)  
 12

13 **GUIDELINES**

14 The American Specialty Health – Specialty (ASH) program may cover preventative routine  
 15 foot care as a Supplemental Medicare benefit when these services are not otherwise  
 16 covered under Medicare Required Routine Foot Care or other benefit provisions. This  
 17 guideline outlines the specific conditions for which coverage may be present.  
 18

19 **SUPPLEMENTAL ROUTINE FOOT CARE SERVICES**

20 Medicare Required Routine Foot Care is meant to provide foot care in the presence of  
 21 certain diagnoses and criteria See *Routine Foot Care (Commercial and Medicare Part B*  
 22 *Benefits) (CPG 218 – S)* for more information. In the absence of qualifying diagnoses and  
 23 criteria, the Supplemental Foot Care benefit can provide for services that Medicare  
 24 Required Routine Foot Care may not cover. Supplemental Routine Foot Care coverage,  
 25 when present, provides the following services, which are components of routine foot care  
 26 in general:

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

**INDICATIONS FOR SUPPLEMENTAL ROUTINE FOOT CARE**

- When supplemental benefit coverage is present, routine foot care services described above do not require an underlying diagnosis or comorbid conditions. Good routine foot care can reduce pain, increase mobility, and reduce the risk of falls. A member may need routine foot care services for several indications, for example:
- Inability to reach their toenails due to mobility or pain issues.
- Inability to operate nail clippers due to arthritis or other conditions.
- Toenails that have become too thick to cut.
- Visual impairment precluding safe foot care.
- Dizziness on bending disallowing self-care of feet.

Again, they would need to meet the base criteria of certain diagnoses to obtain this as a covered benefit. However, Supplemental Routine Foot Care benefit, if present, can provide this type of coverage when criteria/ diagnoses for Medicare Required Foot Care are not met.

**CPT/HCPCS CODES AND DESCRIPTIONS**

<b>CPT® /HCPCS Code</b>	<b>CPT® /HCPCS Code Description</b>
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

**COVERED ICD-10 CODES**

<b>ICD-10 CODE</b>	<b>ICD-10 Code Description</b>
Z01.89	Encounter for other specified special examinations

1 **LIMITATIONS AND EXCLUSIONS**

2 Services ordinarily considered routine may be covered under other benefits if they are  
 3 performed as a necessary and integral part of otherwise covered services, such as diagnosis  
 4 and treatment of diabetic ulcers, wounds, or infections or if the member meets criteria for  
 5 Medicare required routine foot care. See *Routine Foot Care (Commercial and Medicare*  
 6 *Part B Benefits) (CPG 218 – S)* for more information.

7  
 8 **Debridement of Mycotic Nails**

9 If the member has mycotic nail(s) requiring debridement and there is significant pain,  
 10 marked limitation of ambulation, or secondary infection, then the Medicare Required  
 11 Routine Foot Care benefit may provide coverage by the Medicare Advantage health plan.  
 12 See *Routine Foot Care (Commercial and Medicare Part B Benefits) (CPG 218 – S)* for  
 13 more information.

14  
 15 The Supplemental Medicare Foot Care coverage, when present, can cover the debridement  
 16 of mycotic nails if ALL the following criteria are present:

- 17 • No documented evidence of either significant pain, marked limitation of  
 18 ambulation, or secondary infection.

19 AND

- 20 • Patient does not experience significant pain due to the mycotic nail(s),
- 21 • Patient does not have ambulation limitations related to the mycotic nail(s)
  - 22 ○ Patient does not need assistive devices or brace to unload the affected toe(s),
  - 23 ○ Patient does not have worsening of baseline ambulation,
- 24 • Patient does not require systemic antibiotics due to secondary infection related to  
 25 the mycotic nail(s).

26  
 27 **DESCRIPTION/BACKGROUND**

28 Medical documentation should demonstrate the need for routine foot care and service  
 29 performed. This documentation may be office records, physician notes or diagnoses  
 30 characterizing the patient's physical status. See *Medical Record Maintenance and*  
 31 *Documentation Practices (CPG 110 – S)* for more information.

32  
 33 Physical findings and services must be precise and specific (e.g., left great toe, or right  
 34 foot, 4th digit). Documentation of co-existing systemic illness should be maintained.

35  
 36 **PRACTITIONER SCOPE AND TRAINING**

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

1 It is best practice for the practitioner to appropriately render services to a member only if  
 2 they are trained, equally skilled, and adequately competent to deliver a service compared  
 3 to others trained to perform the same procedure. If the service would be most competently  
 4 delivered by another health care practitioner who has more skill and training, it would be  
 5 best practice to refer the member to the more expert practitioner.

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

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

## 20 21 **References**

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

24  
 25 American Medical Association (current year). *HCCPS Level II*. American Medical  
 26 Association

27  
 28 American Medical Association. (current year). *ICD-10-CM*. American Medical  
 29 Association

30  
 31 Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding:  
 32 Routine Foot Care (A57188); Retrieved on June 23, 2023 from  
 33 [https://www.cms.gov/medicare-coverage-](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57188&ver=20&keyword=A57188)  
 34 [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)

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

- 1 Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD):  
2 Routine Foot Care and Debridement of Nails (L33636); Retrieved on June 23, 2023  
3 from [https://www.cms.gov/medicare-coverage-](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33636&ver=52&bc=AAAAAABAAAA&=)  
4 [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&=)  
5  
6 Joint Commission International. (2020). Joint Commission International Accreditation  
7 Standards for Hospitals (7th ed.): Joint Commission Resources  
8  
9 Woodrow P, Dickson N, & Wright P. (2005). Foot care for non-diabetic older people. *Nurs*  
10 *Older People*, 17(8):31-32. doi:10.7748/nop2005.11.17.8.31.c2395