Clinical Practice Guideline: **Routine Foot Care (Medicare Advantage Supplement)**

Date of Implementation: **September 16, 2021**

Product: **Specialty**

Related Policies:
CPG 308: Routine Foot Care (Medicare Part B)

GUIDELINES

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

SUPPLEMENTAL ROUTINE FOOT CARE SERVICES

Medicare Required Routine Foot Care is meant to provide foot care in the presence of certain diagnoses and criteria. See *Routine Foot Care (Medicare Part B) (CPG 308 – S)* clinical practice guideline for more information. In the absence of qualifying diagnoses and criteria, the Supplemental Foot Care benefit can provide for services that Medicare Required Routine Foot Care does not cover. Supplemental Routine Foot Care coverage, when present, provides the following in-office services, which are components of routine foot care, ~~regardless of the provider rendering the service~~::

- 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 and the use of skin creams to maintain skin tone of either ambulatory or bedfast patients, and any other services performed in the absence of localized illness, injury, or symptoms involving the foot.

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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.

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

ICD-10 Codes and Descriptions

ICD-10 Code	ICD-10 Code Description
Z01.89	Encounter for other specified special examinations

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LIMITATIONS AND EXCLUSIONS

Services ordinarily considered routine may be covered under other benefits if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of diabetic ulcers, wounds, or infections or if the member meets criteria for Medicare required routine foot care. See *Routine Foot Care (Medicare Part B) (CPG 308 – S)* for more information.

Debridement of Mycotic Nails

If the member has mycotic nail(s) requiring debridement and there is significant pain, marked limitation of ambulation, or secondary infection, then the Medicare Required Routine Foot Care benefit may provide coverage by the Medicare Advantage health plan. See *Routine Foot Care (Medicare Part B) (CPG 308 – S)* for more information.

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

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

AND

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

DESCRIPTION/BACKGROUND

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

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

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

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

PRACTITIONER SCOPE AND TRAINING

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

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

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

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

REFERENCES

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

American Medical Association (current year). HCPCS Level II. American Medical Association

American Medical Association. (current year). ICD-10-CM. American Medical Association

Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: Routine Foot Care (A57188); Retrieved on May 31, 2024 from https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57188&ver=23&keyword=A57188

Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: Routine Foot Care and Debridement of Nails (A57759); Retrieved on May 31, 2024 from https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57759&ver=29&LCDId=33636&bc=AAAAAAABEAAA&=

Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Routine Foot Care and Debridement of Nails (L33636); Retrieved on May 31, 2024 from https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33636&ver=52&bc=AAAAAAABAAAA&=

Joint Commission International. (2020). Joint Commission International Accreditation Standards for Hospitals (7th ed.): Joint Commission Resources

Woodrow P, Dickson N, & Wright P. (2005). Foot care for non-diabetic older people. Nurs Older People, 17(8):31-32. doi:10.7748/nop2005.11.17.8.31.c2395

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