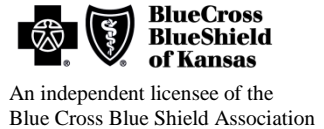


Medical Policy



Title: Foot Care Services

Professional

Original Effective Date: April 6, 2011
 Revision Date(s): July 15, 2011;
 August 12, 2011; January 3, 2012;
 June 7, 2013; December 31, 2013;
 September 16, 2015; September 1, 2016;
 March 14, 2018
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Institutional

Original Effective Date: June 21, 2011
 Revision Date(s): July 15, 2011;
 August 12, 2011; January 3, 2012;
 June 7, 2013; December 31, 2013;
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 March 14, 2018
 Current Effective Date: June 7, 2013

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION

Routine foot care includes any foot care service performed in the absence of localized illness, injury, or symptoms, involving the foot. These services include cutting or removal of corns and calluses; clipping or trimming of normal or 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; and other hygienic and preventive maintenance care in the realm of self-care, such as cleaning and soaking the feet and the use of skin creams to maintain skin tone of both ambulatory and bedridden patients.

POLICY

- A. Routine foot care is considered **medically necessary** when systemic conditions such as metabolic, neurologic, or peripheral vascular disease exists and results in medically significant circulatory deficits or decreased sensation to the foot, such that the performance of routine foot care by a nonprofessional person may pose a hazard.
- B. Trimming or debridement of diseased, deformed or dystrophic nails may be considered **medically necessary** if performance by a nonprofessional person may pose a hazard.
- C. Paring or cutting of a benign hyperkeratotic lesion may be considered **medically necessary** if performance by a nonprofessional may pose a hazard.
- D. Routine foot care in all other instances is a **not medically necessary** service.

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT/HCPCS

- 11055 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
- 11056 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
- 11057 Paring or cutting of benign hyperkeratotic 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
- 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 Diagnoses

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| A52.15 | Late syphilitic neuropathy |
| E08.42 | Diabetes mellitus due to underlying condition with diabetic polyneuropathy |
| E09.42 | Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy |
| E10.41 | Type 1 diabetes mellitus with diabetic mononeuropathy |
| E10.42 | Type 1 diabetes mellitus with diabetic polyneuropathy |
| E10.43 | Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E10.44 | Type 1 diabetes mellitus with diabetic amyotrophy |
| E10.49 | Type 1 diabetes mellitus with other diabetic neurological complication |
| E10.51 | Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E10.52 | Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E10.59 | Type 1 diabetes mellitus with other circulatory complications |
| E10.610 | Type 1 diabetes mellitus with diabetic neuropathic arthropathy |
| E11.41 | Type 2 diabetes mellitus with diabetic mononeuropathy |
| E11.42 | Type 2 diabetes mellitus with diabetic polyneuropathy |
| E11.43 | Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E11.44 | Type 2 diabetes mellitus with diabetic amyotrophy |
| E11.49 | Type 2 diabetes mellitus with other diabetic neurological complication |
| E11.51 | Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E11.52 | Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E11.59 | Type 2 diabetes mellitus with other circulatory complications |
| E11.610 | Type 2 diabetes mellitus with diabetic neuropathic arthropathy |
| E13.41 | Other specified diabetes mellitus with diabetic mononeuropathy |
| E13.42 | Other specified diabetes mellitus with diabetic polyneuropathy |
| E13.43 | Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E13.44 | Other specified diabetes mellitus with diabetic amyotrophy |
| E13.49 | Other specified diabetes mellitus with other diabetic neurological complication |
| E13.51 | Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E13.52 | Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E13.59 | Other specified diabetes mellitus with other circulatory complications |
| E13.610 | Other specified diabetes mellitus with diabetic neuropathic arthropathy |
| G13.0 | Paraneoplastic neuromyopathy and neuropathy |
| G13.1 | Other systemic atrophy primarily affecting central nervous system in neoplastic disease |
| G57.81 | Other specified mononeuropathies of right lower limb |
| G57.82 | Other specified mononeuropathies of left lower limb |
| G57.83 | Other specified mononeuropathies of bilateral lower limbs |
| G60.0 | Hereditary motor and sensory neuropathy |
| G60.1 | Refsum's disease |
| G60.3 | Idiopathic progressive neuropathy |
| G60.8 | Other hereditary and idiopathic neuropathies |
| G61.1 | Serum neuropathy |
| G61.81 | Chronic inflammatory demyelinating polyneuritis |
| G62.0 | Drug-induced polyneuropathy |
| G62.1 | Alcoholic polyneuropathy |
| G62.2 | Polyneuropathy due to other toxic agents |
| G62.82 | Radiation-induced polyneuropathy |
| G65.0 | Sequelae of Guillain-Barré syndrome |
| G65.1 | Sequelae of other inflammatory polyneuropathy |
| G65.2 | Sequelae of toxic polyneuropathy |
| I70.211 | Atherosclerosis of native arteries of extremities with intermittent claudication, right leg |
| I70.212 | Atherosclerosis of native arteries of extremities with intermittent claudication, left leg |

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| 170.213 | Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs |
| 170.221 | Atherosclerosis of native arteries of extremities with rest pain, right leg |
| 170.222 | Atherosclerosis of native arteries of extremities with rest pain, left leg |
| 170.223 | Atherosclerosis of native arteries of extremities with rest pain, bilateral legs |
| 170.234 | Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot |
| 170.235 | Atherosclerosis of native arteries of right leg with ulceration of other part of foot |
| 170.244 | Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot |
| 170.245 | Atherosclerosis of native arteries of left leg with ulceration of other part of foot |
| 170.261 | Atherosclerosis of native arteries of extremities with gangrene, right leg |
| 170.262 | Atherosclerosis of native arteries of extremities with gangrene, left leg |
| 170.263 | Atherosclerosis of native arteries of extremities with gangrene, bilateral legs |
| 173.1 | Thromboangiitis obliterans [Buerger's disease] |
| 173.9 | Peripheral vascular disease, unspecified |
| M05.571 | Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot |
| M05.572 | Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot |
| M34.83 | Systemic sclerosis with polyneuropathy |

REVISIONS

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| 07-15-2011 | Policy added to the bcbsks.com web site. |
| 08-12-2011 | In Coding section: <ul style="list-style-type: none"> ▪ Added HCPCS Code: G0127 |
| 01-03-2012 | In Policy section: <ul style="list-style-type: none"> ▪ Revised wording from: "B. Routine foot care in all other instances is a non-covered service." to "B. Routine foot care in all other instances is a not medically necessary service." because prior statement was not supported by the member contract. |
| 06-07-2013 | In Policy section: <ul style="list-style-type: none"> ▪ Added two statements to clarify medically necessary services: "Trimming or debridement of diseased, deformed or dystrophic nails may be considered medically necessary if performance by a nonprofessional person may pose a hazard." and "Paring or cutting of a benign hyperkeratotic lesion may be considered medically necessary if performance by a nonprofessional may pose a hazard." |
| 12-31-2013 | Added ICD-10 codes |
| 09-16-2015 | Policy reviewed. |
| 09-01-2016 | Policy reviewed. In Coding section: <ul style="list-style-type: none"> ▪ Added ICD-10 Code: G57.83 (effective 10-01-2016) |
| 03-14-2018 | Policy reviewed with no changes made. |