



Manual: IU Health Plans
Department: Utilization Management
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Health Plans

Medicare Advantage

X Commercial

Routine Foot Care Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Routine Foot Care.

II. Scope

This policy applies to all Utilization Management staff having decision-making responsibilities where authorization is required for Full-insured commercial plans.

III. Exceptions

1. Claims submitted by a podiatrist for routine foot care must identify the attending or referring physician and list the diagnosis or medical reason necessitating the treatment.
2. Routine foot care is limited to once every 60 days when performed by a physician or podiatrist unless documentation substantiates the medical necessity for increased frequency. The documentation should include evidence of the patient's physical status as being of such an acute or severe nature that more frequent services are appropriate.
3. Medical care provided on the same day as routine foot care by the same doctor for the same condition is not eligible for payment except if it is the initial Evaluation and Management (E&M) service performed to diagnose the patient's condition or if the E&M service is a significant separately identifiable service. In this case, the modifier 25 must be reported with the E&M service and the medical records must clearly document the E&M service reported.
4. Whirlpool treatment performed prior to routine foot care to soften the nails or skin is **not** eligible for separate reimbursement.
5. Services normally considered routine may be covered if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of ulcers, wounds or infections.
6. Fungus cultures, Potassium Hydroxide (KOH) preparations and/or dermatophyte testing performed on toenail clippings in the doctor's office are not routinely covered. Only exception is when required to differentiate fungal disease from psoriatic nails and definitive treatment for a prolonged period of time is being planned to involve the use of prescription medication.
7. Onychomycosis may present as one or more nail findings, including hypertrophy/thickening, lysis, discoloration, brittleness or loosening of the nail plate. Fungal disease of the toenails is usually a relatively benign condition and may produce little or no symptoms beyond white opacities on the nails. Service may be covered if it is in the presence of systemic disease or causing marked limitation of ambulation or pain.
8. Clinical documentation in order to audit claims data may be requested.
9. Treatment of warts on the foot is covered to the same extent as services provided for

the treatment of warts located elsewhere on the body.

IV. Definitions

Routine Foot Care is the paring, cutting, or trimming of corns (tylomas) and calluses, or debridement and trimming of toenails in the absence of localized illness, injury or symptoms involving the foot.

1. Components of routine foot care include:
 - a. Cutting or removal of corns and calluses
 - b. Clipping, trimming, or debridement of nails
 - c. Shaving, paring, cutting or removal of keratoma, tyloma, and heloma
 - d. Non-definitive simple, palliative treatments like shaving or paring of plantar warts which do not require thermal or chemical cautery and curettage
 - e. 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
 - f. Any services performed in the absence of localized illness, injury, or symptoms involving the foot
2. Debridement of nails, whether by electric grinder or manual method, is a temporary reduction in the length and thickness (short of avulsion) of an abnormal nail plate. It is performed most commonly without anesthesia to accomplish one or more of the following objectives:
 - a. Relief of pain
 - b. Treatment of infection (bacterial, fungal, and viral)
 - c. Temporary removal of an anatomic deformity such as onychauxis (thickened nail), or certain types of onychogryphosis (ingrown nail)
 - d. Exposure of subungual conditions for the purpose of treatment as well as diagnosis (biopsy, culture, etc.)
 - e. As a prophylactic measure to prevent further problems, such as a subungual ulceration in an insensate patient with onychauxis.

V. Policy Statements

IU Health Plans considers Routine Foot Care medically necessary for **ONE** of the following indications:

1. When the member has a systemic condition resulting in severe circulatory insufficiency and/or areas of desensitization in the legs or feet, such as diabetes mellitus, peripheral vascular disease, peripheral neuropathy, and severe collagen vascular diseases.
2. In the absence of a systemic conditions:
 - a. Ambulatory patients with marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of infected toenail plate
 - b. Non- ambulatory patients suffering from pain or infection resulting from the thickening and dystrophy of infected toenail plates

2. One Class B finding (listed above) and two Class C findings (listed below)
 - a. Paresthesia (abnormal spontaneous sensations)
 - b. Edema
 - c. Temperature changes (e.g., cold feet)
 - d. Claudication
 - e. Burning

3. Treatment of Mycotic Nails: Payment may be made for the debridement of mycotic nails only when the attending physician documents a mycotic condition in the absence of a systemic condition with ONE of the following indications:
 1. Ambulatory patient must have marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of infected toenail plate.
 2. Non ambulatory patient suffers from pain or secondary infection resulting from the thickening and dystrophy of infected toenail plate.

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT codes	
11055	Paring or cutting of benign hyperkeratotic lesion (e.g. corn or calluses), single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus), two to four
11057	Paring or cutting of benign hyperkeratotic lesion (e.g. corn or callus), more than four lesions
11719	Trimming of non-dystrophic 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 non-dystrophic nails, any number
G0247	G0247 -Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protection 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
Note: When the member's condition is one of those designated by an asterisk (*), routine procedures are covered only if the member is under the active care of a physician who documents the condition.	
ICD-10 codes covered if selection criteria are met:	
A30.0-A30.9	All Types of Leprosy (Hansen's disease)
B20	Human Immunodeficiency Virus Disease
B35.0-B35.9	Dermatophytosis
A50.1	Early congenital syphilis, latent
A50.40-A50.49	Late congenital neurosyphilis (Juvenile neurosyphilis)
A52.10-A52.19	Symptomatic neurosyphilis
E08.00-E08.29	Diabetes mellitus due to underlying condition
E08.40-E08.49	Diabetes mellitus due to underlying condition with neurological complications

E08.51-E08.628	Diabetes mellitus due to underlying conditions with diabetic peripheral angiopathy to dermatitis
E08.8	Diabetes mellitus due to underlying condition unspecified
*E09.00-E09.29	Diabetes mellitus with nephropathy, renal failure, etc.
*E09.610-E09.618	Diabetes mellitus with diabetic arthropathy
*E09.620-E09.628	Diabetes mellitus with drug or chemical induced skin complications
*E10.10-E13	Diabetes mellitus type 1 or 2 for various reasons
E52	Niacin deficiency (pellagra)
E53.0-E53.9	Deficiency of B-Complex components
E74.8	Renal Glycosuria
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.249	Niemann-Pick disease, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E85.8-E85.9	Amyloidosis, other and unspecified
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
G12.21	Amyotrophic lateral sclerosis (ALS)
G90.01-G90.09	Idiopathic peripheral autonomic neuropathy
G35	Multiple Sclerosis
G60.0-G60.9	Hereditary motor and sensory neuropathy
G61.0	Acute infective polyneuritis
*G62.0-G62.9	Polyneuropathy unspecified and other
*G61.81-G61.9	Inflammatory polyneuropathy, chronic to unspecified
G63	Polyneuropathy in diseases classified elsewhere
I70.201-I70.299	Atherosclerosis of native arteries of extremities
I70.90-I70.92	General and unspecified Atherosclerosis

I73.00-I73.01	Raynaud's syndrome
I73.1	Thromboangitis obliterans (Buerger's disease)
I73.89	Other specified peripheral vascular diseases
I73.9	Peripheral vascular disease, unspecified
I77.1	Stricture of artery
I77.71-I77.79	Other arterial dissection
I79.1	Aortitis in diseases classified elsewhere
*I79.8	Other disorders of arteries, arterioles, and capillaries in diseases classified elsewhere
*I80.00-I80.9	Phlebitis and thrombophlebitis lower extremities
I89.0	Lymphedema, not elsewhere classified
I87.001-I87.099	Post-thrombotic syndrome
I87.1	Compression of vein
I87.301-I87.399	Chronic venous hypertension (idiopathic)
I87.2	Venous insufficiency (chronic) (peripheral)
I95-I99	Other and unspecified disorders of the circulatory system
I77.4	Celiac artery compression syndrome
K90.1	Tropical sprue
K90.9	Intestinal malabsorption, unspecified
N18.1-N19	Chronic kidney disease
O24.011-O24.93	Diabetes mellitus in pregnancy, childbirth, and the puerperium
L02.611-L02.619	Cutaneous abscess of foot
L03.031-L03.039	Cellulitis of toe
L03.115-L03.119	Cellulitis of lower limbs
L03.041-L03.049	Acute lymphangitis of toe
L03.125-L03.129	Acute lymphangitis of lower limbs
L60.0	Ingrown nail
R26.0	Ataxic gait
R26.1	Paralytic gait
R26.2	Difficulty in walking, not elsewhere classified
R26.81	Unsteadiness on feet
R26.89	Other abnormalities of gait and mobility
R26.9	Unspecified abnormalities of gait and mobility
M79.601-M79.659	Pain in limbs, hand, foot, fingers and toes
M79.661-M79.669	Pain in lower leg
M79.671-M79.676	Pain in foot/toe
R60.0	Localized edema
Q82.0	Hereditary edema

S89.001A-S89.92XS	Injury to lower extremities
*Z79.01	Long term (current) use of anticoagulants

VI. Procedures

None

VII. References/Citations

1. Center for Medicare & Medicaid Services (CMS):Local Coverage Article: Billing And Coding: Foot Care .A56232. Contractor Wisconsin Physicians Service Insurance Corporation. Revision Effective Date 10/1/2023 [Article - Billing and Coding: Foot Care \(A56232\) \(cms.gov\)](#)
2. Center for Medicare & Medicaid Services (CMS): Local Coverage Determination (LCD) Routine Foot Care L35138. Contractor: Novitas Solutions. Revision Effective Date 10/17/2019. [LCD - Routine Foot Care \(L35138\) \(cms.gov\)](#)
3. Marn Pernat, A., Peršič, V., Usvyat, L., Saunders, L., Rogus, J., Maddux, F. W., Lacson, E., Jr, & Kotanko, P. (2016). Implementation of routine foot check in patients with diabetes on hemodialysis: associations with outcomes. *BMJ open diabetes research & care*, 4(1), e000158. <https://doi.org/10.1136/bmjdr-2015-000158>
4. Miikkola, M., Lantta, T., Suhonen, R., & Stolt, M. (2019). Challenges of foot self-care in older people: a qualitative focus-group study. *Journal of foot and ankle research*, 12, 5. <https://doi.org/10.1186/s13047-019-0315-4>
5. Song K, Chambers AR. Diabetic Foot Care. [Updated 2023 Jul 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK553110/>

VIII. Forms/Appendices

None

IX. Responsibility

Medical Director

This Policy is proprietary and confidential. No part of this Policy may be disclosed in any manner to a third party without the prior written consent of IU Health Plans, Inc.