

**No review or update is scheduled on this Medical Policy as it is unlikely that further published literature would change the policy position. If there are questions about coverage of this service, please contact Blue Cross and Blue Shield of Kansas customer service, your professional or institutional relations representative, or submit a predetermination request.**

## Medical Policy



**Title: Foot Care Services**

<b>Professional</b>	<b>Institutional</b>
Original Effective Date: April 6, 2011	Original Effective Date: June 21, 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; February 25, 2021; April 20, 2022	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; February 25, 2021; April 20, 2022
Current Effective Date: June 7, 2013	Current Effective Date: June 7, 2013

**Archived Date: February 17, 2023**

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**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.**

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## **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.

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## **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.**

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## CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. This may not be a comprehensive list of procedure codes applicable to this policy.

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.

The code(s) listed below are medically necessary ONLY if the procedure is performed according to the "Policy" section of this document.

<b>CPT/HCPCS</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); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic lesion (e.g., 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

<b>ICD-10 DIAGNOSES</b>	
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

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<b>ICD-10 DIAGNOSES</b>	
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

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<b>ICD-10 DIAGNOSES</b>	
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
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.9	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

<b>REVISIONS</b>	
07-15-2011	Policy added to the bcbsks.com web site.
08-12-2011	In Coding section: ▪ Added HCPCS Code: G0127
01-03-2012	In Policy section: ▪ 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: ▪ 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."

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<b>REVISIONS</b>	
12-31-2013	Added ICD-10 codes
09-16-2015	Policy reviewed.
09-01-2016	Policy reviewed. In Coding section: ▪ Added ICD-10 Code: G57.83 (effective 10-01-2016)
03-14-2018	Policy reviewed with no changes made.
02-24-2021	Policy reviewed with no changes made.
04-20-2022	Medical policy reviewed with no changes made
02-17-2023	Archived