Routine Foot Care

Policy Number:	**M20150115009**
Effective Date:	**3/1/2015**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☐Child Health Plus; ☒ Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth criteria for **routine foot care**.

Policy:

Commercial and Self-Funded Plans:
The following services are considered to be components of routine foot care, regardless of the provider rendering the service:

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

Routine foot care is not covered. Foot care that would otherwise be considered routine may be covered only in the following circumstances when medically necessary:

1. Presence of a systemic condition, such as metabolic, neurologic, or peripheral vascular disease of sufficient severity that performance of such services by a nonprofessional person would place the patient at risk (e.g., a systemic condition that has resulted in severe circulatory deficits or areas of diminished sensation in the patient's legs or feet).

2. The treatment of warts (including plantar warts) on the foot is covered to the same extent as services provided for the treatment of warts located elsewhere on the body.

3. In certain circumstances, services normally considered routine may be covered if they are performed as a necessary and integral part of otherwise covered services, such as the diagnosis and treatment of ulcers, wounds, or infections.

4. Treatment of mycotic nails may be covered under the exceptions to the routine foot care exclusion. The class findings, outlined below, or the presence of qualifying systemic illnesses causing a peripheral neuropathy, must be present. Payment may be made for the debridement of a mycotic nail (whether by manual method or by electrical grinder) when definitive antifungal treatment options have been reviewed and discussed with the patient at the initial visit and the physician attending the mycotic condition documents that the following criteria:

    - In the absence of a systemic condition, the following criteria must be met:
        - In the case of ambulatory patients there exists:
            - Clinical evidence of mycosis of the toenail, and
            - Marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.
        - In the case of non-ambulatory patients there exists:
            - Clinical evidence of mycosis of the toenail, and
            - The patient suffers from pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

The following are **examples** of conditions that may justify coverage of foot care that would otherwise be considered routine:

Diabetes mellitus *
Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis)
Buerger's disease (thromboangiitis obliterans)
Chronic thrombophlebitis *
Peripheral neuropathies involving the feet -
Associated with malnutrition and vitamin deficiency *
- Malnutrition (general, pellagra)
- Alcoholism
- Malabsorption (celiac disease, tropical sprue)
- Pernicious anemia

Associated with diabetes mellitus *
Associated with drugs and toxins *
Associated with multiple sclerosis
Associated with uremia (chronic renal disease) *
Associated with leprosy or neurosyphilis
Associated with hereditary disorders
- Hereditary sensory radicular neuropathy
- Angiokeratoma corporis diffusum (Fabry's)
- Amyloid neuropathy

When the patient's condition is one of those designated by an asterisk (*), the patient must be under the active care of a Doctor of Medicine or osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.

Medicare Advantage:
There is currently a Local Coverage Article (LCA) and a Local Coverage Determination (LCD) for Routine Foot Care. Please refer to the links listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, and Essential Plan:
Per New York State coverage criteria, covered services must include routine foot care provided by qualified provider types when any member's (regardless of age) physical condition poses a hazard due to the presence of localized illness, injury or symptoms involving the foot, or when performed as a necessary and integral part of otherwise covered services such as the diagnosis and treatment of diabetes, ulcers, and infections.

Routine hygienic care of the feet, the treatment of corns and calluses, the trimming of nails, and other hygienic care such as cleaning or soaking feet, is not covered in the absence of a pathological condition.

Pre-Authorization Required? Yes ☐ No☒

Pre-authorization is not required at the present time. Criteria above will be utilized upon retro-review.

Definitions

Mycotic nail or onychomycosis is a fungal infection of the nail bed, matrix, and/or plate. The infection invades the nail bed and underside of the nail plate.

Routine foot care includes the cutting or removal of corns and calluses, trimming or cutting of nails, treatment of simple ingrown nails, other hygienic and preventive maintenance care in the realm of self-care, and any services performed in the absence of localized illness, injury, or symptoms involving the foot.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

Medscape [web site]. Onychomycosis. Updated October 5, 2020. Available at: http://emedicine.medscape.com/article/1105828-overview
Accessed July 1, 2025

Wexler, DJ. Evaluation of the diabetic foot. In: Up-to-date, Post TW (Ed), Up-to-date, Waltham, MA. (Accessed on September 11, 2024).

Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. Local Coverage Article: Billing and Coding: Routine Foot Care and Debridement of Nails (A57759). Available at: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57759&ver=32&bc=0 Accessed July 1, 2025.

Centers for Medicare and Medicaid (CMS) [web site]. Local Coverage Determination (LCD): Routine Foot Care and Debridement of Nails (L33636). Available at: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33636&ver=52 Accessed July 1, 2025

Centers for Medicare and Medicaid (CMS) [web site]. Medicare Benefit Policy Manual Chapter 15 290.– Covered Medical and Other Health Services.(Rev. 13051; Issued: 01-16-25) . Available at: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf
Accessed July 1, 2025

New York State Medicaid Update (web site). October 2012; Volume 28, pp.8-9. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2012/oct12mu.pdf
Accessed July 1, 2025

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
11/1/2025	Health Care Services	Reviewed
11/1/2024	Health Care Services	Reviewed
11/1/2023	Health Care Services	Reviewed
11/1/2022	Health Care Services	Reviewed
11/1/2021	Health Care Services	Reviewed
11/1/2020	Health Care Services	Revised
12/1/2019	Medical Management	Revised
12/1/2018	Medical Management	Revised
1/1/2017	Medical Management	Revised
2/1/2016	Medical Management	Revised
12/1/2015	Medical Management	Revised
9/1/2015	Medical Management	Revised