Foot Care Services

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Instructions for Use

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Related Medicare Advantage Policy Guidelines

- Podiatry
- Vitamin B12 Injections to Strengthen Tendons, Ligaments, etc., of the Foot (NCD 150.6)
- Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (NCD 70.2.1)

Coverage Guidelines

Foot care services are only covered when Medicare coverage criteria are met.

Note: Depending on the member's plan, members may have supplemental routine foot care benefit. Refer to the member's Evidence of Coverage (EOC) or contact the Customer Service Department to determine coverage eligibility for supplemental foot care benefit.

Routine Foot Care

Covered Services

Routine foot care, which is normally excluded from coverage, is covered for the following:

- Services performed as a necessary and integral part of otherwise covered services such as:
  - Diagnosis and treatment of ulcers, wounds, or infections;
  - Trimming or cutting of nails to fit a cast on the foot and or leg if included in the expense for the treatment of the fractured foot or leg. (Separate charges may be denied).
- The presence of a systemic condition such as metabolic, neurologic, or vascular conditions that may require scrupulous foot care by a professional. Procedures that are otherwise considered routine are recommended when systemic condition(s), demonstrated through physical and/or clinical findings, result in severe circulatory embarrassment or areas of diminished sensation in the legs or feet and when such services may pose a hazard if performed by a nonprofessional. Patients with systemic conditions such as diabetes mellitus, chronic thrombophlebitis, and peripheral neuropathies involving the feet must be under the active care of a doctor of medicine or doctor of osteopathy who documents the condition in the patient's medical record.
- Treatment of warts, including plantar warts, on the foot is covered to the same extent as services provided for treatment of warts located elsewhere on the body.
- Mycotic nails: In the absence of a systemic condition, treatment of mycotic nails may be covered, when the following criteria are met:
  - Ambulatory patient

        - There is clinical evidence of mycosis of the toenail, and
        - The patient has marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.
    - Non-ambulatory patient
        - There is 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.

    Note: Treatment of fungal (mycotic) infection of the nail is limited to no more than once every 60 days unless medical documentation supports the need for more visits.

Systemic Conditions That May Justify Coverage

Although not intended as a comprehensive list, the following metabolic, neurologic, and peripheral vascular diseases (with synonyms in parentheses) most commonly represent the underlying conditions that might justify coverage for routine foot care.

- 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 carcinoma*
    - Associated with diabetes mellitus*
    - Associated with drugs and toxins*
    - Associated with multiple sclerosis*
    - Associated with uremia (chronic renal disease)*
    - Associated with traumatic injury
    - 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 (*), routine procedures are covered only if the patient is under the active care of a doctor of medicine or osteopathy who documents the condition.

Presumptive Foot Care Service Coverage

In evaluating whether the routine services can be reimbursed, a presumption of coverage may be made where the evidence available discloses certain physical and/or clinical findings consistent with the diagnosis and indicative of severe peripheral involvement. For purposes of applying this presumption the following findings are pertinent:

Class A Findings:

- Nontraumatic amputation of foot or integral skeletal portion thereof.

Class B Findings:

- Absent posterior tibial pulse;
- Advanced trophic changes as: hair growth (decrease or absence) nail changes (thickening) pigmentary changes (discoloration) skin texture (thin, shiny) skin color (rubor or redness) (Three required); and
- Absent dorsalis pedis pulse.

Class C Findings:

- Claudication;

- Temperature changes (e.g., cold feet);
- Edema;
- Paresthesias (abnormal spontaneous sensations in the feet); and
- Burning.

The presumption of coverage may be applied when the physician rendering the routine foot care has identified:
- A Class A finding;
- Two of the Class B findings; or
- One Class B and two Class C findings.

Cases evidencing findings falling short of these alternatives may involve podiatric treatment that may constitute covered care and should be reviewed by the intermediary's medical staff and developed as necessary.

For purposes of applying the coverage presumption where the routine services have been rendered by a podiatrist, the contractor may deem the active care requirement met if the claim or other evidence available discloses that the patient has seen an M.D. or D.O. for treatment and/or evaluation of the complicating disease process during the 6-month period prior to the rendition of the routine-type services. The intermediary may also accept the podiatrist's statement that the diagnosing and treating M.D. or D.O. also concurs with the podiatrist's findings as to the severity of the peripheral involvement indicated.

Services ordinarily considered routine might also be covered if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of diabetic ulcers, wounds, and infections.

Routine Foot Care Exclusions

Except as provided above, routine foot care is excluded from coverage. Services that normally are considered routine and not covered by Medicare include the following:
- The cutting or removal of corns and calluses;
- The trimming, cutting, clipping, or debriding of nails; and
- 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.

Refer to the Medicare Benefit Policy Manual, Chapter 15, § 290 – Foot Care. (Accessed October 26, 2020)

Local Coverage Determinations (LCDs) /Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.

Supportive Devices for Feet

Supportive devices are not covered except for the following;
- A shoe if it is an integral part of a leg brace, and its expense is included as part of the cost of the brace; or
- Therapeutic shoes furnished to diabetics

Refer to the Medicare Benefit Policy Manual, Chapter 15, § 290 – Foot Care. (Accessed October 26, 2020)

Diabetic Sensory Neuropathy with Loss of Protective Sensation

Foot examination for members with diabetic sensory neuropathy with loss of protection senses (LOPS) is covered but no more than every six (6) months. For detailed coverage requirement, refer to National Coverage Determination (NCD) for Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (70.2.1). (Accessed October 26, 2020)

Consultation Services Rendered by a Podiatrist in a Skilled Nursing Facility

Consultation services rendered by a podiatrist in a skilled nursing facility are covered when Medicare criteria are met. Routine screening for non-symptomatic patients or for all patients in a skilled nursing facility is not covered. Refer to the NCD for Consultation Services Rendered by a Podiatrist in a SNF (70.2). (Accessed October 26, 2020)

Subluxation of the Foot

Subluxations of the foot are defined as partial dislocations or displacements of joint surfaces, tendons ligaments, or muscles of the foot.

Subluxation of the foot correction (surgical or nonsurgical) is not covered as an isolated entity. Medical or surgical treatment is covered for:

- Subluxation of the ankle joint (talo-crural joint);
- Medical conditions that result from or are associated with partial displacement of the foot structure is covered, e.g., osteoarthritis which results in displacement of foot joints, and the primary treatment is for the osteoarthritis.

Refer to the Medicare Benefit Policy Manual, Chapter 15, § 290 – Foot Care. (Accessed October 26, 2020)

Treatment of Flat Foot

The term "flat foot" is defined as a condition in which one or more arches of the foot have flattened out. Services or devices directed toward the care or correction of flat foot conditions, including the prescription of supportive devices, are not covered.

Refer to the Medicare Benefit Policy Manual, Chapter 15, § 290 – Foot Care. (Accessed October 26, 2020)

Non-Covered Services

The following are additional examples of services that are not covered:

- Cosmetic surgery of the foot solely to improve appearance; refer to the Medicare Benefit Policy Manual, Chapter 16, § 120 - Cosmetic Surgery. (Accessed October 26, 2020)
- Vitamin B-12 injections to strengthen tendons, ligaments, etc. of the foot; refer to the NCD for Vitamin B12 Injection to Strengthen Tendons, Ligaments, etc., of the Foot (150.6). (Accessed October 26, 2020)
- Medications given for a purpose other than the treatment of a particular condition, illness, or injury, including cosmetic purposes, are not covered (except for certain immunizations). For further criteria, refer to the Medicare Benefit Policy Manual, Chapter 15, §50.4.3 – Examples of Not Reasonable and Necessary. (Accessed October 26, 2020)
- Also refer to the Coverage Summary titled Medications/Drugs (Outpatient/Part B)

Policy History/Revision Information

Date	Summary of Changes
05/01/2021	**Template Update** • Reformatted policy; transferred content to new template

11/17/2020	**Routine Foot Care Exclusions**
	• Updated language to clarify 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 are considered routine and not covered
	Definitions
	• Removed definition of:
	  ○ Intractable Plantar Keratosis
	  ○ Loss of Sensory Protection (LOPS) from Diabetic Neuropathy
	  ○ Mycotic Toenails
	  ○ Podiatry Services
	  ○ Routine Foot Care Services

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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