## Coverage Summary

**Foot Care Services**

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<tr>
<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 11/20/2018</td>
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**Related Medicare Advantage Policy Guidelines:**

- Consultation Services Rendered by a Podiatrist in a Skilled Nursing Facility (NCD 70.2)
- 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)

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*Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.*

*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 is 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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I. COVERAGE

Coverage Statement: 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.

Guidelines/Notes:
1. Routine Foot Care
   a. Routine foot care, which is normally excluded from coverage, is covered for the following:
      1) Necessary and integral part of otherwise covered services: 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).
      2) Presence of systemic conditions: 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.
      3) Treatment of warts on foot: 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.
      4) Mycotic nails: In the absence of a systemic condition, treatment of mycotic nails may be covered, when the following criteria are met:
         a) 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.
         b) 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.

b. 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.

c. **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
The presumption of coverage may be applied when the physician rendering the routine foot care has identified:

1. A Class A finding;
2. Two of the Class B findings; or
3. One Class B and two Class C findings.

Cases evidencing findings falling short of these alternatives may involve pediatric 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.

d. **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:

a. The cutting or removal of corns and calluses;

b. The trimming, cutting, clipping, or debriding of nails; and

c. 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

- See the *Medicare Benefit Policy Manual, Chapter 15, § 290 - Foot Care*. (Accessed November 1, 2018)

- Local Coverage Determinations (LCDs) / Local Coverage Articles (LCAs) for Foot Care 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](http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx). (Accessed November 1, 2018)

2. **Supportive Devices for Feet**

Supportive devices are not covered except for the following;

a) A shoe if it is an integral part of a leg brace, and the its expense is included as part of the cost of the brace; or

b) Therapeutic shoes furnished to diabetics

See the *Medicare Benefit Policy Manual, Chapter 15, § 290 - Foot Care*. (Accessed November 1, 2018)

3. **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 *NCD for Services Provided for the Diagnosis and Treatment of Diabetic Sensory*
4. **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**. See the [NCD for Consultation Services Rendered by a Podiatrist in a SNF (70.2)](Accessed November 1, 2018).

5. **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.

See the [Medicare Benefit Policy Manual, Chapter 15, § 290 - Foot Care](Accessed November 1, 2018).

6. **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**.

See the [Medicare Benefit Policy Manual, Chapter 15, § 290 - Foot Care](Accessed November 1, 2018).

7. The following are additional examples of services that are **not covered**:

   a) Cosmet s of surgery of the foot solely to improve appearance; see the [Medicare Benefit Policy Manual, Chapter 16, § 120 - Cosmetic Surgery](Accessed November 1, 2018).

   b) Vitamin B-12 injections to strengthen tendons, ligaments, etc. of the foot; See the [NCD for Vitamin B12 Injection to Strengthen Tendons (150.6)](Accessed November 1, 2018).

   c) 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, see the [Medicare Benefit Policy Manual, Chapter 15, §50.4.3- Examples of Not Reasonable and Necessary](Accessed November 1, 2018).

   Also see the [Coverage Summary for Medications/Drugs (Outpatient/Part B)](Accessed November 1, 2018).

**II. DEFINITIONS**

- **Intractable Plantar Keratosis**: A discrete localized deep-seated, nucleated (dense center) cutaneous keratotic lesion. Typically found on the plantar skin beneath one or more of the weight-bearing portion of bone, resulting in an increase in the thickness of skin stratum corneum. [Medicare Benefit Policy Manual, Chapter 15, § 290 - Foot Care](Accessed November 1, 2018).

- **Loss of Sensory Protection (LOPS) from Diabetic Neuropathy**: LOPS is diagnosed through sensory testing with the 5.07 monofilament using established guidelines, such as those by the
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Five sites should be tested on the plantar surface of each foot. The areas must be tested randomly since the loss of protective sensation may be patchy in distribution, and the patient may get clues if the test is done rhythmically. Heavily callused areas should be avoided. As suggested by the American Podiatric Medicine Association, an absence of sensation at 2 or more sites out of 5 tested on either foot must be present and documented to diagnose peripheral neuropathy with loss of protective sensation. 

**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 November 1, 2018)

**Mycotic Toe Nails:** Evidence of mycosis of the toes characterized by one or more of the following, thickness, thinness, discoloration, looseness, destruction or lysis, misshapenness of the nail and or nail bed. *Medicare Benefit Policy Manual, Chapter 15, § 290 - Foot Care.* (Accessed November 1, 2018)

**Podiatry Services:** Treatment of disorders/ailments of the foot, heel, ankle and leg by medical, orthopedic, and surgical means by a Medical Doctor (MD, DO), Orthopedic Doctor (OD), or Doctor of Podiatric Medicine (DPM). *Medicare Benefit Policy Manual, Chapter 15, § 290 - Foot Care.* (Accessed November 1, 2018)

**Routine Foot Care Services:** The cutting or removal of corns and calluses; the trimming, cutting, clipping or debriding of nails; an other hygienic and preventive maintenance care, such as cleaning and soaking the feet, the use of skin creams to maintain skin tone or either ambulatory or bedfast patients, any other service performed in the absence of localized illness, injury or symptoms involving the feet. *Medicare Benefit Policy Manual, Chapter 15, § 290 - Foot Care.* (Accessed November 1, 2018)

### III. REFERENCES

See above

### IV. REVISION HISTORY

<table>
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<th>Date</th>
<th>Description</th>
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<tr>
<td>04/01/19</td>
<td>Updated policy introduction; added language to clarify:</td>
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<tr>
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<td>• There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)</td>
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<td>• 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 <em>(Medicare IOM Pub. No. 100-16, Ch. 4, §90.5)</em></td>
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<td>11/20/18</td>
<td>Annual review with no updates.</td>
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<tr>
<td>12/16/14</td>
<td>Annual review with following updates:</td>
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<td>• Guideline #5 – Moved definition of subluxation of the foot from definition</td>
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- Guideline #6 – Moved definition of flat foot from definition section to guideline section.
- Definitions: Added applicable CMS references to the definitions of intractable plantar keratosis, loss of sensory protection (LOPS) from diabetic neuropathy, mycotic toe nails, podiatry services and routine foot care services.

12/17/2013  Annual review with no updates.
12/17/2012  Annual review with no updates.
12/19/2011  Annual review; Guidelines #7.c for oral prescription drugs and Guidelines #7.d for over the counter and topical agents were replaced with the general statement that medications given for a purpose other than the treatment of a particular condition, illness or injury, including cosmetic purposes, are not covered.
11/16/2010  Annual review; Updated to include Guidelines # 1.d – Routine Foot Care Exclusions. The Coverage Statement section was also updated to include a note pertaining to supplemental foot care benefit was also added. Deleted Guidelines #4 pertaining to the debridement of plantar keratosis as the Local Article reference is no longer available.