

Podiatry

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[Terms and Conditions](#)

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Related Medicare Advantage Policy Guideline
<ul style="list-style-type: none"> Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (NCD 70.2.1)
Related Medicare Advantage Coverage Summary
<ul style="list-style-type: none"> Foot Care Services

Policy Summary

[See Purpose](#)

Overview

Routine foot care is normally excluded from Medicare coverage except for the following conditions or situations:

- Necessary and integral part of otherwise covered services
 - Diagnosis and treatment of ulcers, wounds or infections
 - Trimming or cutting nails to be fitted with a cast following a fracture (if the cast is a separately billable service)
- Presence of systemic conditions
 - Metabolic, neurologic or vascular conditions that may require scrupulous foot care by a professional
- 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
- Mycotic Nails: In the absence of a systemic condition, treatment of mycotic nails may be covered, only when the following criteria are met:
 - Ambulatory patient
 - Clinical evidence of mycosis of the toenail and
 - Patient has marked limitation of ambulation, pain or secondary infection resulting from thickening and dystrophy of the infected toenail plate
 - Non-ambulatory patient
 - Clinical evidence of mycosis of the toenail and
 - 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.

Guidelines

Codes and policies for routine foot care and supportive devices for the feet are not exclusively for the use of Podiatrists. These codes must be used to report foot care services regardless of the specialty of the physician who furnishes the services. Physicians should use the most appropriate code available when billing for routine foot care.

Relatively few claims for routine-type care are anticipated considering the severity of conditions contemplated as the basis for this exception. Claims for this type of foot care should not be paid in the absence of convincing evidence that nonprofessional performance of the service would have been hazardous for the beneficiary because of an underlying systemic disease. The mere statement of a diagnosis such as those mentioned above does not of itself indicate severity of the condition. Where development is indicated to verify diagnosis and/or severity, records may be requested to review the history and medical conditions of the patient as well as any physician contacts for management of those conditions.

“Q” Modifiers (Q7, Q8, and Q9) are utilized to denote Class A (Q7), Class B (Q8) and Class C (Q9) findings. These modifiers may be used with procedure codes 11055, 11056, 11057, 11719, 11720, 11721 or G0127.

Submitting claims using Q7, Q8, or Q9 modifiers indicates the findings related to the patient’s condition. However, the provider is still responsible for documenting the findings in the patient’s record. Failure to provide documentation supporting the use of the Q modifiers on any claim may result in denial of that claim.

Hyperkeratotic Lesions Coding Criteria

Procedure Code 11055, 11056, or 11057 are included in Medicare’s covered foot care service when billed with a diagnosis pertaining to hyperkeratotic lesions. Refer to the [Diagnosis Code List](#).

Nondystrophic Nails Coding Criteria

Procedure Code 11719 is included in Medicare’s covered foot care when billed with a diagnosis pertaining to nondystrophic nails. Refer to the [Diagnosis Code List](#).

Debridement of Nail Coding Criteria

Procedure Code 11720 or 11721 are included in Medicare’s covered foot care when billed with a diagnosis pertaining to debridement of nail. Refer to the [Diagnosis Code List](#).

Dystrophic Nails Coding Criteria

Procedure Code G0127 is included in Medicare’s covered foot care when billed with a diagnosis pertaining to dystrophic nails. Refer to the [Diagnosis Code List](#).

Diabetic Sensory Neuropathy with LOPS Coding Criteria

Diabetic sensory neuropathy with LOPS is a localized illness of the feet and falls within the regulation's exception to the general exclusionary rule (see 42 CFR §411.15(l) (1) (i)). Foot exams for people with diabetic sensory neuropathy with LOPS are reasonable and necessary to allow for early intervention in serious complications that typically afflict diabetics with the disease. For additional information, please reference the Medicare Advantage Policy Guideline titled [Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation \(aka Diabetic Peripheral Neuropathy\) \(NCD 70.2.1\)](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
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 non-dystrophic nails, any number

CPT Code	Description
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more

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HCPCS Code	Description
G0127	Trimming of dystrophic nails, any number
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education. (See the Medicare Advantage Policy Guideline for Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (AKA Diabetic Peripheral Neuropathy) (NCD 70.2.1))
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education. (See the Medicare Advantage Policy Guideline for Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (AKA Diabetic Peripheral Neuropathy) (NCD 70.2.1))
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. (See the Medicare Advantage Policy Guideline for Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (AKA Diabetic Peripheral Neuropathy) (NCD 70.2.1))

Modifier	Description
Q7	One Class A finding
Q8	Two Class B findings
Q9	One class B and 2 class C findings

Diagnosis Code

[Podiatry: Diagnosis Code List](#)

Definitions

Class A Findings: Nontraumatic amputation of the foot or integral skeletal portion thereof.

Class B Findings: Absent posterior tibial pulse, advanced trophic changes and absent dorsalis pedis pulse.

Class C Findings: Claudication, temperature changes, edema, paresthesias and burning.

LOPS: Loss of Sensory Protection from Diabetic Neuropathy.

Mycotic: Evidence of mycosis of the toes characterized by one or more of the following: thickness, thinness, discoloration, looseness, destruction or lysis, misshapeness of the nail and/or nail bed.

Podiatry: 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).

POE: Policy Outreach and Education.

Q7: Modifier used when there is one Class A finding.

Q8: Modifier used when there are two Class B findings.

Q9: Modifier used when there is one Class B finding and two Class C findings.

References

CMS National Coverage Determinations (NCDs)

[NCD 70.2 Consultation Services Rendered by a Podiatrist in a Skilled Nursing Facility](#)

[NCD 70.2.1 Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation \(aka Diabetic Peripheral Neuropathy\)](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L37643 Routine Foot Care	A56680 Billing and Coding: Routine Foot Care	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L35138 Routine Foot Care	A52996 Billing and Coding: Routine Foot Care or N/A	Novitas	AR, CO, DC, DE, LA, MD, MS, NM, OK, NJ, PA, TX	AR, CO, DC, DE, LA, MD, MS, NM, OK, NJ, PA, TX
L33941 Routine Foot Care	A56276 Routine foot care revision to the Part B LCD	First Coast		FL, PR, VI
L33636 Routine Foot Care and Debridement	A57759 Billing and Coding: Routine Foot Care and Debridement of Nails	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34246 Routine Foot Care and Debridement of Nails	A57193 Billing and Coding: Routine Foot Care and Debridement of Nails	CGS	KY, OH	KY, OH
L34199 Treatment of Ulcers & Symptomatic Hyperkeratoses	A57460 Billing and Coding: Treatment of Ulcers & Symptomatic Hyperkeratoses	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
	A57957 Billing and Coding: Routine Foot Care			
L34243 Treatment of Ulcers & Symptomatic Hyperkeratoses	A57459 Billing and Coding: Treatment of Ulcers & Symptomatic Hyperkeratoses	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
	A57954 Billing and Coding: Routine Foot Care			
L35013 Debridement of Mycotic Nails	A56640 Billing and Coding: Debridement of Mycotic Nails	Novitas	AR, CO, DC, DE, LA, MD, MS, NM, OK, NJ, PA, TX	AR, CO, DC, DE, LA, MD, MS, NM, OK, NJ, PA, TX

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33922 Nail Debridement	A57672 Billing and Coding: Nail Debridement	First Coast		FL, PR, VI
	A56232 Billing and Coding: Foot Care	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
N/A	A56300 Nail Debridement Revision to the Part B LCD	First Coast		FL, PR, VI
N/A	A52372 Routine Foot Care and Debridement of Nails - Supplemental Instructions Article Retired 11/28/2019	CGS	KY, OH	KY, OH
L36404 Foot Care Retired 02/15/2019	N/A	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE

CMS Benefit Policy Manual

[Chapter 15, § 290 Foot Care](#)

[Chapter 16, § 30 Foot Care](#)

CMS Claims Processing Manual

[Chapter 30, § 20.2.1 Categorical Denials](#)

CMS Transmittal(s)

[Transmittal 1388, Change Request 8691, Dated 05/23/2014 \(ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations \(NCDs\)-Maintenance CR\)](#)

MLN Matters

[Article SE1113, Foot Care Coverage Guidelines](#)

Other(s)

[Items and Services That Are Not Covered Under the Medicare Program, MLN ICN 906765 January 2015, CMS Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
10/14/2020	Policy Summary Guidelines <ul style="list-style-type: none">Removed language addressing UnitedHealthcare service code assignments Applicable Codes ICD-10 Diagnosis Codes For CPT codes 11055, 11056, and 11057 <ul style="list-style-type: none">Added ICD-10 diagnosis codes G11.10, G11.11, G11.19, N18.30, N18.31, and N18.32Added notation to indicate ICD-10 diagnosis codes G11.1 and N18.3 was “deleted Oct. 1, 2020” For CPT codes 11719, 11720, 11721, and HCPCS code G0127 <ul style="list-style-type: none">Added ICD-10 diagnosis codes G11.10, G11.11, G11.19, N18.30, N18.31, and N18.32Added notation to indicate ICD-10 diagnosis codes G11.1 and N18.3 was “deleted Oct. 1, 2020” Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG252.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).