

ROUTINE FOOT CARE

Policy Number: OUTPATIENT 023.25 T1

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Related Policy

- [Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies, and Repairs/Replacements](#)

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	Yes - Office No - Home, Outpatient
Authorization Required (Precertification always required for inpatient admission)	Yes - Home, Outpatient No - Office
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Home, Outpatient, Office
Special Considerations	Routine foot care is excluded from coverage for all Commercial plans except as outlined in the Coverage Rationale section of this policy.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

Benefit Interpretation

- Routine foot care for members with diabetes or who are at risk for neurological or vascular disease arising from diseases such as diabetes is a covered health service.
- A shoe that is an integral part of a covered brace may be a covered health service. Refer to the policy titled [Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies, and Repairs/Replacements](#) for details.
- Shoe, Shoe Orthotic/Inserts, Arch Supports: When an Oxford Member Certificate of Coverage indicates "orthotics" are excluded from coverage, this refers to shoe inserts (including diabetic shoe inserts) unless there is language within the exclusion clause to indicate otherwise. The following codes will not be covered unless the members plan includes coverage for foot orthotics. Please refer to the member specific benefit plan document for additional information.

COVERAGE RATIONALE

Routine foot care for members with diabetes or who are at risk for neurological or vascular disease arising from diseases such as diabetes is covered.

Benefit Limitations and Exclusions

- Routine care of the foot is an exclusion except when rendered to members with diabetes or members who are at risk of neurological or vascular disease arising from diseases such as diabetes.
- Examples of routine foot care include but are not limited to:
 - Cutting or removal of corns and calluses; nail trimming, cutting, or debriding
 - Hygienic and preventive maintenance foot care such as cleaning and soaking the feet, applying skin creams to maintain skin integrity and other services that are performed when there is not a localized illness, injury, or symptom involving the feet. This can take place in the physician office, outpatient setting, or member's home.
- The following foot care services are excluded from coverage. These are examples, not an all-inclusive list:
 - Treatment of flat feet
 - Treatment of subluxation of the foot
- The following items are excluded from coverage, regardless of diagnosis. However, state mandates may apply. Refer to member specific benefit plan document and state mandates.
 - Arch supports
 - Shoe inserts
 - Shoe orthotics
 - Shoes (standard or custom)

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 policy 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 may apply.

Coding Clarification: There are no specific codes for Hygienic and Preventive Maintenance Foot Care and Treatment of Subluxation of the Foot.

CPT/HCPCS Code	Description
Routine Foot Care	
<ul style="list-style-type: none">• Covered for all diagnoses that are on the <i>Covered Diagnosis Codes</i> tab in the Foot Care ICD-10 Diagnosis Codes list below.• Excluded for all diagnoses that are not on the <i>Covered Diagnosis Codes</i> tab in the Foot Care ICD-10 Diagnosis Codes list below.	
11055	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion

CPT/HCPCS Code	Description
Routine Foot Care	
<ul style="list-style-type: none"> Covered for all diagnoses that are on the <i>Covered Diagnosis Codes</i> tab in the Foot Care ICD-10 Diagnosis Codes list below. Excluded for all diagnoses that are not on the <i>Covered Diagnosis Codes</i> tab in the Foot Care ICD-10 Diagnosis Codes list below. 	
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
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
Nail Trimming, Cutting, or Debriding	
<ul style="list-style-type: none"> Covered for all diagnoses that are on the <i>Covered Diagnosis Codes</i> tab in the Foot Care ICD-10 Diagnosis Codes list below. Excluded for all diagnoses that are not on the <i>Covered Diagnosis Codes</i> tab in the Foot Care ICD-10 Diagnosis Codes list below. 	
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
Treatment for Flat Feet	
The following is excluded regardless of diagnosis code used.	
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (e.g., flatfoot correction)
Diabetic Shoes	
The following are excluded regardless of diagnosis code used.	
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
A5508	For diabetics only, deluxe feature of off-the-shelf depth inlay shoe or custom-molded shoe, per shoe
All Other Shoes	
The following are excluded regardless of diagnosis code used.	
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant
L3202	Orthopedic shoe, Oxford with supinator or pronator, child
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior
L3204	Orthopedic shoe, hightop with supinator or pronator, infant
L3206	Orthopedic shoe, hightop with supinator or pronator, child
L3207	Orthopedic shoe, hightop with supinator or pronator, junior
L3215	Orthopedic footwear, ladies shoe, oxford, each
L3216	Orthopedic footwear, ladies shoe, depth inlay, each

CPT/HCPCS Code	Description
All Other Shoes	
The following are excluded regardless of diagnosis code used.	
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each
L3219	Orthopedic footwear, mens shoe, oxford, each
L3221	Orthopedic footwear, mens shoe, depth inlay, each
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each
L3230	Orthopedic footwear, custom shoe, depth inlay, each
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
L3251	Foot, shoe molded to patient model, silicone shoe, each
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each
L3253	Foot, molded shoe plastazote (or similar), custom fitted, each
L3254	Nonstandard size or width
L3255	Nonstandard size or length
L3257	Orthopedic footwear, additional charge for split size
L3265	Plastazote sandal, each
L3300	Lift, elevation, heel, tapered to metatarsals, per in
L3310	Lift, elevation, heel and sole, neoprene, per in
L3320	Lift, elevation, heel and sole, cork, per in
L3330	Lift, elevation, metal extension (skate)
L3332	Lift, elevation, inside shoe, tapered, up to one-half in
L3334	Lift, elevation, heel, per in
L3340	Heel wedge, sach
L3350	Heel wedge
L3360	Sole wedge, outside sole
L3370	Sole wedge, between sole
L3380	Clubfoot wedge
L3390	Outflare wedge
L3400	Metatarsal bar wedge, rocker
L3410	metatarsal bar wedge, between sole
L3420	Full sole and heel wedge, between sole
L3430	Heel, counter, plastic reinforced
L3440	Heel, counter, leather reinforced
L3450	Heel, sach cushion type
L3455	Heel, new leather, standard
L3460	Heel, new rubber, standard
L3465	heel, thomas with wedge
L3470	Heel, thomas extended to ball
L3480	Heel, pad and depression for spur
L3485	Heel, pad, removable for spur
L3500	Orthopedic shoe addition, insole, leather
L3510	Orthopedic shoe addition, insole, rubber
L3520	Orthopedic shoe addition, insole, felt covered with leather
L3530	Orthopedic shoe addition, sole, half
L3540	Orthopedic shoe addition, sole, full
L3550	Orthopedic shoe addition, toe tap, standard
L3560	Orthopedic shoe addition, toe tap, horseshoe

CPT/HCPCS Code	Description
All Other Shoes	
The following are excluded regardless of diagnosis code used.	
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)
L3580	Orthopedic shoe addition, convert instep to velcro closure
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter
L3595	Orthopedic shoe addition, march bar
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified
Diabetic Shoe Orthotics/Shoe Inserts	
The following are excluded regardless of diagnosis code used.	
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
A5514	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
All Other Shoe Orthotics/Shoe Inserts	
The following are excluded regardless of diagnosis code used.	
L3000	Foot insert, removable, molded to patient model, 'ucb' type, berkeley shell, each
L3001	Foot, insert, removable, molded to patient model, spenco, each
L3002	Foot insert, removable, molded to patient model, plastazote or equal, each
L3003	Foot insert, removable, molded to patient model, silicone gel, each
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each
L3030	Foot insert, removable, formed to patient foot, each
L3031	Foot, insert/plate, removable, addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, each
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic
Arch Supports	
The following are excluded regardless of diagnosis code used.	
L3040	Foot, arch support, removable, premolded, longitudinal, each
L3050	Foot, arch support, removable, premolded, metatarsal, each
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each
L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each
Miscellaneous Foot Care	
The following are excluded regardless of diagnosis code used.	
A9285	Inversion/eversion correction device
L3140	Foot, abduction rotation bar, including shoes
L3150	Foot, abduction rotation bar, without shoes

CPT/HCPCS Code	Description
Miscellaneous Foot Care	
The following are excluded regardless of diagnosis code used.	
L3160	Foot, adjustable shoe-styled positioning device
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes

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ICD-10 Diagnosis Codes



Foot Care ICD-10
Diagnosis Codes

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Technology Assessment Committee. [BI-020.07]

American Medical Association. Current Procedural Terminology: CPT Professional Edition.

American Medical Association. ICD-9-CM Code Book.

Ingenix. Healthcare Common Procedure Coding System: HCPCS Level II Expert.

Oxford Certificates of Coverage.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none"> Updated list of applicable HCPCS codes for Diabetic Shoe Orthotics/Shoe Inserts to reflect annual code edits: <ul style="list-style-type: none"> Added A5514 Removed K0903 Revised description for A5513 Archived previous policy version OUTPATIENT 023.24 T1