

# Foot Care and Podiatry Services

Policy Number: BIP070.J  
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[Instructions for Use](#)

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| <p><b>Related Benefit Interpretation Policies</b></p> <ul style="list-style-type: none"> <li><a href="#">Diabetic Management, Services and Supplies</a></li> <li><a href="#">Shoes and Foot Orthotics</a></li> </ul> |
| <p><b>Related Medical Management Guideline</b></p> <ul style="list-style-type: none"> <li><a href="#">Clinical Practice Guidelines</a></li> </ul>  |

## Federal/State Mandated Regulations

None

## State Market Plan Enhancements

None

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Medically necessary Foot Care when criteria are met.

### Routine Foot Care

Routine Foot Care, which is normally excluded from coverage, is covered for the following (CMS: 2003):

- Service performed as a necessary and integral part of otherwise covered services such as:
  - Diagnosis and treatment of ulcers, wounds, or infections
- The presence of a systemic condition such as metabolic, neurologic or peripheral vascular conditions that may require scrupulous Foot Care by a professional that in the absence of such condition(s) would be considered routine (and, therefore, excluded from coverage). Accordingly, Foot Care that would otherwise be considered routine may be covered when systemic condition(s) result in severe circulatory embarrassment or areas of diminished sensation in the individual's legs or feet.
 

In these instances, certain Foot Care procedures that otherwise are considered routine (e.g., cutting or removing corns and calluses, or trimming, cutting, clipping, or debriding nails) may pose a hazard when performed by a nonprofessional person on members with such systemic conditions.
- 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.

- Mycotic nails: In the absence of a systemic condition, treatment of mycotic nails may be covered, when the following criteria are met:
  - Ambulatory member
    - There is clinical evidence of mycosis of the toenail, and
    - The member has marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.
  - Non-ambulatory member
    - There is clinical evidence of mycosis of the toenail, and
    - The member 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.

## Foot Examination

Refer to *Diabetes* in the Medical Management Guideline titled [Clinical Practice Guidelines](#) and the Benefit Interpretation Policy titled [Diabetic Management, Services and Supplies](#).

## Not Covered

- Routine Foot Care is excluded from coverage except as described in the Covered Benefits section or included as a supplemental benefit. Examples include, but are not limited to the following:
  - Cutting or removal of corns and calluses;
  - 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 members, and any other service performed
- Services or devices directed toward the care or correction of flat foot conditions
- Surgical or nonsurgical treatments undertaken for the sole purpose of correcting a subluxated structure in the foot
- Cosmetic surgery of the foot solely to improve appearance
- Vitamin B-12 injections to strengthen tendons, ligaments, etc. of the foot
- Medications given for a purpose other than the treatment of a particular condition, illness or injury, including cosmetic purposes, are not covered

## Definitions

**Podiatry Services:** Treatment of disorders/ailments of the foot, heel, ankle and leg by medical, orthopedic, and surgical means by a Medical Doctor (MD), Orthopedic Doctor (OD), or Doctor of Podiatric Medicine (DPM)

**Routine Foot Care Services:** The cutting or removal of corns and calluses; the trimming, cutting, clipping or debriding of nails; another 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 members, any other service performed in the absence of localized illness, injury or symptoms involving the feet.

## References

Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, § 290 Foot Care; Revised; Available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf> (Accessed March 2022)

Medicare National Coverage Determination: Refer to the Medicare Advantage Coverage Summary titled [Foot Care Services](#); (Accessed March 2022)

## Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
03/01/2022	All	<ul style="list-style-type: none"><li>• Routine review; no change to benefit coverage guidelines</li><li>• Archived previous policy version BIP070.I</li></ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.