

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 56.0 Foot Care Guidelines	DEPARTMENT: Health Care Services	
ORIGINAL EFFECTIVE DATE: 11/18	DATE(S) REVIEWED/REVISED: 01/19, 01/20, 01/21, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 56.0	PAGE: 1 of 1

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Health Plan Providers

All Lines of Business (Note: Policy does not apply to OHP for diagnoses below the reimbursement line.)

POLICY:

Services normally considered routine foot care and not covered by Company include the following:

- The cutting or removal of corns and calluses (11055, 11056, 11057);
- The trimming, cutting, clipping, or debriding of nails (G0127, 11719, 11720, 11721);
- 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.

Exceptions to the exclusion for routine foot care include:

- **Services that are a necessary and integral part of otherwise covered services.** In certain circumstances, services ordinarily considered to be routine may be covered if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of ulcers, wounds, or infections.
- **Presence of a systemic condition.** The presence of a systemic condition such as metabolic, neurologic, or peripheral vascular disease 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. (See “Procedure.”)

PROCEDURE:

Company follows guidelines listed on Noridian’s Local Coverage Determination (LCD) “Billing and Coding: Routine Foot Care” (A57957) for services on or after 7/1/20. Please refer to the LCD for specific coding information.

REFERENCE:

Noridian Local Coverage Determination Billing and Coding: Routine Foot Care (A57957)
 Medicare Benefit Policy Manual
 Providence Health Plan Clinical Coding Edits