Routine Foot Care

Policy

Mass General Brigham Health Plan reimburses participating providers for medically necessary foot care services related to the diagnosis and treatment of medical conditions listed in this policy when all of the following conditions exist:

- The patient has a complicating systemic disease indicated by the diagnosis on the claim.
- Physical and/or clinical findings consistent with the systemic diagnosis and indicative of severe peripheral involvement are also documented on the claim, and
- The patient's condition is such that treatment by a non-professional person would be hazardous (i.e. systemic conditions resulting in severe circulatory embarrassment or areas of desensitization.).
- The member must be seen by a clinician treating the systemic illness at least every six months to be considered in active care.

Authorization, Notification and Referral

Service	Requirement
Routine Foot Care	Referral is required

Limitations

Routine foot care is covered in accordance with the ICD-10-CM diagnosis codes contained herein.
Note: This is a more expansive listing than provided in the Prior Authorization Guidelines available on Mass General Brigham Health Plan.org.

Member Cost-Sharing

The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Definitions

Class findings: A system used by CMS, the American Diabetic Association and the American

Podiatric Medical Association to document certain physical and/or clinical findings consistent with the diagnosis and indicating severe peripheral involvement.

Routine foot care: Services including:

- Cutting or removal of corns and calluses
- Trimming, cutting, clipping, or debriding of nails
- Other hygienic and preventive maintenance care considered self-care (i.e., cleaning and soaking the feet, and the use of skin creams to maintain skin tone of both ambulatory and bedridden patients); and
- Any services involving the foot performed in the absence of localized illness, injury or symptoms

Mass General Brigham Health Plan Reimburses

- Claims submitted with an appropriate diagnosis supporting the medical necessity of the procedure.
- Medically necessary routine foot care generally once every 60 days

Mass General Brigham Health Plan Does *Not* Reimburse

- Claims submitted without a valid ICD-10-CM diagnosis code
- Claims submitted without one of the ICD-10-CM codes listed in this policy that supports medical necessity
- Claims submitted without meeting the documentation requirements listed in this policy

Provider Payment Guidelines and Documentation

Diabetes with neurological manifestations (ICD-10-CM **E10.40, E10.65, E11.40 and E11.65**) does **not** require Class Findings.

Based on the presence of a systemic condition, the following documentation is required for routine foot care:

- Diagnosis code of covered condition
- Systemic condition diagnosis code
- Physical / Clinical Class Findings
- Signs and symptoms fall into three classes: A, B, and C

Class A Findings:

- Non-traumatic amputation of foot or integral skeletal portion

Class B Findings:

- Absent posterior tibial pulse;
- Absent dorsalis pedis pulse;
- Advanced trophic changes such as:
    - Hair growth (decrease or absence);
    - Nail changes (thickening);
    - Pigmentary changes (discoloration);
    - Skin texture (thin, shiny);
    - Skin color (rubor or redness).
- (3 trophic changes are required to meet 1 class finding)

Class C Findings:

- Claudication;
- Temperature changes (e.g. cold feet);
- Edema;
- Paresthesia (abnormal spontaneous sensations in the feet);
- Burning

To fulfill the coverage requirements for routine footcare the provider must document specific clinical or physical findings in the medical record and summarize on the claim form. Identify class findings on the claim form as follows:

- One Class A Finding; or
- Two Class B Findings; or
- One Class B Finding and two Class C Findings

Documentation in the medical record must support the medical necessity and frequency of this treatment, including specific evidence that all requirements for coverage are met.

The medical record should provide convincing evidence that the non-professional performance of the services would have been hazardous to the member due to underlying systemic disease.

Procedures Codes

Note: This list of codes may not be all-inclusive

Code	Descriptor	Comment
11055	Paring or cutting of benign	
11056	Paring or cutting of benign	
11057	Paring or cutting of benign hyperkeratotic lesion (e.g. Corn or callus); more than 4 lesions	
11719	Trimming of nondystrophic nails, any number	Limit 1 unit per date of service
G0127	Trimming of dystrophic nails, any number	
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in 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.	

ICD-10-CM Diagnosis Codes

Diagnosis Code	Descriptor
A30.0 – A31.9	Leprosy; infection due to other mycobacteria
A52.1 – A52.3	Symptomatic neurosyphilis
E08.00 – E11.9*	Diabetes mellitus
E52*	Niacin deficiency [pellagra]
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease

Diagnosis Code	Descriptor
E75.249	Niemann-Pick disease, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E85.0 – E85.9	Amyloidosis
D51.0*	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D68.8 – D68.9	Other and unspecified coagulation defects
G35*	Multiple sclerosis
G60.0 – G63*	Polyneuropathies and other disorders of the peripheral nervous system
I70.2xx	Arthrosclerosis of native arteries of the extremities
I73.1	Thromboangiitis obliterans (Buerger's Disease)
I73.9	Peripheral vascular disease, unspecified
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I80.10 – I80.9*	Phlebitis and thrombophlebitis
K90.0*	Celiac disease
K90.1*	Tropical sprue
N18.x	Chronic kidney disease (CKD)
S74.xxxx	Injury of nerves at hip and thigh level
S84.xxxx	Injury of nerves at lower leg level
S94.xxxx	Injury of nerves at ankle and foot level
*For diagnosis listed in individual codes or in ranges of ICD-10-CM codes that support medical necessity marked with an asterisk (*), routine foot care is covered **only** when the patient is under the active care of a clinician who documents the condition in the medical record.	

Related Mass General Brigham Health Plan Payment Guidelines

Mass General Brigham Health Plan Nail Debridement Provider Payment Guidelines

References

CMS Local Coverage Determination, Routine Foot Care and Debridement of Nails (L33636), promulgated by NHIC, Corp. for routine foot care and Debridement of Nails services, effective 08/18/2022. Any changes to the NHIC policy, where appropriate, shall be adopted by reference if not contained in amended versions of

this Mass General Brigham Health Plan policy.
MassHealth Physician Manual

Publication History

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