



BlueCross BlueShield
of North Carolina

Corporate Medical Policy

Foot Care Services

File Name: foot_care_services
Origination: 2/1982
Last Review: 9/2001
Next Review: 9/2003

Active policy, no longer scheduled for routine literature review.

Description of Procedure or Service

Foot care services include the examination, diagnosis, and medical or surgical treatment of conditions and dysfunctions of the foot.

Policy

Active policy, no longer scheduled for routine literature review.

BCBSNC will provide coverage for Foot Care Services when they are determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

Some Plans contain specific limitations or exclusions related to foot care.

When Foot Care Services are covered

Foot Care Services are covered for any of the following clinical settings:

1. Significant foot signs or symptoms. Both of the following criteria must be met.
 - a. The services are considered by the Plan to be specific, effective, and reasonable treatment for the significant functional impairment related to a specific diagnosis or condition.

For example:

Manual [debridement](#) and electric grinding procedures of the toenails are considered medically necessary **only** for the following conditions:

1. [Onychomycosis](#), when the diagnosis is confirmed by positive culture or KOH prep, and documented signs and symptoms substantiate difficulty in wearing shoes or in walking;
2. [Onychauxis](#), [onychodystrophy](#), and [onychogryposis](#), when such conditions result in parony-

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chia or pain from gross distortions of the nail, as well as difficulty in wearing shoes or in walking.

- b. The services are delivered by a qualified provider of foot care services. A qualified provider is one who is licensed and is performing within the scope of licensure; and
2. Treatment of high risk patients. Both of the following criteria must be met.
 - a. Patient has a co-morbid condition such as diabetes or peripheral vascular disease, which can impede healing and can jeopardize life or limb and:
 - b. Foot care services:
 - i. are incidental to a medically necessary skilled procedure (for example, toe nail trimming prior to application of a restrictive cast, treatment of symptomatic callouses or corns and hypertrophic nails) or
 - ii. such as nail trimming and/or trimming of callouses or corns, require the skills of a qualified professional in order to avoid complications related to those services.

3. Diagnostic studies for underlying peripheral vascular conditions:

Pre-operative, non-invasive vascular studies (Doppler or segmental plethysmography or duplex scan) are considered medically necessary with any of the following diagnoses, symptoms or signs:

1. Symptomatic peripheral arterial disease (for example: arteriosclerosis obliterans, Buerger's disease, diabetes mellitus);
2. Non-traumatic amputation of the foot or any part thereof;
3. Ischemic ulcer;
4. Intermittent claudication or other ischemic-type pain; **OR**
5. At least three (3) of the following:
 - a. non-palpable pedal pulses;
 - b. decreased hair growth in the leg;
 - c. nail overgrowth;
 - d. abnormal skin texture (thinning);
 - e. abnormal skin color/temperature (for example: cold feet);
 - f. pigmentation changes.

4. Radiologic Studies

- a. **Preoperative x-rays** are medically necessary when performing any of the following:
 1. invasive procedures, including closed reduction or open reduction internal fixations, on bones or soft tissue of the foot; or
 2. closed reduction of fracture(s), fracture/dislocation, or dislocation of the foot;
 3. ruling out of foreign body in the foot.
- b) **Bilateral x-rays** of the feet are medically necessary for any of the following:
 1. bilateral conditions/diagnoses which require bilateral procedures; **or**
 2. pediatric foot conditions prior to closure of growth plates; **or**
 3. congenital conditions such as tarsal coalition, accessory navicular, and bipartite sesamoids.
- c) **Post-operative x-rays** of the foot are medically necessary when performing:

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1. invasive procedures of bones, joints, and/or soft tissue releases which can alter anatomical alignment of the foot, such as surgery for club feet;
2. hardware insertion during closed or open procedures;
3. after [closed reduction](#) and/or [open reduction](#) of fractures, fracture/dislocation, and dislocation;
4. only the operative side requires post-operative x-rays, even if bilateral pre-operative x-rays were performed; or
5. if a radiopaque foreign body has been located and removed.

When Foot Care Services are not covered

- A. Routine foot care for patients without co-morbid conditions noted above (for example: hygiene and preventive maintenance such as trimming of corns, calluses, or nails) does not usually require the skills of a qualified provider of foot care services, and, as such is considered **not medically necessary**.
- B. Nerve blocks performed for the purpose of increasing blood supply to the foot and toes are considered not medically necessary.
- C. Contraindications to steroid injections in the foot include avascular necrosis, infection, delayed or non-union of fractures, Charcot joints, and neuropathy.
- D. Radiology services other than those listed in the guidelines are not considered medically necessary without supporting documentation.

Policy Guidelines

At a minimum, an injectable local anesthetic must be used in order for a foot care procedure to be considered "toenail surgery", except in the case where a patient has peripheral neuropathy (diabetes, etc.) with numbness in their feet, not requiring any anesthetic.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable Codes: 11055, 11056, 11057, 11719, 11720, 11721, 11730, 11732, 11740, 11750, 11752, 11755, 11760, 11762, 11765, 28001, 28002, 28003, 28005, 28008, 28010, 28011, 28020, 28022, 28024, 28030, 28035, 28043, 28045, 28046, 28050, 28052, 28054, 28060, 28062, 28070, 28072, 28080, 28086, 28088, 28090, 28092, 28100, 28102, 28103, 28104, 28106, 28107, 28108, 28110, 28111, 28112, 28113, 28114, 28116, 28118, 28119, 28120, 28122, 28124, 28126, 28130, 28140, 28150, 28153, 28160, 28171, 28173, 28175, 28190, 28192, 28193, 28200, 28202, 28208, 28210, 28220, 28222, 28225, 28226, 28230, 28232, 28234, 28238, 28240, 28250, 28260, 28261, 28262, 28264, 28270, 28272, 28280, 28285, 28286, 28288, 28289, 28290, 28292, 28293, 28294, 28296, 28297, 28298, 28299, 28300, 28302, 28304, 28305, 28306, 28307, 28308, 28309, 28310, 28312, 28313, 28315, 28320, 28322, 28340, 28341, 28344, 28345, 28360, 28400, 28405, 28406, 28415, 28420, 28430, 28435, 28436, 28445, 28450, 28455, 28456, 28465, 28470, 28475, 28476, 28485, 28490, 28495, 28496, 28505, 28510, 28515, 28525, 28530, 28531, 28540, 28545, 28546, 28555, 28570, 28575, 28576, 28585, 28600, 28605, 28606, 28615, 28630, 28635, 28636, 28645, 28660, 28665, 28666, 28675, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28755, 28760, 28800, 28805, 28810, 28820, 28825, 28899, G0247, S0390

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11055, 11056, 11057, 28001-28899 - Podiatric procedures

M0101 - Cutting or removal of corns, calluses and/or trimming of nails, application of skin creams and other hygienic and preventive maintenance care (excludes debridement of nails (s))

11719-11765 - Nail procedures

modifier-51 or 09951 - Multiple procedures

modifier-50 or 09950 - Bilateral procedures

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: Chiropody, Foot care services, Podiatric medicine

Medical Term Definitions

Closed reduction

the physical manipulation of a fractured or dislocated bone without the use of surgery.

Debridement

the removal of foreign material and dead or contaminated tissue until the surrounding healthy tissue is exposed.

Doppler ultrasound

the use of an augmented listening device for the purpose of detecting the pulse.

Ischemic

a condition of decreased oxygen to a body part, generally due to a constriction or obstruction of a blood vessel and inadequate blood flow to the body part.

Open reduction

involves surgery to set the fracture or insert a metal plate that immobilizes broken bones until they heal.

Onychauxis

club nail; massive overgrowth of toe nails.

Onychodystrophy

deformed nail.

Onychogryposis

enlarging of the nails with abnormal curving.

Onychomycosis

mycotic; infected with fungus.

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Pedal pulses

natural pulsations in the arteries of the foot.

Sesamoidectomy

surgical removal of the small sesamoid bone in the foot.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual - issued 7/31/97

Medical Policy Advisory Group - 10/99

Specialty Matched Consultant Advisory Panel - 8/01

Policy Implementation/Update Information

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|---------|---|
| 2/82 | Original policy issued |
| 8/90 | Revised |
| 6/96 | Reaffirmed |
| 9/98 | Adopted Association Policy issued 7/31/97 |
| 8/99 | Reformatted, Medical Term Definitions added. |
| 10/99 | Medical Policy Advisory Group |
| 10/00 | System coding changes. |
| 9/01 | Specialty Matched Consultant Advisory Panel - 8/01. Revised under "what is covered" section to clarify criteria. Policy Guidelines and Medical Term Definition section revised. |
| 10/01 | Typos corrected. |
| 11/01 | Coding format change. |
| 2/03 | Code G0247 and S0390 added to Billing/Coding section. System coding changes. |
| 7/03 | Policy status changed to: "Active policy, no longer scheduled for routine literature review". |
| 4/04 | Billing/Coding section updated for consistency. Individual CPT codes listed for CPT code ranges 11719-11765 and 28001-28899 under Billing/Coding section. |
| 1/20/05 | Policy number put in key word section of policy. |
| 6/22/10 | Policy Number(s) removed (amw) |

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.