



**Kaiser Foundation Health Plan  
of Washington**

**Clinical Review Criteria  
Foot Care**

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**Criteria  
For Medicare Members**

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	<p>Routine Foot care services still require review and need to meet medical necessity as outlined in the LCD. The following <b>retired</b> LCD's are to be used to determine medical necessity for routine foot care reviews:</p> <p><a href="#">LCD for Routine Foot Care (L24356)</a> These services still need to meet medical necessity as outlined in the LCD and will require review. LCDs are retired due to lack of evidence of current problems, or in some cases because the material is addressed by a National Coverage Decision (NCD), a coverage provision in a CMS interpretative manual or an LCD. Most LCDs are not retired because they are incorrect. The criteria should be still referenced when making an initial decision. However, if the decision is appealed, the retired LCD cannot be specifically referenced. Maximus instead looks for "medical judgment" which could be based on our commercial criteria or literature search.</p> <p><a href="#">LCD for Symptomatic, Pathological Nail and its Treatment (L24366)</a>. These services still need to meet medical necessity as outlined in the LCD and will require review. LCDs are retired due to lack of evidence of current problems, or in some cases because the material is addressed by a National Coverage Decision (NCD), a coverage provision in a CMS interpretative manual or an LCD. Most LCDs are not retired because they are incorrect. The criteria should be still referenced when making an initial decision. However, if the decision is appealed, the retired LCD cannot be specifically referenced. Maximus instead looks for "medical judgment" which could be based on our commercial criteria or literature search.</p> <p><a href="#">Wound and Ulcer Care (L38904)</a></p>
Local Coverage Article	None

**For Non-Medicare Members**

I. For the purpose of the Clinical Review Criteria foot care\* is defined as:

- A. Cutting or removal of corns or calluses;
- B. Trimming, cutting, clipping, or debriding of nails;
- C. Other hygienic and preventative 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;
- D. Asymptomatic foot care is not typically a covered service unless certain complications are present. It is not provided more frequently than every 60 days. The criteria below identify when foot care is covered. They are divided into sections of foot care for the asymptomatic and symptomatic foot.

II. Kaiser Permanente covers foot care services as medically necessary when **EITHER** of the following criteria is met:

- A. The foot care services that are associated with systemic conditions that are significant enough to result in severe circulatory insufficiency and/or areas of severe desensitization in the lower extremities, including, but not limited to, **ANY** of the following:
  - Marked diabetic neuropathy documented on physical exam\*
  - Peripheral vascular disease\*
  - Marked peripheral neuropathy documented on physical exam\*
  - Non-traumatic partial amputation of a foot

\*For neuropathies chart must record the physical findings of severe loss of sensation such that non-professional services might pose a danger to the patient. For peripheral vascular disease, the diagnosis and severity must have been confirmed by a vascular surgery evaluation.

- B. In the absence of a systemic condition, treatment of mycotic nails may be covered.
  - The treatment of mycotic nails for an **ambulatory** patient is covered only when the physician attending the patient's mycotic condition documents that (1) there is clinical evidence of mycosis of the toenail, and (2) the patient has marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.
  - The treatment of mycotic nails for a **non-ambulatory** patient is covered only when the physician attending the patient's mycotic condition documents that (1) there is clinical evidence of mycosis of the toenail, and (2) the patient suffers from pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

III. Exclusions

- A. General diagnoses such as arteriosclerotic heart disease, circulatory problems, vascular disease, and venous insufficiency are not sufficient to permit coverage of routine foot care. Likewise, incapacitating injuries or illness such as rheumatoid arthritis, CVA, fractured hip and blindness which make trimming the nails difficult, **are not** diagnoses for which routine foot care is payable.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

Asymptomatic foot care or routine foot care is usually not covered for members in the absence of localized illness, injury or symptoms involving the foot. Most Kaiser Permanente coverage contracts exclude routine foot care coverage. Kaiser Permanente developed criteria consistent with the Medicare those published by Medicare.

*Foot care includes:*

- Cutting or removal of corns or calluses
- Trimming, cutting, clipping, or debriding of nails
- Other hygienic and preventative 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.

- Debridement of nails is a procedure that is needed to remove excessive material (reduce thickness and length) from a dystrophic nail but not a non-dystrophic nail. In contrast, trimming of nails is a procedure that may be directed at either type of nail.

## Applicable Codes

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT® or HCPC Codes	Description
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
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
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a 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
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

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
06/27/1997	08/03/2010 <sup>MDCRPC</sup> , 06/07/2011 <sup>MDCRPC</sup> , 04/03/2012 <sup>MDCRPC</sup> , 02/05/2013 <sup>MDCRPC</sup> , 12/03/2013 <sup>MPC</sup> , 10/07/2014 <sup>MPC</sup> , 08/04/2015 <sup>MPC</sup> , 06/07/2016 <sup>MPC</sup> , 04/04/2017 <sup>MPC</sup> , 02/06/2018 <sup>MPC</sup> , 01/08/2019 <sup>MPC</sup> , 01/07/2020 <sup>MPC</sup> , 01/04/2022 <sup>MPC</sup> , 01/10/2023 <sup>MPC</sup> , 03/12/2024 <sup>MPC</sup>	02/02/2021

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
08/04/2015	Editorial changes were made to criteria
9/1/2015	Changed LCD hyperlink
09/08/2015	Revised LCD L36107 & L34199
06/07/2016	Revised criteria to simplify guidelines
08/06/2019	Criteria revision regarding need for confirmation and documentation from the appropriate vascular surgeon specialist. An amendment was made to II. A. 4. to read "non-traumatic partial amputation of a foot."
02/02/2021	MPC approved to update criteria for routine foot care services and exclusions.