Clinical Review Criteria
Foot Care

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Criteria
For Medicare Members

<table>
<thead>
<tr>
<th>Source</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Coverage Manuals</td>
<td>None</td>
</tr>
<tr>
<td>National Coverage Determinations (NCD)</td>
<td>None</td>
</tr>
<tr>
<td>Local Coverage Determinations (LCD)</td>
<td>Routine Foot care services still require review and need to meet medical necessity as outlined in the LCD. The following retired LCD's are to be used to determine medical necessity for routine foot care reviews:</td>
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<tr>
<td></td>
<td><strong>LCD for Routine Foot Care (L24356)</strong></td>
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<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>LCD for Symptomatic, Pathological Nail and its Treatment (L24366)</strong></td>
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<tr>
<td></td>
<td>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.</td>
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<tr>
<td></td>
<td><strong>Treatment of Ulcers &amp; Symptomatic Hyperkeratoses (L34199)</strong></td>
</tr>
<tr>
<td>Local Coverage Article</td>
<td>None</td>
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</tbody>
</table>

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.

The criteria below identify when foot care is covered. They are divided into sections of foot care for the asymptomatic and symptomatic foot.

II. 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 (confirmed vascular surgery consultation) and/or areas of documented desensitization in the lower extremities, including, but not limited to, ANY of the following:
   1. diabetes mellitus
   2. peripheral vascular disease
   3. peripheral neuropathy
   4. non-traumatic partial amputation of a foot
   • See below IIIB for documentation requirements
B. Evaluation/debridement of mycotic nails, or excision of ingrown toenails, in the absence of a systemic condition, can be covered when BOTH of the following conditions are met:
   1. There is pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate
   2. If ambulatory, there is pain to a degree that there is difficulty walking and/or abnormality of gait

III. Exclusions
A. General diagnosis 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.
B. For neuropathies chart must record the physical findings of severe loss of sensation to the degree that non-professional services might pose a danger to the patient. For peripheral vascular disease, must have been confirmed by a vascular surgery evaluation.

Foot care for the symptomatic foot is covered on a per visit basis. The member should contact their primary care physician when they are experiencing pain, ulcers or infection in the feet to obtain a referral for these services:

<table>
<thead>
<tr>
<th>Clinical Indication</th>
<th>Supporting Information</th>
<th>Exclusions</th>
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<tbody>
<tr>
<td>The foot care as a necessary and integral part of otherwise covered service such as diagnosis and treatment of ulcers, wounds, or infections</td>
<td>Provider office-visit note that indicates the clinical condition being treated. The pathological state that makes care no longer routine is when one or more of the following characteristics are described: Pain, Inflammation of the nail bed, Inflammation of the surrounding soft tissue, infection, and/or abscess (i.e ingrown toenail)</td>
<td>Treatment of flat foot Foot care to prevent ingrown toenails</td>
</tr>
</tbody>
</table>

Section I:
Conditions requiring further review:
- Diabetes mellitus 250.00 - 250.93 E10-E13.9
- Arteriosclerosis obliterans (A.S.O. arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis) 440.20 - 440.32, I70- I70.599
- Buerger's disease (thromboangitis obliterans 443.1 I73.1
- Peripheral vascular disease 443.9 I73.9

Conditions approved without review:
- Peripheral neuropathies involving the feet:
Mononeuritis of lower limb 355.0 -355.9 G57.00-G59

Hereditary and idiopathic peripheral neuropathies 356.0 - 356.9 G60.0 - G60.9

Acute infective polyneuritis polyneuropathy in collagen vascular diseases 357.0 - 357.1 G61.0-G63; M05.50-M05.59

Polyneuropathy in diabetes, malignancy, and other diseases 357.2 - 357.4 E08.40-E13.42, G13.10, G13.1, G63-G65.2, A52.12, M34.83

Polyneuropathy due to alcohol, drugs, and other toxic agents 357.5 - 357.7 G62.1-G62.82

* Neuropathy, other and unspecified 357.8 - 357.9 G61.81-G62.9
  - Associated with malnutrition and vitamin deficiency:
    - malnutrition (general, pellagra)
    - alcoholism
    - malabsorption (celiac disease, tropical sprue)
    - pernicious anemia
      - * Associated with carcinoma
      - * Associated with diabetes mellitus
      - * Associated with drug and toxins
      - *Associated with multiple sclerosis 340.0 G35
      - Paraplegia 344.1 G04.1, G82.20-G82.22
      - Quadriplegia 344.0-344.09 G82.50-G82.54
      - Monoplegia 344.30-344.32 G83.10-G83.14
      - * Associated with uremia (chronic renal disease) 585, 586 N19
      - Associated with traumatic injury 958.3, 958.4, 959.7 T79.8XXA, T79.4XXA, S-83.001A-S99.929A
      - Associated with leprosy 030-030.9 A30.5-A30.8 or neurosyphilis 094-094.1 A52.11-A52.17
      - Associated with hereditary disorder:
        - hereditary sensory radicular neuropathy 265.2 E52
        - angiokeratoma corporis diffusum (Fabry's) 272.7 E75.21-E77.9
        - amyloid neuropathy 277.3 E85.9
      - Chronic thrombophlebitis if the lower extremities 451.0-451.2 I80.00-I80.03, I80.10-I80.13, I80.201 I80.299, I80.3

The following information was used in the development of this document and is provided as background only. It 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.

<table>
<thead>
<tr>
<th>Date Created</th>
<th>Date Reviewed</th>
<th>Date Last Revised</th>
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<tbody>
<tr>
<td>06/27/1997</td>
<td>08/03/2010MDRCRPC, 06/07/2011MDRCRPC, 04/03/2012MDRCRPC, 02/05/2013MDRCRPC, 12/03/2013MPC, 10/07/2014MPC, 08/04/2015MPC, 06/07/2016MPC, 04/04/2017MPC, 02/06/2018MPC, 01/08/2019MPC, 01/07/2020MPC</td>
<td>08/06/2019</td>
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</tbody>
</table>

MDRCRPC Medical Director Clinical Review and Policy Committee
MPC Medical Policy Committee

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<table>
<thead>
<tr>
<th>Revision History</th>
<th>Description</th>
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<tbody>
<tr>
<td>08/04/2015</td>
<td>Editorial changes were made to criteria</td>
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<tr>
<td>9/1/2015</td>
<td>Changed LCD hyperlink</td>
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<tr>
<td>09/08/2015</td>
<td>Revised LCD L36107 &amp; L34199</td>
</tr>
<tr>
<td>06/07/2016</td>
<td>Revised criteria to simplify guidelines</td>
</tr>
<tr>
<td>08/06/2019</td>
<td>Criteria revision regarding need for confirmation and documentation from the appropriate vascular surgeon specialist. An amendment was made to II. A. 4. to read &quot;non-traumatic partial amputation of a foot.&quot;</td>
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</tbody>
</table>

**Codes**

CPT: 11055; 11056; 11057; 11719; 11720; 11721  
HCPCS: G0127; G0247; S0390