**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>Chapter 15 section 290 – Foot Care</td>
</tr>
<tr>
<td>National Coverage Determinations (NCD)</td>
<td>None</td>
</tr>
<tr>
<td>Local Coverage Determinations (LCD)</td>
<td>Treatment of Ulcers &amp; Symptomatic Hyperkeratoses (L34199)</td>
</tr>
<tr>
<td></td>
<td>LCD for Routine Foot Care (L24356) has been retired - use medical necessity criteria</td>
</tr>
<tr>
<td></td>
<td>LCD for Symptomatic, Pathological Nail and its Treatment (L24366) has been retired - use medical necessity criteria</td>
</tr>
<tr>
<td></td>
<td>And for facility-based services billed using a UB form, see LCD for Treatment of Ulcers &amp; Symptomatic Hyperkeratoses (L36107)</td>
</tr>
</tbody>
</table>

| 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 a covered service. 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 and/or areas of 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 amputation of a foot or part thereof
         - See below 3B for documentation requirements
   B. Evaluation/debridement of mycotic nails, in the absence of a systemic condition, 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.

*Not provided more frequently than every 60 days

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 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 document peripheral pulses.

C. For chronic thrombophlebitis the chart must document significant physical findings (edema, superficial varicosities, or skin discoloration)

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>
</tr>
</thead>
<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

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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.

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