CMO
MONTEFIORE CARE MANAGEMENT

Routine Foot Care Billing Policy

Some plans, including Medicare, may limit Routine Foot Care visits unless a condition like diabetes or other metabolic, neurologic, or peripheral vascular disease of the feet is present. Please refer to the member's benefit plan in Post N Track for specific benefit limitations.

Most Commercial plans DO NOT offer a Routine Foot Care benefit unless the care is related to diabetes. (***Diabetes must be the primary diagnosis indicated on the claim, either in the claim header primary diagnosis field or at the line level in the primary diagnosis pointer position in order to bypass the Routine Foot Care benefit denial.***)

For Medicaid plans please refer to the member's benefit plan in Post N Track for specific benefit limitations.

Routine Foot Care services that may be denied include:

- Cutting or removal of corns and calluses
    - Procedure codes 11055 – 11057.
- Clipping, trimming or debridement of nails
    - Procedure codes 11719 – 11721, G0127.
- Any services performed in the absence of localized illness, injury or symptoms involving the foot, including treatment of flat feet, fallen arches, weak feet or chronic foot strain.
- ICD-10 Codes considered Routine include B35.1 (Tinea unguium, Dermatophytosis of nail), L60.0 (Ingrowing nail) and M21.40 – M21.42 (Flat Foot, Unspecified, right or left).

Additional information on Podiatry services may be found on the CMS website:

- The Medicare Benefit Policy Manual, Publication 100-2, Chapter 15 http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf
- Medicare Podiatry Services MLN Article SE0707 http://www.cms.hhs.gov/MLNProducts/downloads/MedicarePodiatryServicesSE_FactSheet.pdf

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