Local Coverage Determination (LCD)

Routine Foot Care

L33941

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	States
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

LCD Information

Document Information

LCD ID
L33941

LCD Title
Routine Foot Care

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 10/01/2019

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for Routine Foot Care. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for Routine Foot Care and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site.

Internet Only Manual (IOM) Citations:

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*,
  - Chapter 15, Section 290 Foot Care
  - Chapter 16, Section 30 Foot Care
- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*,
  - Chapter 13, Section 13.5.4 Reasonable and Necessary Provision in an LCD

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Federal Register References:

- Code of Federal Regulations (CFR), Title 42, Volume 2, Chapter IV, Part 411.15(l) Foot care

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity
Please refer to CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 290 Foot Care for indications and limitations in coverage of routine foot care.

Covered Indications

Routine foot care may be available for patients with peripheral neuropathy involving the feet, but without vascular impairment. The neuropathy should be of such severity that care by a non- professional person would put the patient at risk. The medical record must document the patient has an absence of sensation at two or more sites out of five tested on either foot when tested with the 5.07 Semmes-Weinstein monofilament to support the diagnosis of peripheral neuropathy with loss of protective sensation. This testing may be performed by the attending physician, non-physician practitioner, or the podiatrist.

For patients requiring anticoagulation therapy, the provider must document in the medical record the significant risk and danger posed by the non-professional rendering routine foot care services.

Limitations

As published in the CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 13, Section 13.5.4, an item or service may be covered by a contractor LCD if it is reasonable and necessary under the Social Security Act Section 1862 (a)(1)(A). Contractors shall determine and describe the circumstances under which the item or service is considered reasonable and necessary.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

Please refer to the Local Coverage Article: Billing and Coding: Routine Foot Care (A57188) for documentation requirements that apply to the reasonable and necessary provisions outlined in this LCD.

Utilization Guidelines

Please refer to the Local Coverage Article: Billing and Coding: Routine Foot Care (A57188) for utilization guidelines that apply to the reasonable and necessary provisions outlined in this LCD.

Sources of Information

First Coast Service Options, Inc. reference LCD number – L29388

Akhtar, N., Chazin, H., Eisenschenk, S., Fine-Edelstein, J., Gorson, K., & Jacobs, D. (2004). Neuropathy. *Neurology Channel.*

Curtin Health Science, Department of Podiatry. Podiatry Encyclopedia, 2001.

Goldman: Cecil Textbook of Medicine, 21st Edition, Copyright 2000. Diabetes Mellitus – Part II, Chapter 242a. W.B. Saunders Company.

Harari, A.E., & Rush, M.D., (2003). Diabetic Foot Care. *Emedicine Consumer Health.*

Bibliography
N/A

Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
10/01/2019	R6	Revision Number: 5 Publication: September 2019 Connection LCR B2019-022 Explanation of Revision: Based on Change Request (CR) 10901, the LCD was revised to remove all billing and coding and all language not related to reasonable and necessary provisions (“Bill Type Codes”, “Revenue Codes”, “CPT/HCPCS Codes”, “ICD-10 Codes that Support Medical Necessity”, “Documentation Requirements” and “Utilization Guidelines” sections of the LCD) and place them into a newly created billing and coding article. During the process of moving the ICD-10-CM diagnosis codes to the billing and coding article, the ICD-10-CM diagnosis code ranges were broken out and listed individually. In addition, the Social Security Act, Code of Federal Regulations, and IOM reference sections were updated. The effective date of this revision is for claims processed on or after January 8, 2019, for dates of service on or after October 3, 2018. Based on CR 11322 (Annual 2020 ICD-10-CM Update) the newly created Billing and Coding Article was revised. Added ICD-10-CM diagnosis codes I80.241, I80.242, I80.243, I80.251, I80.252, and I80.253 to Group 1 and Group 3. Descriptor revised for ICD-10-CM diagnosis codes I70.238 and I70.248 in Group 2. The effective date of this revision is for dates of service on or after 10/01/19.	• Revisions Due To ICD-10-CM Code Changes • Other (Revisions based on CRs 10901, 11322)

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
		In addition, based on a review of the ICD-10-CM diagnosis codes that were removed from the LCD and placed in the newly created billing and coding article the following changes were made. The asterisk (*) was removed from ICD-10-CM diagnosis codes A52.15, D68.8, D68.9, G61.0, G61.1, G65.0, G65.1, M05 .50, M05.511, M05.512, M05.519, M05.521, M05.522, M05.529, M05.531, M05.532, M05.539, M05.541, M05.542, M05.549, M05.551, M05.552, M05.559, M05.561, M05.562, M05.569, M05.571, M05.572, M05.579, M05.59, and M34.83. An asterisk (*) was added to ICD-10-CM diagnosis codes E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E13.21, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39. ICD-10-CM diagnosis codes E11.51,	

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
		E11.52, E11.59, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.261, I70.262, I70.263, I70.268, I70.269, I73.00, I73.01, I73.1, I74.3, M30.0, M30.2, M30.8, M31.4, M31.7 were removed from the Group 1 Codes as they are reflected in the Group 2 Codes. The effective date of these revisions is for dates of service on or after 11/12/2019. 10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this LCD.	
01/15/2019	R5	Revision Number: 2 Publication: January 2019 Connection LCR A/B2019-002 Explanation of Revision: Based on review of the LCD it was determined that some of the italicized language in the “Coverage Indications, Limitations, and/or Medical Necessity” section of the LCD do not represent direct quotations from some of the CMS sources listed in the LCD; therefore, this LCD is being revised to assure consistency with the CMS sources. The effective date of this revision is based on date of service. 01/15/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all	• Other (Revisions based on review.)

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
		the fields included on the LCD are applicable as noted in this LCD.	
02/08/2018	R4	Revision Number: 1 Publication: February 2018 Connection LCR B2018-003 Explanation of Revision: This LCD was revised in the “ICD-10 Codes that Support Medical Necessity” section of the LCD under “Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:”, “Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:” and “Group 3 Medical Necessity ICD-10 Codes Asterisk Explanation:” to include an explanation that all the codes within the asterisked range from the first code to the last code apply. The effective date of this revision is based process date. 02/08/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.	• Provider Education/Guidance • Public Education/Guidance
10/01/2017	R3	Revision Number: 3 Based on CR 10153 (2018 ICD-10 Update) LCD was evaluated and impacts identified. The new ICD-10-CM changes are effective for dates of service on or after 10/01/2017.	• Revisions Due To ICD-10-CM Code Changes

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
10/01/2016	R2	Based on CR 9677 (Annual 2017 ICD-10-CM Update), the LCD was revised, additional codes added to the following ranges: E11.21 - E11.39 in Group 1 E13.311 - E13.39 in Group 1 E11.21 - E11.39 in Group 3	• Revisions Due To ICD-10-CM Code Changes
10/01/2015	R1	05/29/2014 – The language and/or ICD-10-CM diagnoses were updated to be consistent with current LCD language and ICD-9-CM coding.	• Provider Education/Guidance • Revisions Due To ICD-10-CM Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Articles

A57188 - Billing and Coding: Routine Foot Care

Related National Coverage Documents

NCDs

70.2.1 - Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy)

Public Versions

Updated On	Effective Dates	Status	
10/02/2019	10/01/2019 - N/A	Currently in Effect	You are here

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Keywords

N/A