

Routine Foot Care

L37643

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	States
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia

Contractor Name	Contract Type	Contract Number	Jurisdiction	States
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia

Contractor Name	Contract Type	Contract Number	Jurisdiction	States
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

LCD Information

Document Information

LCD ID

L37643

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 01/29/2018

Revision Effective Date

For services performed on or after 12/05/2019

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

12/14/2017

Notice Period End Date

01/28/2018

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1862 (a)(13)(C) defines the exclusion for payment of routine foot care.

42 CFR Section 411.15 (l) Particular services excluded from coverage.

CMS Internet- Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15, §290 Foot Care

CMS Internet- Only Manual, Pub 100-03, Medicare National Coverage Determination Manual, Chapter 1, §70.2.1 Services Provided for the Diagnosis and Treatment of Diabetic Peripheral Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy)

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Background

Generally, routine foot care is excluded from coverage. Services that normally are considered routine and not covered by Medicare include the following, regardless of the provider rendering the service:

- Cutting or removal of corns and calluses;
- Trimming, cutting, clipping or debridement of nails, including debridement of mycotic nails;
- Shaving, paring, cutting or removal of keratoma, tyloma and heloma;
- Non-definitive simple, palliative treatments like shaving or paring of plantar warts which do not require thermal or chemical cautery and curettage;
- Other hygienic and preventive maintenance care in the realm of self care, such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of either ambulatory or bedfast patients;
- Any other service performed in the absence of localized illness, injury or symptoms involving the foot.

There are exceptions to routine foot care exclusions. This local coverage determination (LCD) outlines such exceptions.

Indications

Routine foot care services are subject to national regulation, which provides definitions, indications and limitations for Medicare payment of routine foot care services.

Exceptions to routine foot care exclusions include:

1. Routine foot care that is necessary and an integral part of an otherwise covered service;
2. Treatment of warts on foot;
3. The presence of systemic conditions, such as metabolic, neurologic, or peripheral vascular disease;
4. Mycotic nails:
 - In the presence of systemic conditions as noted above in #3.
 - In the absence of systemic conditions:
 - An ambulatory patient must have marked limitation of ambulation, pain or secondary infection resulting from the thickening and dystrophy of infected toenail plate.
 - A non-ambulatory patient suffers from pain or secondary infection resulting from the thickening and dystrophy of an infected toenail plate.

Presumption of Coverage

In evaluating whether the routine services can be reimbursed, a presumption of coverage may be made where the evidence available discloses certain physical and/or clinical findings consistent with the

diagnosis and indicative of severe peripheral involvement. For purposes of applying this presumption the following findings are pertinent:

Class A Findings

- Nontraumatic amputation of foot or integral skeletal portion thereof.

Class B Findings

- Absent posterior tibial pulse;
- Advanced trophic changes as: hair growth (decrease or absence), nail changes (thickening), pigmentary changes (discoloration), skin texture (thin, shiny), skin color (rubor or redness) (three required) and;
- Absent dorsalis pedis pulse.

Class C Findings

- Claudication;
- Temperature changes (e.g., cold feet);
- Edema;
- Paresthesias (abnormal spontaneous sensations in the feet) and;
- Burning.

The presumption of coverage may be applied when the physician rendering the routine foot care has identified:

1. One Class A finding;
2. Two of the Class B findings; or
3. One Class B and two Class C findings.

Limitations

1.Covered exceptions to routine foot care services are considered medically necessary once (1) in 60 days.

2.The exclusion of foot care is determined by the nature of the service, regardless of the clinician who performs the service.

Loss of protective sensation (LOPS) is not the subject of this LCD.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

1. All indications must be clearly documented in the patient's medical record and made available to the A/B MAC upon request.
2. Documentation supporting medical necessity, such as physical and/or clinical findings consistent with the diagnosis and indicative of severe peripheral involvement must be maintained in the patient record.
3. Physical findings and services must be precise and specific (e.g., left great toe, or right foot, 4th digit.) Documentation of co-existing systemic illness should be maintained.

4. There must be adequate medical documentation to demonstrate the need for routine foot care services as outlined in this LCD. This documentation may be office records, physician notes or diagnoses characterizing the patient's physical status as being of such severity to meet the criteria for exceptions to the Medicare routine foot care exclusion.
5. For each service encounter for debridement of mycotic nails, the medical record should contain a description of each debrided nail that reflects clinical descriptors consistent with mycotic nails . If appropriate the clinical descriptor may encompass multiple nails with the same findings. (e.g., the nail for toes 1, 3, 5 are yellow, brittle, thickened, etc.)
6. When the documentation does not meet the criteria for the service rendered, or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

Utilization Guidelines

Routine foot care services are considered medically necessary once (1) in 60 days.

Sources of Information

N/A

Bibliography

Other Medicare Contractor's Local Coverage Determinations.

Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
12/05/2019	R5	This LCD is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs. There has been no change in coverage with this LCD revision. Regulations regarding billing and coding were removed from the <i>CMS</i>	• Provider Education/Guidance

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
		<i>National Coverage Policy</i> section of this LCD and placed in the related Billing and Coding: Routine Foot Care A56680 article. <i>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</i>	

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
		<i>the LCD are applicable as noted in this policy.</i>	
07/25/2019	R4	All coding located in the <i>Coding Information</i> section and all verbiage regarding billing and coding under the <i>Coverage Indications, Limitations and/or Medical Necessity</i> section has been moved into the related Billing and Coding:	• Provider Education/Guidance

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
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Routine
Foot Care
A56680
article and
removed
from the
LCD.

Under *CMS National Coverage Policy*
“Chapter 1”
was added
to “CMS
Internet-
Only
Manual,
Pub 100-
03,
Medicare
National
Coverage
Determinati
on Manual,
§70.2.1
Services
Provided
for the
Diagnosis
and
Treatment
of Diabetic
Peripheral
Neuropathy
with Loss
of

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
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Protective Sensation (aka Diabetic Peripheral Neuropathy).” Punctuation was corrected throughout the LCD.

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

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
		<i>to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	
12/13/2018	R3	Grammar and punctuation were corrected, words were capitalized or changed to lower case and acronyms were inserted	• Provider Education/Guidance • Public Education/Guidance

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
		where appropriate throughout the policy. <i>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.</i>	

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
02/26/2018	R2	The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18,	Change in Affiliated Contract Numbers

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
		these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.	
01/29/2018	R1	The Jurisdiction "J" Part A Contracts for Alabama	• Other

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
		(10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this LCD. No coverage, coding or other	

Revision History Date	Revision History Number	Revision History Explanation	Reasons for Change
		substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.	

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Articles

[A56680 - Billing and Coding: Routine Foot Care \(Future\)](#) 

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	
11/27/2019	12/05/2019 - N/A	Currently in Effect	You are here

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Keywords

- Foot Care
- Nail care