

Policy	MM_0107
Effective Date	01/01/2026
Reviewed/Revised Date	04/27/2026
Next Review Date	04/27/2027
Origination Date	07/17/2024
Originated Department	Clinical Operations

Routine Foot Care

Audience
Medical Management, Claims

Purpose
<p>Medical policies provide general support for applying coverage decisions under the Mountain Health Co-Op member policy document and must reference the member-specific benefit plan document. The terms of the member-specific Policy document may differ from the standard benefit plan on which this medical policy is based. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the member-specific policy document supersedes this medical policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are intended for informational purposes only and are not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

Definition
<p>Many plans exclude the coverage of “routine foot care”. CMS defines “routine foot care” as the cutting or removal of corns and calluses, the trimming, cutting, clipping, or debriding of nails and other hygienic and preventive 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. Medicare assumes that patients or their caregivers will perform these services by themselves. Mountain Health Co-Op’s policy is similar in nature and does not cover routine foot care. Mountain Health Co-Op covers foot care that is medically necessary and performed by a podiatrist or covered provider.</p> <p>Foot care is considered non-routine and medically necessary in the following circumstances:</p> <p>A. The non-professional performance of the service would be hazardous for the member because of an underlying condition or disease; <i>or</i></p> <p>B. Routine foot care is performed as a necessary and integral part of an otherwise covered service (e.g., debriding of a nail to expose a subungual ulcer, or treatment of warts); <i>or</i></p>

C. Debridement of mycotic nails is undertaken when the mycosis/dystrophy of the toenail is causing secondary infection and/or pain, which results or would result in marked limitation of ambulation and requires the professional skills of a provider.

D. Surgical removal or care rendered as treatment of ingrown toenail(s) is considered **medically necessary**

Foot care services are not provided more frequently than once every 2 months (unless documentation demonstrates clinical appropriateness).

Cleaning and soaking of the feet by a medical professional (whirlpool or hydrotherapy) is considered **not covered** as part of routine foot care.

Policy/Procedure

1. Routine foot care, as defined by CMS, is excluded from coverage by Mountain Health Co-Op Plans unless specifically outlined in the summary of plan description for a specific group or policy.

Applicable Coding

CPT Codes

11055	Paring or cutting of a benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesions (eg, corn or callus); 2 to 4 lesions
11057	Paring or cutting of a benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
11719	Trimming of nondystrophic nails, any number
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more

HCPCS

S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific conditions (e.g., diabetes), per visit
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education
G0246	Follow up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2), a physical examination that includes: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d)

	evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails
G0127	Trimming of dystrophic nails, any number

References

1. Billing and Coding Foot Care. Article ID A56232 <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56232&ver=34&=>
2. Center for Medicare and Medicaid Services (CMS) Medicare (Dec, 2019) Learning Network (MLN) Fact Sheet “Medicare Podiatry Services” Available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-NetworkMLN/MLNProducts/Downloads/MedicarePodiatryServicesSE_FactSheet.pdf
2. Current Procedural Terminology (CPT®) – American Medical Association (AMA). 2026.
3. Optum360, LLC. (2026) Optum 360 Encoder Pro for Payers Professional.
4. American Podiatric Medical Association (APMA). 2026. Available at: <https://www.apma.org/>

Vendors

- Personify
- HPS

Review/Revision/Approval History

Date	Description
07/17/2024	New Policy
3/12/2026	Reviewed, Updated. Updated HCPCS, added covered diagnosis codes, hydrotherapy
04/27/2026	Reviewed and approved by Mountain Health CO-OP Policy Committee

Disclaimer

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

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