

Policy	REIMB-026
Effective Date	09/01/2024
Reviewed/Revised Date	07/16/2024
Next Review Date	10/01/2026
Origination Date	07/17/2024
Originated Department	Medical Management

Standard Operating Procedure (SOP) – Routine Foot

Audience

Medical Management, Claims

Purpose

Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions 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 designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to 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.

Definition

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. University of Utah Health Plans also follows this definition.

Policy/Procedure

Commercial Plans

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 benign hyperkeratotic lesion (eg, corn or callus); single lesion
- 11056** Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
- 11057** Paring or cutting of 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 Codes

- S0390** Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit

References

1. 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). 2019.
3. Optum360, LLC. (2019) Optum 360 Encoder Pro for Payers Professional.
4. American Podiatric Medical Association (APMA). 2019. Available at: <https://www.apma.org/>

Vendors

- Health Plan Services (HPS)

Review/Revision/Approval History

Date	Description
07/17/2024	New Policy

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute

medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's benefit plan, effective when services are rendered.

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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