

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	9/1/2024

[POLICY RATIONALE](#)
[DISCLAIMER](#)
[POLICY HISTORY](#)

[PRODUCT VARIATIONS](#)
[DEFINITIONS](#)
[CODING INFORMATION](#)

[DESCRIPTION/BACKGROUND](#)
[BENEFIT VARIATIONS](#)
[REFERENCES](#)

I. POLICY

Routine Foot Care

The following services are considered to be essential components of routine foot care:

- Clipping, trimming, or debridement of nails
- Shaving, paring, cutting or removal of corn(s) [heloma] and/or callus(es) [keratoma and tyloma] Non-definitive simple, palliative treatments such as: shaving or paring of plantar warts that do not require thermal or chemical cautery and curettage
- Other hygienic and preventive maintenance care, such as cleaning and soaking feet, and/or the utilization of skin creams to maintain tone
- Any service performed in the absence of a localized foot illness, injury, or symptoms involving the foot.
- Treatment of a simple uncomplicated or asymptomatic onychocryptosis (ingrown nail) that does not require local anesthesia.

Routine foot care services may be considered **medically necessary** when there is:

- Systemic disease (metabolic, neurologic, or peripheral vascular) that would put the patient at risk if provided by a nonprofessional person. Conditions that may result in the need for routine foot care include the following:
 - Amyotrophic Lateral Sclerosis (ALS)
 - Arteriosclerosis obliterans (A.S.O.), arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis
 - Arteritis of the feet
 - Buerger's disease
 - Chronic indurated cellulitis
 - Chronic venous insufficiency
 - Diabetes mellitus
 - Intractable edema

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

- Lymphedema (moderate to severe; based on any grading system i.e., The National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), The American Physical Therapy Association (APTA) or The International Society of Lymphology (ISL))
- Peripheral neuropathies involving the feet (associated with, but not limited to, the following)
 - Associated with malnutrition and vitamin deficiency
 - Malnutrition (general, pellagra)
 - Alcoholism
 - Malabsorption (celiac disease, tropical sprue)
 - Pernicious anemia
 - Associated with carcinoma
 - Associated with diabetes mellitus
 - Associated with drugs and toxins (including, but not limited to, anticoagulants and immune modulating medications)
 - Associated with multiple sclerosis
 - Associated with uremia (chronic kidney disease [CKD])
 - Associated with traumatic injury
 - Associated with leprosy or neurosyphilis
 - Associated with hereditary disorders (including, but not limited to, the following)
 - Hereditary sensory radicular neuropathy
 - Angiokeratoma corporis diffusum (Fabry's)
 - Amyloid neuropathy
 - Associated with Rheumatoid arthritis
- Peripheral vascular disease
- Raynaud's phenomenon secondary to a concurrent connective tissue disease
- Stricture of artery

Evaluation and debridement of mycotic nails may be considered **medically necessary** when the above criteria are met.

Evaluation and debridement of mycotic nails, in the **absence** of a systemic condition listed above, may be considered **medically necessary** when the following criteria are met:

- The patient is diagnosed as having tinea unguium (onychomycoses or dermatophytoses)
 - Pain and/or secondary infection resulting from the thickening and dystrophy of the infected toenail plate
 - If ambulatory, marked limitation of ambulation (pain and/or abnormality of gait)

II. PRODUCT VARIATIONS

[Top](#)

This policy is only applicable to certain programs and products administered by Capital BlueCross please see additional information below, and subject to benefit variations as discussed in Section VI below.

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

FEP PPO: Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

<https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies> .

III. DESCRIPTION/BACKGROUND

[Top](#)

Foot care services include the examination, diagnosis and medical or surgical treatment of conditions and dysfunctions of the foot. Foot care services can be routine or non-routine. In most cases, routine foot care does not require the skills of a qualified provider of foot care services, i.e., a podiatrist or physician. However, there are clinical diagnoses such as poor circulation to the extremities and other conditions where the services of a professional foot care provider may be medically necessary in order to limit complications such as delayed healing or infection.

IV. RATIONALE

[Top](#)

N/A

V. DEFINITIONS

[Top](#)

MYCOTIC refers to being caused by or infected with fungus.

NON-ROUTINE FOOT CARE would include surgical treatment of structural defects or anomalies such as fractures, hammer toes, or bunions. It also includes surgery for ingrown toenails. An injectable local anesthetic must be used in order for a foot procedure to be considered "toenail surgery."

KERATOMA (also known as a callus) are hard, light-colored patches of skin that develop as a result of friction or pressure

TYLOMA is a localized overgrowth of skin due to pressure or friction

ROUTINE FOOT CARE involves, but is not limited to hygiene and maintenance care (e.g., cleaning and soaking of feet, use of skin creams to maintain skin tone); trimming of nails (except surgery for ingrown nails); treatment of corns, calluses, keratoses; nonsurgical treatment of bunions ; and treatment and debridement of mycotic nails.

VI. BENEFIT VARIATIONS

[Top](#)

The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

VII. DISCLAIMER

[Top](#)

Capital Blue Cross' medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

[Top](#)

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

Procedure Codes								
11055	11056	11057	11719	11720	11721	G0127	G0247	S0390

ICD-10-CM Diagnosis Codes	Description
A30.0	Indeterminate leprosy
A30.1	Tuberculoid leprosy
A30.2	Borderline tuberculoid leprosy
A30.3	Borderline leprosy
A30.4	Borderline lepromatous leprosy
A30.5	Lepromatous leprosy
A30.8	Other forms of leprosy
A30.9	Leprosy, unspecified
A50.40	Late congenital neurosyphilis, unspecified
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

ICD-10-CM Diagnosis Codes	Description
A52.2	Asymptomatic neurosyphilis
B35.1	Tinea unguium
D09.8	Carcinoma in situ of other specified sites
D09.9	Carcinoma in situ, unspecified
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E08.628	Diabetes mellitus due to underlying condition with other skin complications
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified complications
E08.9	Diabetes mellitus due to underlying condition without complications

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

ICD-10-CM Diagnosis Codes	Description
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E09.628	Drug or chemical induced diabetes mellitus with other skin complications
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
E09.69	Drug or chemical induced diabetes mellitus with other specified complication
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
E09.9	Drug or chemical induced diabetes mellitus without complications
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

ICD-10-CM Diagnosis Codes	Description
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

ICD-10-CM Diagnosis Codes	Description
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

ICD-10-CM Diagnosis Codes	Description
E13.9	Other specified diabetes mellitus without complications
E52	Niacin deficiency [pellagra]
E53.0	Riboflavin deficiency
E53.1	Pyridoxine deficiency
E53.8	Deficiency of other specified B group vitamins
E75.21	Fabry (-Anderson) disease
E85.1	Neuropathic heredofamilial amyloidosis
G12.21	Amyotrophic lateral sclerosis
G13.0	Paraneoplastic neuromyopathy and neuropathy
G35	Multiple sclerosis
G60.0	Hereditary motor and sensory neuropathy
G60.2	Neuropathy in association with hereditary ataxia
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G60.9	Hereditary and idiopathic neuropathy, unspecified
G61.0	Guillain-Barre syndrome
G61.1	Serum neuropathy
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.89	Other inflammatory polyneuropathies
G62.0	Drug-induced polyneuropathy
G62.1	Alcoholic polyneuropathy
G62.2	Polyneuropathy due to other toxic agents
G62.81	Critical illness polyneuropathy
G62.89	Radiation-induced polyneuropathy
G62.9	Polyneuropathy, unspecified
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0	Sequelae of Guillain-Barre syndrome
G65.1	Sequelae of other inflammatory polyneuropathy
G65.2	Sequelae of toxic polyneuropathy
G90.09	Other idiopathic peripheral autonomic neuropathy
G99.0	Autonomic neuropathy in diseases classified elsewhere
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

ICD-10-CM Diagnosis Codes	Description
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

ICD-10-CM Diagnosis Codes	Description
I70.291	Other atherosclerosis of native arteries of extremities, right leg
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I73.00	Raynaud's syndrome without gangrene
I73.01	Raynaud's syndrome with gangrene
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.81	Erythromelalgia
I73.89	Other specified peripheral vascular diseases
I73.9	Peripheral vascular disease, unspecified
I77.1	Stricture of artery
I77.6	Arteritis, unspecified
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I87.1	Compression of vein
I87.2	Venous insufficiency (chronic) (peripheral)
I87.301	Chronic venous hypertension (idiopathic) without complications of right lower extremity
I87.302	Chronic venous hypertension (idiopathic) without complications of left lower extremity
I87.303	Chronic venous hypertension (idiopathic) without complications of bilateral lower extremity
I87.311	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity
I87.312	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity
I87.313	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity
I87.321	Chronic venous hypertension (idiopathic) with inflammation of right lower extremity
I87.322	Chronic venous hypertension (idiopathic) with inflammation of left lower extremity
I87.323	Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity
I87.329	Chronic venous hypertension (idiopathic) with inflammation of unspecified lower extremity
I87.331	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

ICD-10-CM Diagnosis Codes	Description
I87.332	Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity
I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity
I87.339	Chronic venous hypertension (idiopathic) with ulcer and inflammation of unspecified lower extremity
I87.391	Chronic venous hypertension (idiopathic) with other complications of right lower extremity
I87.392	Chronic venous hypertension (idiopathic) with other complications of left lower extremity
I87.393	Chronic venous hypertension (idiopathic) with other complications of bilateral lower extremity
I87.399	Chronic venous hypertension (idiopathic) with other complications of unspecified lower extremity
I87.8	Other specified disorders of veins
I89.0	Lymphedema, not elsewhere classified
I99.8	Other disorder of circulatory system
K90.0	Celiac disease
K90.1	Tropical sprue
K90.9	Intestinal malabsorption, unspecified
L02.415	Cutaneous abscess of right lower limb
L02.416	Cutaneous abscess of left lower limb
L02.611	Cutaneous abscess of right foot
L02.612	Cutaneous abscess of left foot
L02.619	Cutaneous abscess of unspecified foot
L03.031	Cellulitis of right toe
L03.032	Cellulitis of left toe
L03.039	Cellulitis of Unspecified toe
L03.115	Cellulitis of right lower limb
L03.116	Cellulitis of left lower limb
L03.125	Acute lymphangitis of right lower limb
L03.126	Acute lymphangitis of left lower limb
L03.41	Acute lymphangitis of right toe
L03.42	Acute lymphangitis of left toe
L98.3	Eosinophilic cellulitis [Wells]
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

ICD-10-CM Diagnosis Codes	Description
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M34.83	Systemic sclerosis with polyneuropathy
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
Q82.0	Hereditary lymphedema
R23.4	Changes in skin texture (Induration of skin; scaling of skin)
R60.0	Localized edema
R60.1	Generalized edema
R60.9	Edema, unspecified
Z86.31	Personal history of diabetic foot ulcer
Z86.79	Personal history of other diseases of the circulatory system

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

IX. REFERENCES

[Top](#)

1. *Services National Coverage Determination (NCD), 70.2.1. Services provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy). Effective 7/1/2002. CMS*
2. *Taber's Cyclopedic Medical Dictionary, 19th edition.*
3. *PA State Board of Podiatry Act (P.L. 1199, No. 505*
4. *Bending A. Fungal nail infections: Far more than an aesthetic problem. Br J Community Nurs. 2002; 7(5):254-259.*
5. *Boulton AJ, Vinik AI, Arezzo JC, et al. Diabetic neuropathies: a statement by the American Diabetes Association. Diabetes Care. 2005;28(4):956-962. doi:10.2337/diacare.28.4.956.*
6. *Schaper, NC, van Netten, JJ, Apelqvist, J, Bus, SA, Hinchliffe, RJ, Lipsky, BA, IWGDF Editorial Board. Practical Guidelines on the prevention and management of diabetic foot disease (IWGDF 2019 update). Diabetes Metab Res Rev. 2020; 36(S1):e3266.*
7. *Microvascular Complications and Foot Care: Standards of Medical Care in Diabetes—2020 (ADA). Diabetes Care. January 2020; 43(Supplement 1): S135-S151.*
8. *Wexler DJ. Evaluation of the diabetic foot. In: UpToDate Online Journal [serial online]. Waltham, MA: UpToDate; updated September 23, 2021. Literature review current through April 2023.*
9. *Local Coverage Determination (LCD), L35138. Routine Foot Care. Effective 10/17/2019. CMS*
10. *Medicare Benefit Policy Manual. Chapter 15-Covered Medical and Other Health Services. Revised 8/7/2020. CMS.*
11. *Lacouture ME, Kopsky DJ, Lilker R, et al. Podiatric Adverse Events and Foot Care in Cancer Patients and Survivors Awareness, Education, and Literature Review. J Am Podiatr Med Assoc. 2018;108(6):508-516. 30742505*
12. *Senneville É, Albalawi Z, van Asten SA, et al. IWGDF/IDSA guidelines on the diagnosis and treatment of diabetes-related foot infections (IWGDF/IDSA 2023). Diabetes Metab Res Rev. 2024;40(3):e3687. PMID: 37779323*
13. *American Diabetes Association; Professional Practice Committee: Standards of Medical Care in Diabetes—2022. Diabetes Care 1 January 2022; 45 (Supplement_1): S3.*

X. POLICY HISTORY

[Top](#)

MP 2.018	05/11/2020 Consensus Review. No change to policy statements. References and summary of evidence reviewed.
	03/15/2021 Major Review. Reorganized systemic section based on CMS Policy Benefit Manual. Added that lymphedema had to be moderate to severe and listed all grading systems. Added rheumatoid arthritis to peripheral neuropathies of the foot. Deleted sentence that E&D of mycotic nails, in the absence of systemic disease, requires previous hip, knee, or bypass surgery within the last 6 months or that one of those surgeries is

POLICY TITLE	FOOT CARE SERVICES
POLICY NUMBER	MP 2.018

	scheduled within the next 6 months. Took out all of the Class Findings from section of mycotic nails in the absence of systemic disease. Updated FEP and references. Updated ICD-10 coding section: added codes M05.50-M05.579; added M34.83.
	09/21/2022 Consensus Review. Coding Reviewed. ICD codes updated (Added A30.9, A52.19, E09.8, I87.329, I87.339, I87.399, N18.30, N18.31, N18.32) References updated.
	05/30/2023 Consensus Review. References updated. Coding reviewed. Deleted S99.821A and S99.822A. Added E11.10 and E11.649
	06/14/2024 Consensus Review. No change to policy stance. New references.

[Top](#)

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