

Foot Care and Podiatry Services

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[Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> Diabetic Management, Services and Supplies Shoes and Foot Orthotics

Federal/State Mandated Regulations

None

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Medically necessary foot care when criteria are met.

Routine Foot Care

Routine foot care, which is normally excluded from coverage, is covered for the following: (CMS: 2003)

- **Services performed as a necessary and integral part of otherwise covered services** such as diagnosis and treatment of ulcers, wounds, or infections.
- **The presence of a systemic condition** such as metabolic, neurologic, or peripheral vascular conditions that may require scrupulous foot care by a professional that in the absence of such condition(s) would be considered routine (and, therefore, excluded from coverage). Accordingly, foot care that would otherwise be considered routine may be covered when systemic condition(s) result in severe circulatory embarrassment or areas of diminished sensation in the individual's legs or feet.
In these instances, certain foot care procedures that otherwise are considered routine (e.g., cutting or removing corns and calluses, or trimming, cutting, clipping, or debriding nails) may pose a hazard when performed by a nonprofessional person on members with such systemic conditions.
- **Treatment of warts** (including plantar warts) on the foot is covered to the same extent as services provided for the treatment of warts located elsewhere on the body.
- **Mycotic nails:** In the absence of a systemic condition, treatment of mycotic nails may be covered, when the following criteria are met:
 - Ambulatory member
 - There is clinical evidence of mycosis of the toenail; and
 - The member has marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

- Non-ambulatory member
 - There is clinical evidence of mycosis of the toenail; and
 - The member suffers from pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

Foot Examination

Refer to *Diabetes* in the Benefit Interpretation Policy titled [Diabetic Management, Services and Supplies](#).

Not Covered

- Routine foot care is excluded from coverage except as described in the [Covered Benefits](#) section or included as a supplemental benefit.
Examples include but are not limited to the following:
 - Cutting or removal of corns and calluses;
 - 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 members, and any other service performed.
- Services or devices directed toward the care or correction of flat foot conditions.
- Surgical or nonsurgical treatments undertaken for the sole purpose of correcting a subluxated structure in the foot.
- Cosmetic surgery of the foot solely to improve appearance.
- Medications given for a purpose other than the treatment of a particular condition, illness, or injury, including cosmetic purposes, are not covered.

References

Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, § 290 Foot Care; Revised; Available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>. Accessed January 2025.

Policy History/Revision Information

Date	Summary of Changes
03/01/2025	<ul style="list-style-type: none"> ● Routine review; no change to coverage guidelines ● Archived previous policy version BIP069.M

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.