

## Foot Care Services

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
<b>Provider Notice Date:</b>	12/15/2021; 05/01/2023
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<b>Products:</b>	Medicaid
<b>Application:</b>	All
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

This policy is designed to address medical necessity and coverage of Foot Care Services for Highmark Health Options.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

### POLICY POSITION

Prior Authorization is not required.

When the benefit exists and the individual has a peripheral circulatory disorder or peripheral neuropathic disease, professional treatment of corns, callouses, clavus, tyloma or tylomata, plantar keratosis, hyperkeratosis and keratotic lesions, bunions (except capsular or bone surgery thereof), and nails (except surgery for ingrown nails and/or debridement of symptomatic, hypertrophic nails) may be considered medically necessary **ONLY** when the individual is being treated for any **ONE** of the following diagnoses:

- Amyotrophic Lateral Sclerosis (ALS); **or**
- Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis); **or**
- Arteritis of the feet; **or**

- Buerger's disease; **or**
- Carcinoma; **or**
- Chronic indurated cellulitis; **or**
- Chronic venus insufficiency; **or**
- Diabetes mellitus; **or**
- Drugs and toxins; **or**
- Hereditary disorders such as but not limited to:
  - Hereditary sensory radicular neuropathy; **or**
  - Angiokeratoma corporis diffusum (Fabry's); **or**
  - Amyloid neuropathy; **or**
- Intractable edema - secondary to a specific disease (e.g., congestive heart failure (CHF), kidney disease, hypothyroidism); **or**
- Leprosy; **or**
- Lymphedema - secondary to a specific disease (e.g., Milroy's disease, malignancy); **or**
- Malnutrition and vitamin deficiency malnutrition that can be as a result of but not limited to the following:
  - Alcoholism malabsorption; **or**
  - Celiac Disease; **or**
  - Pellagra; **or**
  - Pernicious anemia; **or**
  - Tropical Sprue; **or**
- Multiple Sclerosis; **or**
- Neurosyphilis; **or**
- Peripheral vascular disease; **or**
- Post-phlebitic syndrome; **or**
- Raynaud's disease; **or**
- Stricture of artery; **or**
- Traumatic injury; **or**
- Uremia.

Services that do not meet the criteria of this policy are considered not medically necessary.

### **Mycotic Nails**

When the benefit exists, debridement of mycotic nails is considered routine foot care and may be considered medically necessary when above criterial is met.

### **Hypertrophic (Nonmycotic) Nails**

When the benefit exists, debridement of symptomatic hypertrophic (nonmycotic) nails may be considered medically necessary.

Debridement of hypertrophic nails is limited to once every 60 days. More frequent debridement of nails is considered not medically necessary.

Treatment of a mycotic infection that is out of the scope of routine foot care or capsular/ bone surgery, and/or debridement of nonsymptomatic hypertrophic nails, may be considered medically necessary when the following criteria have been met:

- Systemic conditions that are significant enough to result in severe circulatory insufficiency and/or areas of desensitization in the lower extremities, that are a result of but not limited to, **ANY** of the following:
  - Diabetes mellitus; **or**

- Peripheral vascular disease; **or**
- Peripheral neuropathy; **or**
- Evaluation/debridement of mycotic nails, in the absence of a systemic condition, when **BOTH** of the following conditions are met:
  - There is pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate; **and**
  - If ambulatory, there is pain to a degree that there is difficulty walking and/or abnormality of gait.

The individual must also meet **ONE** of the following:

- A Class A Finding - of a nontraumatic amputation of foot or integral skeleton portion thereof; **or**
- A Class B Finding – of **AT LEAST TWO** (2) of the following:
  - Absent posterior tibial pulse; **or**
  - Absent dorsalis pedis pulse; **or**
  - Advanced trophic changes; **AT LEAST THREE** (3) of the following are required:
    - Hair growth (decrease or absence); **or**
    - Nail changes (thickening); **or**
    - Pigmentary changes (discoloration); **or**
    - Skin texture (thin, shiny); **or**
    - Skin color (rubor or redness); **or**
- A Class C Finding –of **ONE** (1) from Class B and **TWO** (2) from Class C:
  - Claudication; **or**
  - Temperature changes (e.g., cold feet); **or**
  - Edema; **or**
  - Paresthesia; **or**
  - Burning.

The following modifiers are to be used with the following procedure codes: 11055, 11056, 11057, 11719, 11720 and 11721

- Q7 - One (1) Class A finding.
- Q8 - Two (2) Class B findings.
- Q9 - One (1) Class B and two (2) Class C findings.

Submitting claims using Q7, Q8, or Q9 modifiers indicates the findings related to the individual's condition. Failure to provide documentation supporting the use of the Q modifiers on any claim may result in denial of that claim.

Surgical treatment of the nail that is out of the scope of routine foot care may be considered medically necessary for **ANY** of the following conditions:

- Ingrown toenails
- Subungual abscess; **or**
- Complicated injury of the toes or fingers involving the nail component severe enough to require removal of the nail; **or**
- Severe or recurrent fungal nail infection that has failed to respond to usual, less invasive treatment (for example, pharmacological treatment, debridement); **or**
- Onychogryphosis or onychauxis; **or**
- Deformed nails that prevent wearing shoes or otherwise jeopardize the integrity of the toe.

**Noncovered Services**

Laser treatment of onychomycosis (mycotic nail) is considered experimental/investigational and therefore noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Whirlpool treatment performed before routine foot care to soften the nails or skin is not eligible for separate reimbursement.

Pedicure services are noncovered.

**COVERED PROCEDURE CODES**

<b>11055</b>	Pairing Or Cutting of Benign Hyperkeratotic Lesion (e.g., Corn Or Callus); Single Lesion.
<b>11056</b>	Pairing Or Cutting of Benign Hyperkeratotic Lesion (e.g., Corn Or Callus); Two to Four Lesions.
<b>11057</b>	Pairing Or Cutting of Benign Hyperkeratotic Lesion (e.g., Corn Or Callus); More Than Four Lesions.
<b>11719</b>	Trimming Of Nondystrophic Nails, Any Number.
<b>11720</b>	Debridement Of Nail(s) By Any Method(s); One To Five.
<b>11721</b>	Debridement Of Nail(s) By Any Method(s); Six Or More.
<b>11730</b>	Avulsion Of Nail Plate, Partial Or Complete, Simple; Single.
<b>11732</b>	Avulsion Of Nail Plate, Partial Or Complete, Simple; Each Additional Nail.
<b>11750</b>	Excision Of Nail And Nail Matrix, Partial Or Complete, (e.g., Ingrown Or Deformed Nail) For Permanent Removal.
<b>11765</b>	Wedge Excision Of Skin Of Nail Fold (e.g., For Ingrown Toenail).
<b>97022</b>	Application Of A Modality To 1 Or More Areas; Whirlpool.
<b>S0390</b>	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.

**Covered diagnosis codes for procedure codes 11055, 11056, 11057, 11720, 11721, 97022 and S0390**

A30.0	A30.1	A30.2	A30.3	A30.4
A30.5	A50.1	A50.40	A50.41	A50.42
A50.43	A50.45	A52.11	A52.13	A52.14
A52.15	A52.16	A52.17	A52.19	A52.2
B20	B35.1	D51.0	D81.818	D81.819
E08.11	E08.21	E08.22	E08.29	E08.311
E08.319	E08.3211	E08.3212	E08.3213	E08.3291
E08.3292	E08.3293	E08.3311	E08.3312	E08.3313
E08.3391	E08.3392	E08.3393	E08.3411	E08.3412
E08.3413	E08.3491	E08.3492	E08.3493	E08.3511
E08.3512	E08.3513	E08.3521	E08.3522	E08.3523
E08.3531	E08.3532	E08.3533	E08.3541	E08.3542
E08.3543	E08.3551	E08.3552	E08.3553	E08.3591
E08.3592	E08.3593	E08.36	E08.37X1	E08.37X2
E08.37X3	E08.39	E08.40	E08.41	E08.42
E08.43	E08.44	E08.49	E08.51	E08.52
E08.59	E08.610	E08.618	E08.620	E08.621
E08.622	E08.628	E08.630	E08.638	E08.641
E08.649	E08.65	E08.69	E08.8	E08.9
E09.00	E09.01	E09.10	E09.11	E09.21
E09.22	E09.29	E09.311	E09.319	E09.3211
E09.3212	E09.3213	E09.3291	E09.3292	E09.3311
E09.3293				
E09.3312	E09.3313	E09.3391	E09.3392	E09.3393
E09.3411	E09.3412	E09.3413	E09.3491	E09.3492
E09.3493	E09.3511	E09.3512	E09.3513	E09.3521
E09.3522	E09.3523	E09.3531	E09.3533	E09.3541
E09.3542	E09.3543	E09.3551	E09.3552	E09.3553
E09.3591	E09.3592	E09.3593	E09.36	E09.37X1
E09.37X2	E09.37X3	E09.39	E09.40	E09.41
E09.42	E09.43	E09.44	E09.49	E09.51
E09.52	E09.59	E09.610	E09.618	E09.620
E09.621	E09.622	E09.628	E09.630	E09.638
E09.641	E09.649	E09.65	E09.69	E09.8
E09.9	E10.10	E10.11	E10.21	E10.22
E10.29	E10.311	E10.319	E10.3211	E10.3212

E10.3213	E10.329	E10.3291	E10.3292	E10.3293
E10.3311	E10.3312	E10.3313	E10.3391	E10.3392
E10.3393	E10.3411	E10.3412	E10.3413	E10.3491
E10.3492	E10.3493	E10.3511	E10.3512	E10.3513
E10.3521	E10.3522	E10.3523	E10.3531	
<b>E10.3532</b>				
E10.3533	E10.3541	E10.3542	E10.3543	E10.3551
E10.3552	E10.3553	E10.3591	E10.3592	E10.3593
E10.36	E10.39	E10.40	E10.41	E10.42
E10.43	E10.44	E10.49	E10.51	E10.52
E10.59	E10.610	E10.618	E10.620	E10.621
E10.622	E10.628	E10.630	E10.638	E10.641
E10.649	E10.65	E10.69	E10.8	E10.9
E11.00	E11.01	E11.21	E11.22	E11.29
E11.311	E11.319	E11.3211	E11.3212	E11.3213
E11.3291	E11.3292	E11.3293	E11.3311	E11.3312
E11.3313	E11.3391	E11.3392	E11.3393	E11.3411
E11.3412	E11.3413	E11.3491	E11.3492	E11.3493
E11.3511	E11.3512	E11.3513	E11.3521	E11.3522
E11.3523	E11.3531	E11.3532	E11.3533	E11.3541
E11.3542	E11.3543	E11.3551	E11.3552	E11.3553
E11.3591	E11.3592	E11.3593	E11.36	E11.37X1
E11.37X2	E11.37X3	E11.39	E11.40	E11.41
E11.42	E11.43	E11.44	E11.49	E11.51
E11.52	E11.59	E11.610	E11.618	E11.620
E11.621	E11.622	E11.628	E11.630	E11.638
E11.641	E11.649	E11.65	E11.69	E11.8
E11.9	E13.00	E13.01	E13.10	E13.11
E13.21	E13.22	E13.29	E13.311	E13.319
E13.3211	E13.3212	E13.3213	E13.3291	E13.3292
E13.3293	E13.3311	E13.3312	E13.3313	E13.3391
E13.3392	E13.3393	E13.3411	E13.3412	E13.3413
E13.3491	E13.3492	E13.3493	E13.3511	E13.3512
E13.3513	E13.3521	E13.3522	E13.3523	E13.3531
E13.3532	E13.3533	E13.3541	E13.3542	E13.3543
E13.3551	E13.3552	E13.3553	E13.3591	E13.3592
E13.3593	E13.36	E13.37X1	E13.37X2	E13.37X3
E13.39	E13.40	E13.41	E13.42	E13.43

E13.44	E13.49	E13.51	E13.52	E13.59
E13.610	E13.618	E13.620	E13.621	E13.622
E13.628	E13.630	E13.638	E13.641	E13.649
E13.65	E13.69	E13.8	E13.9	E52
E53.0	E53.1	E53.8	E53.9	E75.21
E75.22	E75.240	E75.241	E75.242	E75.243
E75.248	E75.249	E75.3	E77.0	E77.1
E77.8	E77.9	E85.1	E85.2	E85.3
E85.4	E85.81	E85.82	E85.89	E85.9
G12.21	G12.23	G12.24	G12.25	G13.0
G13.1	G35	G60.0	G60.1	G60.2
G60.3	G60.8	G60.9	G61.0	G61.1
G61.81	G61.89	G61.9	G62.0	G62.1
G62.2	G62.81	G62.82	G62.89	G62.9
G63	G64	G65.0	G65.1	G65.2
G90.09	G99.0	I70.201	I70.202	I70.203
I70.208	I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232	I70.233
I70.234	I70.235	I70.238	I70.239	I70.241
I70.242	I70.243	I70.244	I70.245	I70.248
I70.25	I70.261	I70.262	I70.263	I70.268
I70.269	I70.291	I70.292	I70.293	I70.298
I70.299	I70.90	I70.91	I73.00	I73.01
I73.1	I73.81	I73.89	I73.9	I77.1
I77.6	I79.1	I79.8	I80.00	I80.01
I80.02	I80.03	I80.10	I80.11	I80.12
I80.13	I80.201	I80.202	I80.203	I80.209
I80.221	I80.222	I80.223	I80.229	I80.231
I80.232	I80.233	I80.239	I80.291	I80.292
I80.293	I80.299	I80.3	I87.001	I87.002
I87.003	I87.009	I87.011	I87.012	I87.013
I87.019	I87.021	I87.022	I87.023	I87.029
I87.031	I87.032	I87.033	I87.039	I87.091
I87.092	I87.093	I87.099	I87.1	I87.2
I87.301	I87.302	I87.303	I87.309	I87.311
I87.312	I87.313	I87.319	I87.321	I87.322
I87.323	I87.329	I87.331	I87.332	I87.333

I87.339	I87.391	I87.392	I87.393	I87.399
I87.9	I89.0	I99.9	K90.0	K90.1
K90.9	L02.415	L02.416	L02.419	L02.611
L02.612	L02.619	L02.91	L03.031	L03.032
L03.039	L03.041	L03.042	L03.049	L03.115
L03.116	L03.119	L03.125	L03.126	L03.129
L03.90	L03.91	L60.0	M05.50	M05.511
M05.512	M05.519	M05.521	M05.522	M05.529
M05.531	M05.532	M05.539	M05.541	M05.542
M05.549	M05.551	M05.552	M05.559	M05.561
M05.562	M05.569	M05.571	M05.572	M05.579
M05.59	M34.83	N18.1	N18.2	N18.30
N18.31	N18.32	N18.4	N18.5	N18.6
N18.9	O24.011	O24.012	O24.013	O24.019
O24.02	O24.03	O24.111	O24.112	O24.113
O24.119	O24.12	O24.13	O24.311	O24.312
O24.313	O24.319	O24.32	O24.33	O24.811
O24.812	O24.813	O24.82	O24.83	O24.911
O24.819				
O24.912	O24.913	O24.919	O24.92	O24.93
Q82.0	R60.0	R60.1	R60.9	S86.001A
S86.002A	S86.009A	S86.091A	S86.092A	S86.099A
S86.101A	S86.102A	S86.109A	S86.191A	S86.192A
S86.199A	S86.201A	S86.202A	S86.209A	S86.291A
S86.292A	S86.299A	S86.301A	S86.302A	S86.309A
S86.391A	S86.392A	S86.399A	S86.801A	S86.802A
S86.809A	S86.991A	S86.992A	S86.999A	S89.80XA
S86.891A	S86.892A	S86.899A	S86.901A	S86.902A
S86.909A				
S89.81XA	S89.82XA	S89.90XA	S89.91XA	S89.92XA
S96.001A	S96.002A	S96.009A	S96.091A	S96.092A
S96.099A	S96.101A	S96.102A	S96.109A	S96.191A
S96.192A	S96.199A	S96.201A	S96.202A	S96.209A
S96.291A	S96.292A	S96.299A	S96.801A	S96.802A
S96.809A	S96.891A	S96.892A	S96.899A	S96.901A
S96.902A	S96.909A	S96.991A	S96.992A	S96.999A
S99.811A	S99.812A	S99.819A	S99.821A	S99.822A
S99.829A	S99.911A	S99.912A	S99.919A	S99.921A

S99.922A	Z79.01			
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**Covered diagnosis codes for procedure codes 11730, 11732, 11750, 11765**

B35.1	L03.031	L03.032	L40.0	L40.1
L40.2	L40.3	L40.4	L40.8	L60.0
L60.1	L60.2	L60.3	L60.4	L60.5
L60.8	L62	Q84.3	Q84.4	Q84.5
Q84.6	S61.101A	S61.101D	S61.101S	S61.102A
S61.102D	S61.102S	S61.111A	S61.111D	S61.111S
S61.112A	S61.112D	S61.112S	S61.121A	S61.121D
S61.121S	S61.122A	S61.122D	S61.122S	S61.131A
S61.131D	S61.131S	S61.132A	S61.132D	S61.132S
S61.141A	S61.141D	S61.141S	S61.142A	S61.142D
S61.142S	S61.151A	S61.151D	S61.151S	S61.152A
S61.152D	S61.152S	S61.300A	S61.300D	S61.300S
S61.301A	S61.301D	S61.301S	S61.302A	S61.302D
S61.302S	S61.303A	S61.303D	S61.303S	S61.304A
S61.304D	S61.304S	S61.305A	S61.305D	S61.305S
S61.306A	S61.306D	S61.306S	S61.307A	S61.307D
	S61.307S	S61.310A	S61.310D	S61.310S
S61.311A	S61.311D	S61.311S	S61.312A	S61.312D
S61.312S	S61.313A	S61.313D	S61.313S	S61.314A
S61.314D	S61.314S	S61.315A	S61.315D	S61.315S
S61.316A	S61.316D	S61.316S	S61.317A	S61.317D
S61.317S	S61.320A	S61.320D	S61.320S	S61.321A
S61.321D	S61.321S	S61.322A	S61.322D	S61.322S
S61.323A	S61.323D	S61.323S	S61.324A	S61.324D
S61.324S	S61.325A	S61.325D	S61.325S	S61.326A
S61.326D	S61.326S	S61.327A	S61.327D	S61.327S
S61.330A	S61.330D	S61.330S	S61.331A	S61.331D
S61.331S	S61.332A	S61.332D	S61.332S	S61.333A
S61.333D	S61.333S	S61.334A	S61.334D	S61.334S
S61.335A	S61.335D	S61.335S	S61.336A	S61.336D
S61.336S	S61.337A	S61.337D	S61.337S	S61.340A
S61.340D	S61.340S	S61.341A	S61.341D	S61.341S
S61.342A	S61.342D	S61.342S	S61.343A	S61.343D
S61.343S	S61.344A	S61.344D	S61.344S	S61.345A

S61.345D	S61.345S	S61.346A	S61.346D	S61.346S
S61.347A	S61.347D	S61.347S	S61.350A	S61.350D
S61.350S	S61.351A	S61.351D	S61.351S	S61.352A
S61.352D	S61.352S	S61.353A	S61.353D	S61.353S
S61.354A	S61.354D	S61.354S	S61.355A	S61.355D
S61.355S	S61.356A	S61.356D	S61.356S	S61.357A
S61.357D	S61.357S	S90.211A	S90.211D	S90.211S
S90.212A	S90.212D	S90.212S	S90.221A	S90.221D
S90.221S	S90.222A	S90.222S	S90.222S	S91.201A
S91.201D	S91.201S	S91.202A	S91.202D	S91.202S
S91.204A	S91.204D	S91.204S	S91.205A	S91.205D
S91.205S	S91.211A	S91.211D	S91.211S	S91.212A
S91.212D	S91.212S	S91.214A	S91.214D	S91.214S
S91.215A	S91.215D	S91.215S	S91.221A	S91.221D
S91.221S	S91.222A	S91.222D	S91.222S	S91.224A
S91.224D	S91.224S	S91.225A	S91.225D	S91.225S
S91.231A	S91.231D	S91.231S	S91.232A	S91.232D
S91.232S	S91.234A	S91.234D	S91.234S	S91.235A
S91.235D	S91.235S	S91.241A	S91.241D	S91.241S
S91.242A	S91.242D	S91.242S	S91.244A	S91.244D
S91.244S	S91.245A	S91.245D	S91.245S	S91.251A
S91.251D	S91.251S	S91.252A	S91.252D	S91.252S
S91.254A	S91.254D	S91.254S	S91.255A	S91.255D
S91.255S	T25.331A	T25.331D	T25.331S	T25.332A
T25.332D	T25.332S	T25.731A	T25.731D	T25.371S
T25.732A	T25.732D	T25.732S		

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**POLICY UPDATE HISTORY**

02/23/2022	Approved in Medical Policy Committee
03/29/2022	Approved in QI/UM
01/25/2023	Annual review; approved in Medical Policy Committee
01/31/2023	Approved in QI/UM