POLICY STATEMENT:

I. Based upon our criteria, foot care is medically appropriate for members with systemic conditions of sufficient degree to cause severe circulatory insufficiency and/or areas of desensitization in the feet or legs, such as:
   A. diabetes mellitus,
   B. peripheral vascular disease, peripheral neuropathy, and
   C. severe collagen vascular diseases (e.g., rheumatoid arthritis, scleroderma).

In the absence of systemic disease that causes circulatory insufficiency and/or areas of desensitization of the feet or legs, these services are considered routine foot care and are not medically necessary.

II. Based upon our criteria, non-pharmacologic treatment of mycotic nails (onychomycosis) and trimming and shaving of the nail is medically appropriate for members with a diagnosis of fungal infection of the nail AND:
   A. A vascular impairment or hazardous medical condition, including systemic conditions of sufficient degree to cause severe circulatory embarrassment and/or areas of desensitization in the feet or legs (e.g., diabetes mellitus, peripheral vascular disease, peripheral neuropathy, severe collagen vascular diseases such as rheumatoid arthritis or scleroderma); OR
   B. In ambulatory individuals, marked limitation of ambulation and pain, and/or secondary infection resulting from the thickening and dystrophy of the infected nail plate; OR
   C. In non-ambulatory individuals, pain and/or secondary infection resulting from the thickening and dystrophy of the infected nail plate; OR
   D. Compromised immune function (e.g., infection with human immunodeficiency virus – HIV).

Treatment of mycotic nails in the absence of the conditions stated above is not medically necessary.

III. Based upon our criteria and the lack of peer-reviewed literature, laser treatment of onychomycosis is considered investigational.

POLICY GUIDELINES:

I. Routine foot care is excluded under most Health Plan contracts. Refer to the member’s subscriber contract for specific benefit information.

II. When eligible for coverage, foot care or nail care, including trimming and shaving of the nails, that is requested more often than once every 60 days may require prior authorization.

III. For the treatment of mycotic nails (onychomycosis) documentation is required of a positive fungal culture or KOH (potassium hydroxide) smear AND:
   A. A systemic condition as stated in policy statement II; OR
   B. pain and/or limitation of activity related to the thickened and dystrophic nails.
DESCRIPTION:

Foot care is the treatment of corns and calluses, trimming of nails, treatment of simple ingrown nails (e.g., with removal of the offending wing or spicule, clipping, or debriding of nail, distal to the eponychium) and other preventive hygienic or maintenance procedures in the realm of self-care. In the absence of systemic disease that causes circulatory insufficiency and/or areas of desensitization of the feet or legs these services are considered to be routine foot care.

Surgical options to treat complicated ingrown nail(s) (onychocryptosis) include avulsion of the nail, excision of the nail and nail matrix, and wedge excision of the soft tissue with removal of the offending portion of the nail. These procedures are not billed with the routine nail care codes.

Mycotic nails, or onychomycosis, is a fungal infection of the nail bed, matrix and/or plate. The infection invades the nail bed and the underside of the nail plate. The infection can cause discoloration and disfigurement of the nail. In severe conditions the nail may become loosened from the nail bed and a secondary infection may develop. The resulting thickened nails become difficult to trim and may make walking painful.

Debridement of mycotic nails is performed when the dystrophy of the nail causes secondary infection and/or pain which results in limitation of ambulation and requires the professional skills of a medical care provider for treatment. Several types of device-based therapies are under investigation for treatment of onychomycosis, including ultrasound, iontophoresis, photodynamic therapy, and laser systems. A number of laser systems for treating onychomycosis have been cleared for marketing by the U.S. Food and Drug Administration (FDA). FDA-cleared indications are for the temporary increase of clear nail; they are not cleared as a cure for onychomycosis.

RATIONALE:

Published literature is insufficient to determine whether laser treatment improves health outcomes in patients with onychomycosis. Additional well-designed, controlled studies are needed that use FDA-cleared devices and compare outcomes with those obtained with a sham control or an alternative treatment for onychomycosis and conduct appropriate statistical analyses.

CODES:  Number  Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

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CPT:  Number  Description

11055  Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callous); single lesion
11056  two to four lesions
11057  more than four lesions
11719  Trimming of nondystrophic nails, any number
11720  Debridement of nail(s) by any method(s); one to five
11721  six or more

HCPCS:  Number  Description

G0127  Trimming of dystrophic nails, any number
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

Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed)

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

ICD9:
030.0-030.9 Leprosy (code range)
042 Human immunodeficiency virus (HIV) disease
094.0-094.9 Neurosyphilis (code range)
250.00-250.93 Diabetes mellitus (code range)
265.2 Pellagra
266.2 Other B-complex deficiencies
272.7 Lipidosis
277.30-277.39 Amyloidosis (code range)
340 Multiple sclerosis
355.8 Mononeuritis of lower limb, unspecified
356.0-356.9 Hereditary and idiopathic peripheral neuropathy (code range)
357.1-357.6 Polyneuropathy (code range)
440.20-440.29 Atherosclerosis of the extremities, unspecified (code range)
440.9 Generalized and unspecified atherosclerosis
443.0-443.9 Other specified peripheral vascular diseases (code range)
451.11-451.19 Phlebitis and thrombophlebitis of deep vessels of lower extremities (code range)
579.0 Celiac disease
579.1 Tropical Sprue
585.1-585.9 Chronic kidney disease (code range)
703.0 Ingrowing nail
719.7 Difficulty in walking
729.5 Pain in limb
781.2 Abnormality of gait
V08 Asymptomatic human immunodeficiency virus (HIV) infection status
For treatment of mycotic nails one of the above ICD9 codes plus one of the following codes must be included:

110.1 Dermatophytosis of nail, dermatophytic onychia, tinea unguium

OR

681.11 Onychia and paronychia of toe

ICD10:

A30.0-A30.9 Leprosy (Hansen's disease) (code range)
A52.10-A52.3 Symptomatic neurosyphilis (code range)
B20 Human immunodeficiency virus (HIV) disease
B35.1 Tinea unguium
D81.818 Other biotin-dependent carboxylase deficiency
D81.819 Biotin-dependent carboxylase deficiency, unspecified
E08.40-E08.59 Diabetes mellitus due to underlying condition with neurological or circulatory complications (code range)
E09.40-E09.59 Drug or chemical induced diabetes mellitus with neurological or circulatory complications (code range)
E10.10-E13.9 Diabetes mellitus (code range)
E52 Niacin deficiency (pellagra)
E53.8 Deficiency of other specified B group vitamins
E75.21-E75.22 Other Sphingolipidosis (code range)
E75.240-E75.249 Niemann-Pick disease (code range)
E75.3 Sphingolipidosis, unspecified
E77.0-E77.9 Disorder of glycoprotein metabolism (code range)
E85.0-E85.9 Amyloidosis (code range)
G13.0-G13.1 Systemic atrophies primarily affecting central nervous system in diseases classified elsewhere (code range)
G57.90-G5792 Unspecified mononeuropathy of lower limb (code range)
G60.0-G60.9 Hereditary and idiopathic neuropathy (code range)
G62.0 Drug-induced polyneuropathy
G62.1 Alcoholic polyneuropathy
G63 Polyneuropathy in diseases classified elsewhere
G65.0-G65.2 Sequelae of inflammatory and toxic polyneuropathy (code range)
I67.0 Dissection of cerebral arteries, nonruptured
I70.201-I70.209 Unspecified atherosclerosis of native arteries of extremities (code range)
I70.90-I70.92 Atherosclerosis (code range)
For treatment of mycotic nails one of the above ICD10 codes plus one of the following ICD10 codes must be included:

- B351 Tinea unguium
- OR
- L03.031-L03.039 Cellulitis of toe (code range)

REFERENCES:


**KEY WORDS:**
Foot care, Mycotic nails, Nail care, Onychomycosis.

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**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

There is currently a Local Coverage Determination (LCD) addressing Routine Foot Care and Debridement of Nails. Please refer to the following websites for Medicare Members:

Routine Foot Care and Debridement of Nails LCD: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33636&ver=39&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=routine+foot+care&KeyWordLookUp>Title&KeyWordSearchType=And&FriendlyError=No LCDIDVersion&bc=gAAAAABAAIAAAAA%3d%3d&