



Routine Foot Care – Commercial and Medicaid plans

Routine foot care is payable only when covered by the member’s benefit plan. **Most Commercial and Medicaid plans do not include coverage for Routine Foot Care services. These services will be denied with remit reason M67 – Routine Foot Care – Not Covered benefit.**

The exclusion of foot care is determined by the nature of the service. Thus, excluded services will be denied whether performed by a podiatrist, osteopath, Doctor of Medicine, or qualified Non-Physician Practitioner and without regard to the difficulty or complexity of the procedure.

Routine foot care is defined as:

- Cutting or removal of corns and calluses;
- Trimming, cutting, clipping, or debriding of nails;
- 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;
- Any other service performed **in the absence of localized illness, injury, or symptoms involving the foot**, including the treatment of flat feet, fallen arches, weak feet or chronic foot strain.

Routine foot care includes:

- **ICD-10 Diagnosis codes:**
 - Dermatophytosis of nail - B35.1
 - In growing Nail - L60.0, or
 - Flat feet - M21.40, M21.41, M21.42
- **Procedure codes:**

Codes	Description
99202 – 99215	Office or Outpatient E&M, New or Established patient
99241 – 99245	Office consultations
11055 – 11057	Paring or cutting of benign hyperkeratotic lesion (corn or callus)
11719 – 11721	Cutting or Trimming of non-dystrophic nails

- The routine foot care exclusion will not apply if the care is related to diabetes. ***Diabetes must be the primary diagnosis indicated on the claim, either in the claim header primary diagnosis field or at the line level in the primary diagnosis pointer position in order to bypass the Routine Foot Care benefit denial.***

