NO. 91121-R11

FOOT CARE

Effective date: 03/01/2026 **Last reviewed**: 02/2026

Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This policy addresses foot-care services including corrective surgery, treatment of structural deformities, management of traumatic injuries, and nail or skin procedures when clinical criteria, documentation requirements, and appropriate conservative management have been met.

Related policies:

- Extracorporeal Shock Wave Therapy (ESWT) # 91527

I. MEDICAL NECESSITY CRITERIA

A. Coverage is provided for the following:

1. Medically necessary arthroplasties to repair such joints as the metatarsocarpophalangeal joint, interphalangeal joint, tarsocarpometatarsalcarpal joint. Implant devices used in conjunction with these procedures must be an FDA approved device for use in humans.

2. Bunionectomy may be medically necessary when the following are met:
   a. Confirmed diagnosis of hallux valgus (bunion) associated with **one** of the following:
      i. Difficulty walking due to the presence of the deformity
      ii. Significant and persistent pain at first metatarsophalangeal joint.
      iii. Ulceration at the first metatarsophalangeal joint caused by the bunion.

iv. The angle between the first and second metatarsals (intermetatarsal-IM) angle is >12 degrees
v. The angle between the first metatarsal and the bunion (hallus valgus) angle is >15 degrees with no degenerative changes at the meta-tarso-phalangeal (MTP) joint.

b. Signs/Symptoms are unresponsive to at least 6 months of conservative treatment including **ALL** of the following:
   i. Padding the area
   ii. Oral analgesics and anti-inflammatory medications
   iii. Shoe modifications

c. A simple (Silver procedure), modified (Keller, McBride or Mayo) or radical (Joplin) bunionectomy. Procedures with several components such as a bunionectomy with a sesamoidectomy are covered under one procedure code, in this case as a bunionectomy.

3. Cheilectomy may be medically necessary when the following are met:
   a. Painful bony spurs in the earlier stages of an arthritic joint (defined by Coughlin and Shurnas classification below):
      i. Mild: maintained joint space, minimal changes; **OR**
      ii. Grade 1: Dorsiflexion 30-40°, Dorsal osteophytes, Minimal/no other joint changes; **OR**
      iii. Grade 2: Dorsiflexion 10-30°; Mild-to-moderate joint narrowing or sclerosis; osteophytes; **OR**
   b. Painful hallux rigidus; **AND**
   c. Signs/Symptoms are unresponsive to at least 6 months of conservative treatment including **ALL** of the following:
      i. Shoe modifications and custom orthotics
      ii. Oral analgesics and anti-inflammatory medications
      iii. Injections to effected area with corticosteroids

4. Debridement with whirlpool treatment is covered as one procedure under debridement.

5. Excision of a benign, deep, subfascial or intramuscular neuroma are medically necessary.

6. Fracture Care:
   a. Cast application, subsequent removal and reapplication, if required, and cast removal are covered as one medical service. In instances where the cast was applied in one geographical location and the removal done in another, coverage may be provided separately.
   b. Windowing of a cast is considered a continuation of the original treatment and not separately billable.
   c. Routine office visits related to the initial fracture care are a part of the initial procedure and not covered separately.
   d. Follow-up fracture care related to the reduction of a fracture provided within 72 hours of the initial procedure are not separately billable.

7. Injections and aspirations of joints are covered procedures with the following limitations:
    a. Only one injection per joint is covered on the same day.
    b. Therapeutic injections of the same joint are limited to a maximum of three injections in a 6-month period.

8. Mycotic nails (e.g., onychomycosis)
    a. Treatment is covered only for members with diabetes, vascular insufficiency, multiple fungal infection sites (multiple nails) or an immunocompromised condition.
    b. Coverage is provided when ambulation is limited due to the condition, pain is present. or a secondary infection is present from the thickening and dystrophy of the infected toenail plate.
    c. For Pharmacy coverage and prior authorization of anti-fungal agents, please refer to Approved Drug List | Priority Health.
    d. Nail debridement of mycotic toenails is covered for the following indications only:
        i. Sensory loss or circulatory compromise of the lower extremities, or
        ii. In the absence of systemic disease, for the following:
            a. In an ambulatory patient there is documentation that includes clinical evidence of mycosis of the toenail, and there is marked limitation of ambulation due to pain, or a secondary infection is present.
            b. In a non-ambulatory patient, there is documentation of clinical evidence of the mycosis and there is pain or a secondary infection is present.
    e. Laser treatment of onychomycosis is experimental and investigational and not covered.

9. Podiatric office surgery is covered. Ancillary services such as treatment room, recovery room, pre-operative services, services of nurses (e.g., scrub) are part of the normal office procedure. An assistant surgeon is covered for complex procedures only.

10. Radiology services such as x-rays, including interpretation, are covered when disease or injury is present or suspected. Pre- and post-operative films are covered when invasive procedures are performed and services are provided in Plan.

11. Sesamoidectomy by itself when not performed in conjunction with other foot surgeries.

12. Subungual osteoectomy of a toe for removal of the toenail or matrix of the nail.

13. Surgical or chemical removal (partial or total) of the toenail when infected and distorted. Applicable diagnoses are onychocryptosis (ingrown toenail), onychomycosis (mycotic nail), onychogryphosis (deformed nail) and onychauxis (club nail).

a. Local anesthesia, removal of medial and lateral (tibial and fibular) borders and pre and postoperative care are considered an integral part of the surgery and not separately billable.

14. Surgical intervention for hammer toe may be medically necessary when the following are met:
    a. Confirmed diagnosis of hammertoe deformity associated with **one** of the following:
        i. Difficulty walking due to the presence of the deformity.
        ii. Significant and persistent pain.
        iii. Ulceration at the area of pressure.

    And when EITHER of the following criterion is met

    b. Signs/Symptoms are unresponsive to the use of appropriate footwear and at least 6 months of conservative treatment including **all** of the following:
        i. Padding the area
        ii. Oral analgesics or anti-inflammatory medications
        iii. Splinting
        iv. Orthotics
        v. Debridement

    OR

    c. Ulceration at an area of pressure that has not responded to at least 4 weeks of local wound care; **and**
    d. Member's health status must not contraindicate surgical procedure.

15. Tenotomy:
    a. When symptomatic or unable to passively correct claw toes:
        i. Tenotomy of the extensor tendon (foot or toe) is covered under the bunionectomy, metatarsophalangeal joint, or metatarsal procedures.
        ii. Tenotomy of the flexor tendon is covered if a separate incision is made.
        iii. Tendon lengthening procedures performed on two adjacent tendons are covered as one procedure.
        iv. Tenotomy for hammer toe will be considered as one surgery whether one or multiple incisions.
    b. Tenotomy for asymptomatic or passively correctable claw toes is not medically necessary.

16. Treatment of warts, including plantar warts.

17. Bilateral non-invasive vascular studies, when unilateral surgery is being planned, are not a covered benefit.

18. Non-invasive, preoperative vascular studies (venous and arterial) to evaluate the following conditions:
    a. Arteriosclerosis obliterans

b. Buerger's disease
c. Diabetes mellitus
d. Gangrene
e. Intermittent claudication or ischemic type pain
f. Non-traumatic amputation of the foot or any part thereof
g. Non-invasive, preoperative vascular studies (venous and arterial) for symptoms such as non-palpable pulses, abnormal skin color; abnormal skin temperature, pigmentation changes, abnormal skin texture, nail changes or decreased hair growth in the extremity may be covered if determined to be medically indicated.
h. Peripheral vascular disease

B. The following are excluded services:
1. Acupuncture (may be covered with a rider for some commercial plans).
2. Extracorporeal shock wave treatment for plantar fasciitis. (See Extracorporeal Shock Wave Therapy (ESWT) medical policy # 91527).
3. Nerve blocks for the purpose of increasing blood supply to the foot and toes.
4. Prolotherapy, joint sclerotherapy and ligamentous injection with sclerosing agents.
5. Routine foot care is not a covered benefit. Routine foot care includes:
   a. Treatment of corns (clavus) and calluses (tyloma), plantar keratosis, hyperkeratosis and keratotic lesions, bunions (except capsular or bone surgery) and nails (except surgery for ingrown nails).
   b. Nail trimming, and other hygienic or maintenance care; cleaning, soaking and skin cream application for ambulatory and bed-confined patients.
   c. Exceptions to cover routine foot care may be made for systemic conditions that result in sensory loss or circulatory compromise in the legs and feet (e.g., diabetes, arteriosclerosis obliterans, and chronic thrombophlebitis, spinal cord injury with paraplegia or quadriplegia). The systemic disease must be of sufficient severity that the non-professional performance of the service would be hazardous.
6. Subtalar arthroereisis (subtalar implant) is considered experimental, investigational and unproven for all conditions including, but not limited to, flatfoot (pes planus), posterior tibial tendon dysfunction, and talipes valgus deformity.
7. Treatment of subluxation of the foot (partial dislocation or displacement of joint surfaces, tendons, ligaments, or muscles of the foot) performed for the sole purpose of correcting a subluxated structure in the foot as an isolated entity. This exclusion does not apply to medical or surgical treatment of subluxation of the ankle joint (talo-crural joint). In addition, treatment for an acute dislocation of the foot is covered.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
NCD - Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (70.2.1)	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	LCD - Routine Foot Care and Debridement of Nails (L34246) LCD - MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (L39038)
First Coast Service Options, Inc.	LCD - Routine Foot Care (L33941) LCD - Nail Debridement (L33922) LCD - Surgical Treatment of Nails (L33833)
National Government Services, Inc.	LCD - Routine Foot Care and Debridement of Nails (L33636)
Noridian Healthcare Solutions	LCD - MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (L39003)
Novitas Solutions, Inc.	LCD - Debridement of Mycotic Nails (L35013) LCD - Routine Foot Care (L35138) LCD - Surgical Treatment of Nails (L34887)
Palmetto GBA	LCD - Routine Foot Care (L37643) LCD - Surgical Treatment of Nails (L39258) LCD - MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (L38988)

WPS Insurance Corporation	LCD - MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (L39044)

III. BACKGROUND

Hallux rigidus is a degenerative arthritic condition affecting the first metatarsophalangeal joint. Injection therapy, including corticosteroids and hyaluronic acid, demonstrates varied outcomes, with about 50% of patients undergoing surgery within 1 to 2 years (Acker, 2024). Intra-articular injection of hyaluronic acid (HA) has been proposed is an alternative treatment modality to decrease pain and improvement in function. A randomized prospective trial (Pons et al, 2007) comparing intra-articular injections of steroids and hyaluronic acid in 37 patients with hallux rigidus demonstrated a decrease in pain and an improvement in function in both groups of participants 3 months following the injection were shown. However, the study did not mention the grade or severity of the hallux rigidus in these patients and a high percentage of patients in both groups ended up requiring surgery after 1 year because of persistent pain and impaired function. In an updated Cochrane review of non-surgical interventions for treating osteoarthritis of the big toe joint, Munteanu et al (2024) concluded that compared with a placebo injection, a single injection of hyaluronic acid likely does not provide any important benefits for pain or function; quality of life may be the same and the risk of unwanted effects may be lower. Butler et al (2024) conducted a systematic review to evaluate outcomes following intra-articular injection of HA for the treatment of hallux rigidus. The systematic review suggested that intra-articular injection of HA for the treatment of hallux rigidus may lead to improved clinical outcomes with a low complication rate at short-term follow-up. However, based on the low level and quality of evidence, further high-quality studies should be conducted to identify the precise role of HA in the treatment of hallux rigidus.

Prolotherapy also referred to as proliferative therapy or sclerotherapy is a treatment option for damaged connective tissues involving the injection of a solution (e.g., dextrose, lidocaine) which theoretically causes an initial cell injury and then proliferates wound healing via modulation of the inflammatory process (Chung, 2020). Prolotherapy is intended to increase joint stability through the proliferation of fibrous tissue caused by the body's natural inflammatory response to the injected drug. The goal of prolotherapy is to promote joint and ligamentous stability and thereby reduce pain associated with abnormal joint motion. No clear patient selection criteria have been identified because the efficacy of prolotherapy for the treatment of joint or ligament instability has not been established. There is a lack of scientific data demonstrating the effectiveness of prolotherapy for the treatment of joint and ligament instability. Additional studies with larger control and experimental groups must be conducted to evaluate the efficacy of prolotherapy for joint or ligament instability. A meta-analysis (Chung, 2020) of ten trials involving 358 participants concluded there was insufficient evidence to support the clinical benefits of dextrose prolotherapy in managing dense fibrous tissue injuries. The meta-analysis showed dextrose prolotherapy was effective in improving activity only at immediate follow-up (i.e., 0-1 month) (standardized mean difference [SMD]: 0.98; 95% confidence interval [CI]: 0.40-1.50; I = 0%); and superior to corticosteroid injections only in pain reduction at short-term follow-up (i.e., 1-3 month) (SMD: 0.70; 95% CI: 0.14-1.27; I = 51%). More high-quality randomized controlled trials are warranted to establish the benefits of dextrose prolotherapy (Chung, 2020).

Subtalar arthroereisis (SA) involves limitation of subtalar joint pronation by placement of an implant or stent into the sinus tarsi. The purpose of the stent is to prevent abnormal rotation of the tarsus by producing a supinatory effect on the tarsus. It rotates the talus dorsally and externally, inverts the calcaneus and cuboid, and inverts and dorsiflexes the navicular relative to the cuboid during closed kinetic chain loading. It shifts loads from the medial to lateral column and decreases the movement about the talonavicular joint compared with a flattened foot without the implant. Correction is achieved by stimulation of proprioceptive foot receptors, allowing active inversion of the foot and normal subtalar joint motion while blocking excessive pronation (Jerosch et al., 2009; Metcalfe et al., 2011; Bernasconi et al., 2017). The procedure is typically performed in conjunction with soft-tissue procedures such as spring ligament plication, posterior tibial tendon tensioning repair, and percutaneous Achilles tendon lengthening. SA may be efficacious for treating the broad indication of adult acquired flatfoot deformity (AAFD) based on several outcome measures used to evaluate clinical efficacy. SA has been evaluated through prospective study (Ozan et al., 2015), retrospective cohort study comparing the use of SA as an adjunct to soft tissue surgical procedures in adults with symptomatic, refractory stage II AAFD (Walley et al., 2019), and single-group, retrospective studies that evaluated outcomes of SA in conjunction with a variety of soft tissue or orthopedic procedures typically used to treat adults with symptomatic, refractory FF deformity (Viladot et al., 2003; Needleman, 2006; Adelman et al., 2008; Zhu and Xu, 2015;Viladot Voegeli et al., 2018). The differences in specific indications, surgical approach, implant devices, and concomitant procedures limit the conclusions that can be drawn. No clinical guideline was identified on the use of SA for treatment of FF in adults. American College of Foot and Ankle Surgeons Clinical Consensus Statement: Appropriate Clinical Management of Adult-Acquired Flatfoot Deformity did not state whether nor not SA should be considered as a single corrective procedure for stage IIB AAFD (Piraino, 2020).

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
The American Orthopaedic Foot and Ankle Society	ACFAS Clinical Consensus Statements: Hallux Rigidus - ClinicalKey
American College of Foot and Ankle Surgeons (ACFAS)	The American College of Foot and Ankle Surgeons® Clinical Consensus Statement: Hallux Valgus Diagnosis and TreatmentofForefootDisorders.pdf
International Foot & Ankle Foundation	View of Surgical management of the tailor's bunion deformity: A minimally invasive biplanar corrective approach

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Notice date
The PinPointe FootLaser Nd:YAG Lasers (PathoLase Inc.)	K083616	06/12/2009
The Joule ClearSense Laser System (Sciton Inc.)	k111483	12/07/2011

VI. CODING

See also Priority Health Billing Policy No. 113 Foot Care and Onychomycosis Testing

ROUTINE FOOT/NAIL CARE

ICD-10 Codes that may support medical necessity

A30.0 – A30.9	Leprosy
A48.0	Gas gangrene
A52.10- A52.3	Neurosyphilis
A69.20 – A69.29	Lyme disease
A80.0 – A80.39	Paralytic poliomyelitis
A92.30 – A92.39	West Nile virus
B02.23	Postherpetic polyneuropathy
B20	Human immunodeficiency virus [HIV] disease
B35.1	Tinea unguium
B47.9	Mycetoma, unspecified
D47.4	Osteomyelofibrosis
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D75.89	Other specified diseases of blood and blood-forming organs
D77	Other disorders of blood and blood-forming organs in diseases classified elsewhere
D89.2	Hypergammaglobulinemia, unspecified
E08.00 – E13.9	Diabetes mellitus
E52	Niacin deficiency [pellagra]
E75.21 – E75.249	Other sphingolipidosis
E75.3	Sphingolipidosis, unspecified
E75.6	Lipid storage disorder, unspecified
E77.0 – E77.9	Disorder of glycoprotein metabolism
E85.0 – E85.9	Amyloidosis
G04.1	Tropical spastic paraplegia
G04.90 – G04.91	Encephalitis and encephalomyelitis, unspecified
G10	Huntington's disease
G11.0 – G11.2	Ataxia
G11.4	Hereditary spastic paraplegia
G11.9	Hereditary ataxia, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.9	Spinal muscular atrophy, unspecified
G13.0	Paraneoplastic neuromyopathy and neuropathy

G13.1	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G13.2	Systemic atrophy primarily affecting the central nervous system in myxedema
G20	Parkinson's disease
G21.4	Vascular parkinsonism
G25.3	Myoclonus
G30.0 – G30.9	Alzheimer's disease
G32.0	Subacute combined degeneration of spinal cord in diseases classified elsewhere
G35	Multiple sclerosis
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination
G37.1	Central demyelination of corpus callosum
G37.2	Central pontine myelinolysis
G37.4	Subacute necrotizing myelitis of central nervous system
G37.8	Other specified demyelinating diseases of central nervous system
G54.4	Lumbosacral root disorders, not elsewhere classified
G54.8	Other nerve root and plexus disorders
G55	Nerve root and plexus compressions in diseases classified elsewhere
G57.00 - G57.52	Mononeuropathies of lower limb
G57.90 – G57.92	Unspecified mononeuropathy of lower limb
G60.0 – G60.9	Hereditary and idiopathic neuropathy
G61.0 – G61.9	Inflammatory polyneuropathies
G62.0 – G62.9	Other and unspecified polyneuropathy
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0 – G65.2	Sequelae of inflammatory and toxic polyneuropathy
G70.1	Toxic myoneural disorders
G73.3	Myasthenic syndromes in other diseases classified elsewhere
G80.0 – G80.9	Cerebral palsy
G81.00 – G81.94	Hemiplegia and hemiparesis
G82.20 – G82.54	Paraplegia and quadriplegia
G83.10 – G83.14	Monoplegia of lower limb
G83.30 – G83.34	Monoplegia unspecified
G83.4	Cauda equina syndrome
G83.5	Locked-in state
G83.81 – G83.9	Other specified paralytic syndromes
G95.0	Syringomyelia and syringobulbia
G95.11 – G95.19	Vascular myelopathies
G95.20 – G95.29	Other cord compression
G95.9	Disease of spinal cord, unspecified
G99.0	Autonomic neuropathy in diseases classified elsewhere
I67.89	Other cerebrovascular disease
I69.041 – I69.069	Sequelae of nontraumatic subarachnoid hemorrahage
I69.141 – I69.169	Sequelae of nontraumatic intracerebral hemorrahage
I69.241 – I69.269	Sequelae of other nontraumatic intracranial hemorrahage
I69.341 – I69.369	Sequelae of cerebral infarction
I69.841 – I69.869	Sequelae of other cerebrovascular diseases
I69.941 – I69.969	Sequelae of unspecified cerebrovascular diseases

I70.0 - I70.92	Atherosclerosis
I72.4	Aneurysm of artery of lower extremity
I73.00 – I73.9	Other peripheral vascular diseases
I74.3 - I74.9	Arterial embolism and thrombosis
I77.3	Arterial fibromuscular dysplasia
I77.89	Other specified disorders of arteries and arterioles
I77.9	Disorder of arteries and arterioles, unspecified
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I80.01-I80.03	Phlebitis and thrombophlebitis of superficial vessels lower extremity
I80.11 - I80.13	Phlebitis and thrombophlebitis of femoral vein
I80.201 - I80.203	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremity
I80.211 - I80.9	Phlebitis and thrombophlebitis other vessels
I82.91	Chronic embolism and thrombosis of unspecified vein
I83.011 - I83.018	Varicose veins of right lower extremity with ulcer
I83.021 - I83.028	Varicose veins of left lower extremity with ulcer
I83.11 - I83.12	Varicose veins of lower extremity with inflammation
I83.211 - I83.218	Varicose veins of right lower extremity with both ulcer and inflammation
I83.221 - I83.228	Varicose veins of left lower extremity with both ulcer and inflammation
I83.811 - I83.813	Varicose veins of lower extremities with pain
I83.891 - I83.893	Varicose veins of lower extremities with other complications
I87.001 – I87.099	Post thrombotic syndrome
I87.2	Venous insufficiency (chronic) (peripheral)
I87.8	Other specified disorders of veins
I87.9	Disorder of vein, unspecified
I89.0	Lymphedema, not elsewhere classified
I96	Gangrene, not elsewhere classified
I99.8	Other disorder of circulatory system
I99.9	Unspecified disorder of circulatory system
K90.0	Celiac disease
K90.1	Tropical sprue
L02.611 – L02.619	Cutaneous abscess of foot
L03.031-L03.039	Cellulitis of toe
L03.041 - L03.049	Acute lymphangitis of toe
L60.0 – L60.9	Nail disorders
L62	Nail disorders in diseases classified elsewhere
L72.0	Epidermal cyst
L72.2 – L72.9	Follicular cysts of skin and subcutaneous tissue
L89.510 - L89.529	Pressure ulcer of ankle
L89.610 - L89.629	Pressure ulcer of heel
L97.411 - L97.529	Non-pressure chronic ulcer of foot
L98.491 —L98.499	Non-pressure chronic ulcer of skin of other sites
M05.551 - M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis
M30.0	Polyarteritis nodosa
M30.2	Juvenile polyarteritis
M30.8	Other conditions related to polyarteritis nodosa

M31.4	Aortic arch syndrome [Takayasu]
M31.7	Microscopic polyangiitis
M34.83	Systemic sclerosis with polyneuropathy
M79.671-M79.676	Pain in foot & toes
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
Q84.3	Anonychia
Q84.4	Congenital leukonychia
Q84.5	Enlarged and hypertrophic nails
Q84.6	Other congenital malformations of nails
R20.0 -R20.9	Disturbances of skin sensation
R89.9	Unspecified abnormal finding in specimens from other organs, systems and tissues
S74.00XA-S74.92XS	Injury of nerves at hip and thigh level
S84.00XA-S84.92XS	Injury of nerves at lower leg level
S86.001A-S86.009S	Injury of muscle, fascia and tendon at lower leg level
S86.091A-S86.109S	Other injury of muscle, fascia and tendon lower leg
S86.191A-S86.209S	Other injury of other muscle(s) and tendon(s)
S86.391A-S86.399S	Other injury of muscle(s) and tendon(s) of peroneal muscle group
S86.801A-S86.809S	Unspecified injury of other muscle(s) and tendon(s) at lower leg
S86.891A-S86.899S	Other injury of other muscle(s) and tendon(s) lower leg
S86.991A-S86.999S	Other injury of unspecified muscle and tendon lower leg
S90.111A-S90.229S	Contusion of toes
S90.411A-S90.476S	Other injuries to toes
S90.811A-S90.879S	Other injuries to foot
S90.921A-S90.936S	Unspecified superficial injury of foot
S91.101A-S91.259S	Open wound of toes
S94.00XA-S94.92XS	Injury of nerves at ankle and foot level
S96.001A-S96.009S	Injury of muscle and tendon at ankle and foot level
S96.091A-S96.209S	Other injury of muscle and tendon ankle and foot level
S97.101A-S97.129S	Crushing injury of toe(s) and foot
S99.821A-S99.929S	Other specified injuries of foot
T25.121A-T25.199S	Burn of first degree of foot
T25.221A-T25.299S	Burn of second degree of foot and ankle
T25.331A-T25.339S	Burn of third degree of foot
T25.521A-T25.539S	Corrosion of first degree of foot
T25.621A-T25.699S	Corrosion of second degree foot
T25.721A-T25.799S	Corrosion of third-degree foot
T33.521A-T33.539S	Superficial frostbite of hand
T33.821A-T33.839S	Superficial frostbite of foot
T34.521A-T34.539S	Frostbite with tissue necrosis of hand
T34.811A-T34.839S	Frostbite with tissue necrosis of foot
T49.0X1A-T49.0X4S	Poisoning by local antifungal, anti-infective and antiinflammatory drugs
T49.2X1A-T49.2X4S	Poisoning by local astringents and local detergents, accidental (unintentional), initial encounter
T49.3X1A-T49.3X4S	Poisoning by emollients, demulcents and protectants
Z79.01	Long term (current) use of anticoagulants
Z79.899	Other long term (current) drug therapy
Z86.2	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

Z86.718	Personal history of other venous thrombosis and embolism
Z86.72	Personal history of thrombophlebitis
Z86.79	Personal history of other diseases of the circulatory system
Z89.411-Z89.9	Acquired absence of lower limb

CPT/HCPCS Codes

11055	Paring or cutting of benign hyperkeratotic lesion (corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (corn or callus); two to four lesions
11057	Paring or cutting of benign hyperkeratotic lesion (corn or callus); more than four lesions
11719	Trimming of non-dystrophic nails, any number
G0127	Trimming of dystrophic nails, any number
11720	Debridement of nail(s) by any method(s); one to five
11721	Debridement of nail(s) by any method(s); six or more

OTHER FOOT PROCEDURES

ICD-10 Codes that may support medical necessity

B07.0	Plantar wart
B07.8	Other viral warts
M20.10-M20.62	Acquired deformities of fingers and toes
M65.171-M65.172	Infective (teno) synovitis, ankle and foot
M65.80	Other synovitis and tenosynovitis, unspecified site
M65.871-M65.879	Other synovitis and tenosynovitis, ankle and foot
M65.9	Synovitis and tenosynovitis, unspecified
M67.379	Transient synovitis, unspecified ankle and foot
M80.00XA-M80.00XS	Age-related osteoporosis with current pathological fracture, unspecified site
M84.30XA-M84.30XS	Stress fracture, unspecified site
M84.374A-M84.379S	Stress fracture, foot or toes
M84.38XA-M84.38XS	Stress fracture, other site,
M84.40XA-M84.40XS	Pathological fracture, unspecified site
M84.48XA-M84.48XS	Pathological fracture, other site
M84.50XA-M84.50XS	Pathological fracture in neoplastic disease, unspecified site, subsequent encounter for fracture with routine healing
M84.60XA-M84.60XS	Pathological fracture in other disease, unspecified site,
M84.68XA-M84.68XS	Pathological fracture in other disease, other site
Q66.89	Other specified congenital deformities of feet
Q74.2	Other congenital malformations of lower limb(s), including pelvic girdle
S92.001A-S92.919S	Fracture of foot or toes, except ankle

CPT/HCPCS Codes

11730	Avulsion of nail plate, partial or complete, simple; single
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg,

	fingers, toes); without ultrasound guidance
28010	Tenotomy, percutaneous, toe; single tendon
28011	Tenotomy, percutaneous, toe; multiple tendons
28055	Neurectomy, intrinsic musculature of foot
28080	Excision, interdigital (Morton) neuroma, single, each
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	Ostectomy, complete excision; first metatarsal head
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	Ostectomy, complete excision; fifth metatarsal head
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (e.g., Clayton type procedure)
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); talus or calcaneus
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); phalanx of toe
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28225	Tenolysis, extensor, foot; single tendon
28226	Tenolysis, extensor, foot; multiple tendons
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	Tenotomy, open, extensor, foot or toe, each tendon
28240	Tenotomy, lengthening, or release, abductor hallucis muscle
28264	Capsulotomy, midtarsal (e.g., Heyman type procedure)
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28285	Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
28286	Correction, cock-up fifth toe, with plastic skin closure (e.g., Ruiz-

	Mora type procedure)
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method
28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method
28300	Osteotomy; calcaneus (e.g., Dwyer or Chambers type procedure), with or without internal fixation
28302	Osteotomy; talus
28304	Osteotomy, tarsal bones, other than calcaneus or talus; 28305 Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (e.g., Fowler type)
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (e.g., Swanson type cavus foot procedure)
28315	Sesamoidectomy, first toe (separate procedure)
28320	Repair, nonunion or malunion; tarsal bones
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28344	Reconstruction, toe(s); polydactyly
28360	Reconstruction, cleft foot
28400	Closed treatment of calcaneal fracture; without manipulation
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation

28435	Closed treatment of talus fracture; with manipulation
28436	Percutaneous skeletal fixation of talus fracture, with manipulation
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each
28470	Closed treatment of metatarsal fracture; without manipulation, each
28475	Closed treatment of metatarsal fracture; with manipulation, each
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485	Open treatment of metatarsal fracture, with or without internal or external fixation, each
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each
28530	Closed treatment of sesamoid fracture
28531	Open treatment of sesamoid fracture, with or without internal fixation
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (e.g., flatfoot correction)
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (e.g., Miller type procedure)
28750	Arthrodesis, great toe; metatarsophalangeal joint
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (e.g., Jones type procedure)

28805	Amputation, foot; transmetatarsal
28810	Amputation, metatarsal, with toe, single
28820	Amputation, toe; metatarsophalangeal joint
93922	Noninvasive physiologic studies of upper or lower extremity arteries, single level, bilateral (e.g., ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)
93923	Noninvasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (e.g., segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume ple
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

NOT COVERED:

CPT/HCPCS Codes

0335T	Insertion of sinus tarsi implant
0511T	Removal and reinsertion of sinus tarsi implant
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed (retro review upon request)
S2117	Arthroereisis, subtalar
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
20999	Unlisted procedure, musculoskeletal system, general (when billed for prolotherapy)
28899	Unlisted procedure, foot or toes (if billed for Not Covered procedures)
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue (when billed for laser treatment of onychomycosis)

96999	Unlisted special dermatological service or procedure (when billed for laser treatment of onychomycosis)

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO**: This policy applies to insured HMO/EPO plans.
- **POS**: This policy applies to insured POS plans.
- **PPO**: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO**: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL**: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE**: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

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