

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Foot Care

MP9656

Covered Service: Refer to the terms of the Member Certificate or Summary Plan Description (SPD) for specific coverage information.

Prior Authorization Required: No

Additional Information: An appropriate procedure and diagnosis code must appear on the claim. Claims will deny in the absence of appropriate diagnosis code.

Prevea360 Health Plan Medical Policy:

- 1.0 Foot care **does not** require prior authorization and is considered medically necessary when **ALL** of the following criteria are met:
 - 1.1 The foot care procedure is **ANY** of the following:
 - 1.1.1 Trimming of nondystrophic nails
 - 1.1.2 Debridement of nail(s)
 - 1.1.3 Trimming of dystrophic nails; **AND**
 - 1.2 The service is prescribed by a physician, performed by a healthcare professional, and member has **one** of the following conditions:
 - 1.2.1 Blindness
 - 1.2.2 Diabetes mellitus
 - 1.2.3 Peripheral neuropathy
 - 1.2.4 Peripheral vascular disease
 - 1.2.5 Significant neurologic condition, including but not limited to:
 - 1.2.5.1 Alzheimer's disease
 - 1.2.5.2 Amyotrophic lateral sclerosis (ALS)
 - 1.2.5.3 Multiple sclerosis
 - 1.2.5.4 Parkinson's disease
- 2.0 Pedicure services by a healthcare professional in the absence of nail disease are not covered.
- 3.0 Pedicure services from a retail salon (e.g., routine foot soaks, cutting of nails, callus trimming) are not covered.

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- 4.0 Removal of ingrown toenail(s) that is(are) causing pain is not routine foot care and would be considered medically necessary and eligible for coverage as a surgical benefit.
- 5.0 Routine foot care is generally excluded from coverage. Refer to the terms of the Member Certificate or SPD for specific coverage information. Routine foot care includes, but is not limited to, the non-professional treatment of:
 - 5.1 Coverage for routine foot care is generally excluded from coverage.
 - 5.2 Cutting or removal of corns and calluses
 - 5.3 Nail trimming, nail cutting, or nail debridement
 - 5.4 Hygienic and preventive maintenance foot care including, but not limited to:
 - 5.4.1 Cleaning and soaking the feet; or
 - 5.4.2 Applying skin creams in order to maintain skin tone; or
 - 5.4.3 Other services performed in the absence of localized illness, injury, or symptoms involving the feet.
- 6.0 Foot care is considered non-routine when:
 - 6.1 The non-professional performance of the care would be hazardous to the health of the member due to an underlying medical condition; or
 - 6.2 The routine care is an integral part of a medical procedure (e.g., debridement of a nail to expose a subungual ulcer or warts); or
 - 6.3 Mycosis/dystrophy of a toenail is causing secondary infection and/or pain with marked limitation to ambulation.
- 7.0 Services may be provided in the physician's office, outpatient/inpatient setting, or the member's home.

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