

Routine Foot Care

Policy REIMB-011

Origination Date: 06/26/2019

Reviewed/Revised Date: 02/28/2025

Next Review Date: 02/26/2026

Current Effective Date: 02/26/2025

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**
5. Provisions and terms of the provider contract may supersede this policy.

Description:

Many Plans exclude the coverage of "routine foot care". CMS defines "routine foot care" as the cutting or removal of corns and calluses, the trimming, cutting, clipping, or debriding of nails and 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, and any other service performed in the absence of localized illness, injury, or symptoms involving the foot. University of Utah Health Plans also follows this definition.

Policy Statement and Criteria

1. Commercial Plans/CHIP

Routine foot care as defined by CMS is excluded from coverage by U of U Health Plans unless specifically outlined in the summary of plan description for a specific group or policy.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies

and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)
CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Applicable Coding

CPT Codes

11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
11719	Trimming of nondystrophic nails, any number
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more

HCPCS Codes

S0390	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
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References:

1. Center for Medicare and Medicaid Services (CMS) Medicare Benefit Policy Manual (October 2024) "CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 290-B-2". Accessed: February 6, 2025. Available at: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf>
2. Current Procedural Terminology (CPT®) – American Medical Association (AMA). 2025.
3. Optum360, LLC. (2025) Optum 360 Encoder Pro for Payers Professional.
4. American Podiatric Medical Association (APMA). 2025. Available at: <https://www.apma.org/>

Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Provisions and terms of the provider contract may supersede this policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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