

	Clinical Protocol: Foot Care and Podiatry Services	
	ORIGINAL EFFECTIVE DATE: 05/22/2011	REVIEWED/REVISED DATE(S): 08/13/2021 08/29/2022 11/15/2023 01/27/2026
PREPARED BY: Ashley Gonzalez, Project Coordinator, UM; Liana Sarkisyan, UM Outpatient Clinical Supervisor		APPROVED BY: Michelle Tom, MD, Senior Medical Director of Operations

PROTOCOL OVERVIEW

1. Routine foot care is the responsibility of the patient or caregiver under supervision of the Primary Care Provider
2. Routine Foot Care includes:
 - Cutting or removal of corns and calluses
 - Trimming of nails (including mycotic nails)
 - Hygienic and preventive maintenance care such as cleaning and soaking, use of creams to maintain skin tone of both ambulatory and bedridden patients

INDICATIONS

Indications for referral:

- Circulatory insufficiency of significant degree
- Diminished or absent neurological sensation in an individual's foot or leg
- Patients undergoing active treatment for immune-compromised states (e.g., oral corticosteroid therapy, HIV, chemotherapy); or
- Patients undergoing active anticoagulant therapy (e.g., Heparin, Coumadin).
- Clinical evidence of mycosis of the toe nail, and compelling medical evidence that the patient has either a marked limitation of ambulation related to the condition or (in a non-ambulatory patient) a condition that is likely to result in significant medical complications in the absence of such treatment.
- Complex or high risk patients with ingrown toenails that have failed to respond to adequate trial of maximal active PCP conservative management (education, soaking, appropriate footwear, topical or oral antibiotics).
- Plantar fasciitis after documented failure of six months of conservative management (shoe inserts, appropriate footwear, ice massage followed by stretching exercises, heel cups or pads, oral anti-inflammatory agents, and weight reduction) (refer to Podiatry then with weight-bearing x-rays).

NOTE

Medical conditions not associated with these complications, such as blindness, upper body muscle weakness, arthritis of the hands or back, etc., do not demonstrate a qualified “at risk” status. Qualified services typically may be performed at a frequency of once every 60 days unless there is appropriate documentation evidencing necessary medical indications for more frequent foot care services in individual patients.)

Flatfoot

Flat foot (pes planus or pes planovalgus) is a common deformity among children and adults characterized by loss of the medial longitudinal arch. Conservative management includes stretching exercises, activity modification, nonsteroidal anti-inflammatory drugs, footwear modification and O.T.C. orthotics. Prescription orthotics may be an option for patients who fail initial conservative management. Surgical intervention (e.g. osteotomy, synovectomy, excision, etc.) may be considered when all conservative options have been exhausted.

Subtalar implants are considered experimental and investigational for the treatment of flatfoot deformity.

Per Medicare guidelines, Routine Foot Care and Debridement of Nails may be covered for **these and potentially other conditions and these conditions should be evaluated by the treating physicians including PCP and podiatry.**

Patients with systemic disease (eg, metabolic, neurologic, or peripheral vascular disease) of sufficient severity that performance of service by non-professional person would put patient at risk (eg, systemic condition that has resulted in severe circulatory embarrassment or areas of desensitization in patient's legs or feet) In addition, the treatment of mycotic nail when class findings or qualifying systemic illness causing peripheral neuropathy is present¹. Treatment of patient with Onychogryphosis and marked limitation of ambulation, pain, and/or secondary infection where nail plate is causing symptomatic indentation of or minor laceration of affected distal toe also require podiatric evaluation and treatment. Other scenarios Medicare covers include but are not limited to Onychia, and marked limitation of ambulation, pain, and/or secondary infection that causes symptoms and certain situations when Identification of culture of fungi in toenail clippings is required. Per Medicare, routine coverage of fungus cultures and KOH preparations performed on toenail clippings in doctor's office.

RECOMMENDED RECORDS

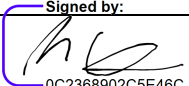
- History and physical
- Foot exam
- Screening for diabetes and neurological disorders
- Imaging including but not limited to x ray, CT, MRI and nerve conduction as indicated
- Culture of wound and toe nail clippings
- Sensory exam
- Distal pulses measurement
- Skin exam
- Lab data including electrolytes, HA1C and lipid as well as patient specific labs and imaging and diagnostics

CITATIONS

1. Apollo Managed Care Consultants, "Medical Review Criteria Guidelines for Managing Care", 25th Edition, 13th Online Edition, 2026
2. Local Coverage Determination (LCD): Routine Foot Care and Debridement of Nails (L33636). CMS Medicare coverage database 08/18/2022

- 3. Health Net, National Medical Policy, “Subtalar Implant for Treatment of pes Planus (Flatfeet)”, NMP427, Aug 2009, July 2010.
- 4. Aetna, Clinical Policy Bulletin, Number 0669 “Subtalar Implant for Foot Deformity”, 10/07/2025
- 5. Anthem Medical Policy, “Subtalar Arthroereisis”, Surg.00104, 08/07/2025

CLINICAL PROTOCOL REVISION HISTORY

Revised By:	Ashley Gonzale: UM Project Coordinator; Liana Sarkisyan, UM Outpatient Clinical Supervisor	Date: 01/27/26	
Approved By:	Michelle Tom, MD, Senior Medical Director of Operations	Date: 2/4/2026	Signature Signed by:  0C2368902C5E46C
Revised By:		Date:	
Approved By:		Date:	Signature
Revised By:		Date:	
Approved By:		Date:	Signature