

Subject:	Routine and Non- Routine Foot Care		
Policy Number:	PO-RE-174v1		
Effective Date:	08/01/2025	Last Approval Date:	09/21/2026

I. Policy Description

This reimbursement policy establishes coverage and reimbursement requirements for routine and non-routine foot care services across applicable Healthfirst lines of business. The policy identifies line-of-business-specific coverage criteria and frequency limitations, defines the circumstances under which routine foot care may be reimbursable, and establishes applicable billing, coding, and documentation requirements.

Routine and non-routine foot care services may include trimming, cutting, clipping, or debridement of nails; paring or cutting of corns and calluses; treatment of ingrown toenails; and other covered podiatric services. Routine hygienic or preventive maintenance services are not separately reimbursable unless applicable coverage requirements are met.

Reimbursement is subject to member eligibility, benefit coverage, provider qualifications, claim submission requirements, coding accuracy, documentation standards, applicable line-of-business requirements, and federal and state regulations.

The information below applies to the following lines of business:

• Child Health Plus (CHP)	• Essential Plan (EP)
• Medicaid Managed Care (MMC)	• Managed Long Term Care Plan (MLTCP – Senior Health Partners)
• Qualified Health Plan (QHP)	• Medicaid Advantage Plus/MAP (CompleteCare)
• Personal Wellness Plan (HARP)	• Integrated Benefit Dual Plan (IB-Dual)

Reimbursement Guidelines

1. Covered Services

The following services may be eligible for reimbursement when billed in accordance with applicable benefit plans, provider contracts, coding requirements, and the corresponding medical policy:

- Paring or cutting of benign hyperkeratotic lesions (corns and calluses).
- Trimming of non-dystrophic nails.
- Trimming of dystrophic nails.
- Debridement of nails.
- Routine foot care services when coverage requirements are met.
- Surgical treatment and care of ingrown toenails.
- Local foot care services included within the description of HCPCS code G0247.

Coverage is subject to member eligibility, benefit coverage, and applicable plan requirements.

Line of Business	Coverage Criteria	Frequency Limitations	Limitations and exclusions
Medicaid Managed Care (MMC), Personal Wellness Plan (PWP/HARP), & Integrated Benefit Dual Plan (IB-Dual)	Podiatry services are covered when medically necessary for the diagnosis and treatment of conditions of the foot and within the provider's scope of practice. Routine foot care may be covered when associated with a pathological condition or when the member's condition makes professional foot care medically necessary.	No specific routine-foot-care frequency limit is established by the cited NYS Medicaid podiatry guidance. Services must be medically necessary and supported by the medical record. For debridement services requiring frequent repetition, documentation of the pathological condition necessitating the frequency should be provided. Do not apply the policy's "once every two months" standard to MMC/CHP unless supported by the applicable benefit or Healthfirst utilization requirement.	Routine hygienic or preventive foot care performed in the absence of localized illness, injury, symptoms, or other pathological condition involving the foot is not covered. Routine foot care includes cutting/removal of corns, calluses or warts; trimming of nails, including mycotic nails; cleaning or soaking the feet; and use of skin creams solely to maintain skin tone. Services that are primarily personal hygiene/self-care, not medically necessary, outside the member's covered benefit, or inadequately documented, are not reimbursable.
Child Health Plus (CHP)	Medically necessary podiatric services are covered for the diagnosis and treatment of illness, injury, disease, or other conditions		Routine hygienic or preventive foot care performed in the absence of localized illness, injury, symptoms, or other pathological condition

	involving the foot, subject to the member's benefit coverage and applicable plan requirements.		involving the foot is not covered. Routine foot care includes cutting/removal of corns, calluses or warts; trimming of nails, including mycotic nails; cleaning or soaking the feet; and use of skin creams solely to maintain skin tone. Services that are primarily personal hygiene/self-care, not medically necessary, outside the member's covered benefit, or inadequately documented, are not reimbursable.
Essential Plan (EP) & Qualified Health Plan (QHP)	Individual has a systemic condition resulting in circulatory insufficiency or desensitization of the lower extremity, including diabetes mellitus, peripheral vascular disease, or peripheral neuropathy Increased risk of infection or poor wound healing from underlying medical condition. Performance of foot care services by a non-professional would put the individual at risk of loss of life or limb.	No more frequently than once every two (2) months (unless deemed appropriate through clinical documentation).	Cutting or removal of corns, calluses, or trimming, cutting clipping or debriding of nails (including mycotic) are considered not medically necessary.
Managed Long Term Care (MLTC-SHP)	Services by a podiatrist when the physical condition poses a hazard due to localized	As medically necessary. No specific numerical frequency limitation	Routine hygienic foot care, including treatment of corns and calluses, trimming of

	illness, injury or symptoms involving the foot. Necessary and integral part of medical care such as diagnosis and treatment of diabetes, ulcers, and infections.	is established for podiatry or routine foot care. Frequency is based on the enrollee's medical need and applicable plan/service authorization requirements.	nails, cleaning or soaking of the feet, and other hygienic care, is not covered in the absence of a pathological condition.
Medicaid Advantage Plus (MAP-CC)	Medically necessary foot care, including care for medical conditions affecting lower limbs	Up to four (4) visits per year for routine foot care and fifteen (15) supplemental routine foot care visits per calendar year	

2. Non-Reimbursable Services

For all lines of business, routine foot care performed solely for hygienic, preventive maintenance, or personal self-care purposes is not separately reimbursable unless the applicable coverage requirements identified in this policy are met. Non-reimbursable routine maintenance services include:

- Cleaning of the feet.
- Soaking of the feet.
- Application of skin creams for maintenance purposes.
- Whirlpool treatments.
- Hydrotherapy services performed as part of routine foot care.
- Services considered incidental to routine personal hygiene or self-care activities.

Services that are not covered under the members' benefit plan are not eligible for reimbursement.

3. Billing Requirements

- Claims must be submitted using the most current CMS-approved CPT®, HCPCS, ICD-10-CM, and modifier coding guidelines.
- Providers must report the code that most accurately describes the service performed.
- Medical record documentation must support the services reported on the claim and meet the requirements outlined in Section 5, Documentation Requirements.
- Services considered incidental, integral, or bundled into another reimbursable service are not separately payable.
- Claims must be submitted in accordance with applicable billing requirements, provider manuals, and timely filing standards.

- f. Medical records must be maintained and made available upon request for audit, payment integrity review, utilization review, claims review, or appeal purposes.

4. Coding Guidelines

The following codes may be eligible for reimbursement when reported in accordance with applicable coding guidelines and supported by the medical record. Inclusion of a code in this policy does not guarantee reimbursement.

Code	Description
11055	Paring or cutting of benign hyperkeratotic lesion; single lesion
11056	Paring or cutting; 2 to 4 lesions
11057	Paring or cutting; more than 4 lesions
11719	Trimming of non-dystrophic nails, any number
11720	Debridement of nails; 1 to 5
11721	Debridement of nails; 6 or more
G0127	Trimming of dystrophic nails, any number
G0247	Routine diabetic foot care with LOPS, includes nail and lesion care

Coding Requirements

- The code billed must accurately reflect the service rendered and the number of lesions or nails treated, as applicable.
- Providers must not unbundle services that are included in a more comprehensive procedure code.
- Documentation must support the code selection reported on the claim.
- Claims are subject to:
 - National Correct Coding Initiative (NCCI) edits;
 - CMS coding guidelines;
 - Industry-standard coding conventions;
 - Plan-specific reimbursement methodologies.
- Modifiers, when required, must be reported in accordance with CMS and CPT guidelines.

5. Documentation Requirements

Documentation maintained in the medical record must support the medical necessity, coding, and reimbursement of the services reported on the claim. The medical record must include, at a minimum, as applicable:

- Date of service.
- Rendering provider name and credentials.
- Procedure or service performed.
- Anatomical location treated.
- Number of lesions treated, when applicable.
- Number of nails treated, when applicable.

- Treatment notes describing the service rendered.
- Documentation supporting services performed more frequently than established reimbursement limitations, when applicable.
- Operative or procedure notes for surgical treatment of ingrown toenails, when applicable.

Failure to maintain adequate documentation may result in denial of payment, recoupment of previously paid claims, or adverse audit findings.

6. Adjudication and Appeal Process

- Reimbursement for routine footcare services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
- Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
- This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit www.hfproviders.org.
- This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
- Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17, "Billing & Claims Processing".*

For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization

II. Applicable Codes

Code	Description	Comment
11055	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion	
11056	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); 2 to 4 lesions	
11057	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); more than 4 lesions	
11719	Trimming of non-dystrophic 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	
G0127	Trimming of dystrophic nails, any number	
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	

III. Definitions

Term	Meaning
Routine Foot Care	Foot care services that are ordinarily considered hygienic, preventive maintenance, or personal self-care, including services such as cutting or trimming nails, treatment of corns and calluses, cleaning or soaking the feet, and other similar maintenance services. Routine foot care may be eligible for reimbursement when the applicable coverage criteria identified in this policy are met.

IV. Related Policies

Policy Number	Policy Description
MP-163	Routine and Non-Routine Foot Care

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

Medicaid Update October 2012
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VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.