

Policy Number: CP-IFP20-036A

Original Effective Date: August 1, 2023

Last Review Date: October 1, 2025

Foot Care Services

The purpose of this policy is to provide clarity and specificity for coverage of routine foot care that is generally excluded from coverage. Services normally considered routine may be covered if they are performed as necessary when the member has a systemic disease of sufficient severity that performance of such services by a nonprofessional person would put the member at risk.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

| UCare product | Applies to |
|---|------------|
| UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview | ✓ |
| UCare Connect (SNBC) | |
| Prepaid Medical Assistance Program (PMAP), MinnesotaCare | |
| Minnesota Senior Care Plus (MSC+) | |

Benefit category:

Office visit; Outpatient

Definitions or summary

Medically Necessary Foot Care: Foot care treatments in the presence of certain medical conditions that involve impaired peripheral circulation and loss of protective sensation. The provision of foot care procedures by individuals who are not medical professionals, can present a hazard to members with certain disease processes. If such a procedure does present a hazard to the member, due to the disease process, it is no longer considered routine.

Coverage policy

Routine foot care is generally **not covered**.

Foot care is considered non-routine and covered only in the following circumstances when medically necessary:

- When prescribed by a physician, performed by a healthcare professional; AND
- Performance of the service by a non-professional would be hazardous for the member because of an underlying condition or disease; OR
- Routine foot care is performed as a necessary and integral part of an otherwise covered service (e.g., debriding of a nail to expose a subungual ulcer, or treatment of warts), OR
- Foot care services are associated with systemic conditions resulting in lower extremity circulatory insufficiency and desensitization, including, but not limited to, ANY of the following:
 - diabetes mellitus
 - peripheral vascular disease
 - peripheral neuropathy
 - significant neurologic condition, including but not limited to:
 - Alzheimer's disease, amyotrophic lateral sclerosis (ALS), multiple sclerosis, Parkinson's disease
- Evaluation/debridement of mycotic nails, in the absence of a systemic condition, when BOTH of the following conditions are met:
 - pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate; AND.
 - pain to a degree that there is difficulty walking and/or abnormality of gait.

Services not covered include but not limited to:

- Services considered routine regardless of the provider rendering the service:
 - Cutting or removal of corns and calluses.
 - Trimming, cutting, clipping or debridement of nails, including debridement of mycotic nails.
 - Shaving, paring, cutting or removal of keratoma, tyloma and heloma;
 - Shaving or paring of plantar warts which do not require thermal or chemical cautery and curettage.
- Hygienic care or self-care, such as cleaning and soaking feet, use of skin creams to maintain skin tone of either ambulatory or homebound members
- Any other service performed in the absence of localized illness, injury or symptoms involving the foot.
- Pedicure services performed in a retail salon.

Prior authorization

Not required

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

| Policy Number | Policy Description |
|---------------|--------------------|
| CP-IFP21-015A | Diabetes Coverage |

References and source documents

Links to the Ucare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy

[Routine Foot Care and Debridement of Nails LCD\(L33636\)](#)

Coverage policy development and revision history

| Version | Date | Note (s) |
|---------|----------------|--|
| V1 | Aug.1, 2023 | New policy |
| | Oct. 16, 2023 | Annual Review, No Change |
| | Oct. 7, 2024 | Annual Review, No Change |
| | April 16, 2025 | March 2025, DHS guideline requirement |
| | Oct. 1 2025 | Annual Review: aligned language with 2026 contract updated non covered heading "Services not covered include but not limited" to match 2026 contract |