

Marketplace National Regional Benefit Interpretation Document

Benefit Name	FOOT CARE AND PODIATRY SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Details	<p>This policy addresses routine foot care, foot examination, and other podiatry services.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> A. FEDERAL/STATE MANDATED REGULATIONS </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>WASHINGTON: WAC 284-43-5642: Essential health benefit categories.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> B. STATE MARKET PLAN ENHANCEMENTS </div> <p>None</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> C. COVERED BENEFITS </div> <p>IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.</p> <p>Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.</p> <p>ROUTINE FOOT CARE:</p>

ALL STATES:

Molina and Passport cover foot care when related to Diabetes.

CALIFORNIA:

Molina covers Medically Necessary routine foot care including for care of corns, bunions, calluses, or debridement of nails. Routine foot care is EHB for CA, with no visit limits and no diabetes requirement.

FLORIDA, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:

Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails)

Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist

IDAHO:

Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails)

Podiatric devices (including footwear) to prevent or treat diabetes-related complications

ILLINOIS:

Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails) by a Participating Provider within the scope of their license

Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist

ALL STATES:

- **Hammertoe:** Hammertoe deformity surgery may be considered medically necessary in skeletally mature individuals when ALL of the criteria is met within the Clinical Policy.
- **Hallux Rigidus-Limitus:** Hallux Rigidus-Limitus deformity surgery may be considered medically necessary in skeletally mature patients when ALL of the requirements are met provided within the Clinical Policy.
- **Tailors Bunion or Bunionette:** Hallux valgus or bunionette deformity surgery may be considered medically necessary skeletally mature patients when ALL of the requirements are met within the Clinical Policy.

MORE INFORMATION:

Refer to the Benefit Interpretation Policies titled **Diabetic Management Services** and **Orthopedic Shoes and Foot Orthotics**

Foot Examination/Foot Surgery

Internal Use Only: Refer to **Diabetes Medical Management Policy** and **Foot Surgery Guidelines**

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

ROUTINE FOOT CARE

ALL STATES:

Routine Foot Care Items and Services: Routine foot care items and services are not covered, except for Members with diabetes.

- Routine Foot Care is excluded from coverage except as described in the Covered Benefit section. Below are examples that Molina and Passport do not cover unless Diabetes related:
 - Cutting or removal of corns and calluses:
 - 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 members, and any other service performed
- Service or devices directed toward the care or correction of flat foot conditions
- Surgical or nonsurgical treatments undertaken for the sole purpose of correcting a subluxated structure in the foot
- Cosmetic surgery of the foot solely to improve appearance
- Vitamin B-12 injections to strengthen tendons, ligaments, etc. of the foot
- Medications given for a purpose other than the treatment of a particular condition, illness or injury, including cosmetic purposes, are not covered

Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, § 290 Foot Care; Revised; Available at <https://www.cms.gov/Regulations-and->

[Guidance/Guidance/Manuals/Downloads/bp102c15.pdf](#) (Accessed March 2021) Medicare National Coverage Determination: Refer to the Medicare Advantage Coverage Summary titled Foot Care Services; (Accessed March 2021)

ALL STATES:

The following clinical conditions and treatments are considered not medically necessary that include but are not limited to the following:

- Surgical intervention solely for cosmetic purposes
- Implant arthroplasty

E. DEFINITIONS

[See Glossary](#)

Podiatry Services: Treatment of disorders/ailments of the foot, heel, ankle and leg by medical, orthopedic, and surgical means by a Medical Doctor (MD), Orthopedic Doctor (OD), or Doctor of Podiatric Medicine (DPM)

Routine Foot Care Services: The cutting or removal of corns and calluses; the trimming, cutting, clipping or debriding of nails; an other hygienic and preventive maintenance care, such as cleaning and soaking the feet, the use of skin creams to maintain skin tone or either ambulatory or bedfast members, any other service performed in the absence of localized illness, injury or symptoms involving the feet.

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
7/1/2023	<ul style="list-style-type: none"> • Added NV 2024 EOC Language

Prior Authorization

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

[PA Lookup Tool](#)

Approval

Departments	Product	CIM	Clinical Management
Date	11/2/2021	3/7/2022	11/5/2021
Revised (for 1/1/2023)	12/15/2022	4/6/2023	12/15/2022



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	Revised (for 1/1/2024)	12/15/2023		12/8/2023