

RESTRICTIONS REGARDING COVERAGE FOR ROUTINE FOOT CARE

The cutting or trimming of corns, calluses, and toenails in the absence of pain, redness, swelling, inflammation, hemorrhage, or infection associated with those corns, calluses, or toenails, is called "routine foot care". Such care is a noncovered service under the Medicare program unless the patient has such underlying health conditions that make them at risk for nonprofessional care.

In the past, there has been some variability among Medicare carriers regarding what constitutes sufficient risk.

The Centers for Medicare and Medicaid Services ("CMS"), which oversees the Medicare program, has clarified what they feel to be the intent of Congress in this matter. They have directed Medicare carriers to only cover this service in the presence of *severe vascular or sensory disease*. Note that this is not limited to persons with diabetes.

Correspondingly, *although not an exclusive or comprehensive list*, the following medical conditions are not, in and of themselves (i.e. in the absence of significant vascular or neurologic sequellae), considered to be of sufficient severity to make the patient at risk for nonprofessional care:

- Diabetes without evidence of severe vascular or neurologic disease
- End-stage renal disease
- Kidney dialysis
- History of organ transplantation, on immunosuppression
- Hemorrhagic/bleeding conditions, including hemophilia
- Use of blood thinners/anticoagulants (warfarin, Coumadin)
- History of artificial joints, heart valves, or blood vessels
- History of valvular heart disease, even if you have been advised to take antibiotics around the time of dental work
- Cancer
- Chemotherapy for cancer, or other health condition
- HIV/Aids
- Legal blindness
- Inability to see and/or reach your own feet
- Living alone
- Mental retardation
- History of stroke, spinal cord injury, or brain injury
- Parkinson's Disease, or any medical condition associated with tremor of the hands or feet

Routine foot care is only a covered service in those patients with severe circulatory or sensory problems. For all other stated or unstated conditions, such care is not covered under Medicare. As such, such patients are expected to perform the service themselves, or have the care provided by a family member or friend, or pay directly to have such care provided by a professional, such as a podiatrist.

Payment for such care is a patient responsibility (i.e. cash). In addition, as a non-covered service, Medicare's fee schedule does not apply; the provider of the foot care services and his/her patient can determine what is a reasonable and appropriate charge for the care.

These services are not expected to be submitted to Medicare. If submitted at the request of the patient, they should be submitted with a "-GY" modifier attached, designating the services as not eligible for benefits. An advance beneficiary notice (ABN) is not expected to be used, or required.

While we recognize that some patients have had this service covered by their Medicare carrier previously, this is in the past.

Questions and comments regarding this matter should be directed to your congressperson, and Medicare.