



Medica Central Coverage Policy

Policy Name: Foot Care MP9656

Effective Date: 02/01/2026

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Coverage for routine foot care is generally excluded from coverage. Please refer to the member plan document for specific coverage information.

Routine foot care, except when medically necessary for members who are at risk for developing foot disorders secondary to systemic disease or another medical condition is **COVERED** when performed by a licensed provider acting within the scope of their license to be eligible for coverage. The following conditions are examples of covered services:

1. Blindness
2. Diabetes mellitus
3. Peripheral neuropathy
4. Peripheral vascular disease
5. Significant neurologic condition, including but not limited to:
 - a. Alzheimer's disease
 - b. Amyotrophic lateral sclerosis (ALS)
 - c. Multiple sclerosis
 - d. Parkinson's disease

Pedicure services by a healthcare professional in the absence of nail disease is **NOT COVERED**.

Pedicure services from a retail salon (e.g., routine foot soaks, cutting of nails, callus trimming) **IS NOT ELIGIBLE** for coverage.

Note: Removal of ingrown toenail(s) that is/(are) causing pain is **not** routine foot care and would be



Medica Central Coverage Policy

considered medically necessary and eligible for coverage as a surgical benefit.

Description

Routine foot care includes, but is not limited to, the non-professional treatment of:

1. Cutting or removal of corns and calluses
2. Nail trimming, nail cutting, or nail debridement
3. Hygienic and preventive maintenance foot care including, but not limited to:
 - a. Cleaning and soaking the feet, **or**
 - b. Applying skin creams in order to maintain skin tone, **or**
 - c. Other services performed in the absence of localized illness, injury, or symptoms involving the feet.

Foot care is considered non-routine when:

1. The non-professional performance of the care would be hazardous to the health of the individual due to an underlying medical condition, **or**
2. The routine care is an integral part of a medical procedure (e.g., debridement of a nail to expose a subungual ulcer or warts), **or**
3. Mycosis/dystrophy of a toenail is causing secondary infection and/or pain with marked limitation to ambulation.

Services may be provided in the physician's office, outpatient/inpatient setting, or the member's home.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

- **11055** - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
- **11056** - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
- **11057** - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
- **11719** - Trimming of nondystrophic 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
- **S0390** - Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit



Medica Central Coverage Policy

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	June 21, 2023
Revised:		
Reviewed:		

Original Effective Date: 10/01/2023
Re-Review Date(s): 09/18/2025
Administrative Update: 08/01/2025 – Code update

© 2026 Medica