

Local Coverage Determination (LCD): Routine Foot Care (L33941)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

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LCD Information

Document Information

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L33941

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For services performed on or after 10/01/2015

Original ICD-9 LCD ID
[L29272](#)

Revision Effective Date
For services performed on or after 10/01/2017

LCD Title
Routine Foot Care

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N/A

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15, Section 290
Medicare Benefit Policy Manual, Pub. 100-02, Chapter 16, Section 30

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Foot care services that normally are considered routine and not covered by Medicare include the following:

- The cutting or removal of corns and calluses;
- The 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 patients, and any other service performed in the absence of localized illness, injury, or symptoms involving the foot.

In certain circumstances, services ordinarily considered to be routine may be covered if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of ulcers, wounds, or infections.

The presence of a systemic condition such as metabolic, neurologic, or peripheral vascular disease may require scrupulous foot care by a podiatrist or other physician. In these instances, certain foot care procedures that otherwise are considered routine (e.g., cutting or removing corns and calluses, or trimming, cutting, clipping, or debriding nails) may pose a hazard when performed by a nonprofessional person on patients with such systemic conditions, and may be covered when systemic condition(s) result in severe circulatory embarrassment or areas of diminished sensation in the individual's legs or feet.

In the absence of a systemic condition, treatment/debridement of symptomatic mycotic nails may be covered. Please refer to the local LCD for Nail Debridement (11720).

The following non-comprehensive list of metabolic, neurologic, and peripheral vascular diseases (with synonyms in parentheses) most commonly represent the underlying conditions that might justify coverage for routine foot care.

- *Diabetes mellitus**
- *Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis)*
- *Buerger's disease (thromboangiitis obliterans)*

- *Chronic thrombophlebitis**
- *Peripheral neuropathies involving feet*
 - *Associated with malnutrition and vitamin deficiency**
 - Malnutrition (general, pellagra)
 - Alcoholism
 - Malabsorption (celiac disease, tropical sprue)
 - Pernicious anemia
 - *Associated with carcinoma**
 - *Associated with diabetes mellitus**
 - *Associated with drugs and toxins**
 - *Associated with multiple sclerosis**
 - *Associated with uremia (chronic renal disease)**
 - *Associated with traumatic injury*
 - *Associated with leprosy or neurosyphilis*
 - *Associated with hereditary disorders*
 - Hereditary sensory radicular neuropathy
 - Angiokeratoma corporis diffusum (Fabry's)
 - Amyloid neuropathy

See corresponding * ICD-10 codes.

Active Care Requirements for Asterisked Conditions:

When the patient's condition is one of those listed above designated by an asterisk (*), and a podiatrist renders the service, the following must be met and indicated on the claim form:

- The name of the attending physician (M.D., D.O., or non-physician practitioner [PA or NP]) who is actively treating the patient's condition, and
- The date the patient was last seen by the M.D., D.O., or non-physician practitioner (PA or NP) who is actively treating the condition (this date must be within six months), or the patient had come under such care shortly after the services were furnished usually as a result of a referral.

Also, for non-asterisked conditions, the name of the M.D., D.O., or non-physician practitioner (PA or NP) who diagnosed the complicating condition must be on the claim form.

Physical/Clinical Class Findings

In evaluating whether the routine services can be reimbursed, a presumption of coverage may be made where the evidence available discloses certain physical and/or clinical findings consistent with the diagnosis and indicative of severe peripheral involvement. In patients where the presumption of coverage is based on arterial impairment, regardless of the cause, the following class findings are pertinent and must be documented for all underlying conditions.

Class A Findings

Nontraumatic amputation of foot or integral skeletal portion thereof

Class B Findings

Absent posterior tibial pulse, or

Absent dorsalis pedal pulse, or

Three of the following advanced trophic changes are required to meet one class B finding:

- Hair growth (decrease or absence)

- Pigmentary changes (discoloration)

- Skin color (rubor and redness)

- Nail changes (thickening)

- Skin texture (thin, shiny)

Class C Findings

Claudication (pain in calf when walking)

Temperature changes in the feet (e.g., cold feet)

Edema

Paresthesias (abnormal spontaneous sensations in the feet, e.g., tingling)

Burning

Presumption of Coverage

A presumption of coverage will be applied by Medicare when the physician rendering the routine foot care has identified:

1. A Class A finding

2. Two of the Class B findings; or

3. One Class B and two Class C findings

Claims submitted for routine foot care should use the appropriate modifiers (Q7, Q8, or Q9) to indicate the findings they have made on the patient's condition.

· Q7 = One Class A finding

· Q8 = Two Class B findings

· Q9 = One Class B and two Class C findings

Routine foot care may be available for patients with peripheral neuropathy involving the feet, but without the vascular impairment outlined in Class B findings. The neuropathy should be of such severity that care by a non-professional person would put the patient at risk. In such circumstances, claims for medically necessary services would be submitted without the Q7, Q8, or Q9 modifiers that indicate class findings. The medical record must document the patient has an absence of sensation at two or more sites out of five tested on either foot when tested with the 5.07 Semmes-Weinstein monofilament to support the diagnosis of peripheral neuropathy with loss of protective sensation. This testing may be performed by the attending physician, non-physician practitioner, or the podiatrist.

Other Indications and Limitations of Coverage and/or Medical Necessity:

Services or devices directed toward the care or correction of flat foot, including the prescription of supportive devices, are not covered.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999 Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 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

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes

Description

ICD-10 Codes	Description
A30.0 - A30.9	Indeterminate leprosy - Leprosy, unspecified
A52.10	Symptomatic neurosyphilis, unspecified
A52.11	Tabes dorsalis
A52.15*	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.3	Neurosyphilis, unspecified
D51.0*	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D53.1*	Other megaloblastic anemias, not elsewhere classified
D68.8*	Other specified coagulation defects
D68.9*	Coagulation defect, unspecified
D81.818*	Other biotin-dependent carboxylase deficiency
D81.819*	Biotin-dependent carboxylase deficiency, unspecified
E08.40*	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.42*	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E09.40*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.42*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E10.40 - E10.49*	Type 1 diabetes mellitus with diabetic neuropathy, unspecified - Type 1 diabetes mellitus with other diabetic neurological complication
E10.51 - E10.59*	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene - Type 1 diabetes mellitus with other circulatory complications
E10.610*	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.21 - E11.39	Type 2 diabetes mellitus with diabetic nephropathy - Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40 - E11.610*	Type 2 diabetes mellitus with diabetic neuropathy, unspecified - Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.311 - E13.39	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema - Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40 - E13.610*	Other specified diabetes mellitus with diabetic neuropathy, unspecified - Other specified diabetes mellitus with diabetic neuropathic arthropathy
E46*	Unspecified protein-calorie malnutrition
E51.11 - E51.12*	Dry beriberi - Wet beriberi
E52*	Niacin deficiency [pellagra]
E53.1*	Pyridoxine deficiency
E53.8*	Deficiency of other specified B group vitamins
E64.0*	Sequelae of protein-calorie malnutrition
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240 - E75.249	Niemann-Pick disease type A - Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E77.0 - E77.9	Defects in post-translational modification of lysosomal enzymes - Disorder of glycoprotein metabolism, unspecified
E85.1 - E85.9	Neuropathic hereditary amyloidosis - Amyloidosis, unspecified
G11.1	Early-onset cerebellar ataxia
G13.0*	Paraneoplastic neuromyopathy and neuropathy
G13.1*	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35*	Multiple sclerosis
G60.0 - G60.9	Hereditary motor and sensory neuropathy - Hereditary and idiopathic neuropathy, unspecified
G61.0*	Guillain-Barre syndrome
G61.1*	Serum neuropathy
G62.0 - G62.2*	Drug-induced polyneuropathy - Polyneuropathy due to other toxic agents
G62.82*	Radiation-induced polyneuropathy
G63*	Polyneuropathy in diseases classified elsewhere
G65.0 - G65.2*	Sequelae of Guillain-Barre syndrome - Sequelae of toxic polyneuropathy
G70.1*	Toxic myoneural disorders

ICD-10 Codes	Description
G73.3*	Myasthenic syndromes in other diseases classified elsewhere
I70.201 - I70.269	Unspecified atherosclerosis of native arteries of extremities, right leg - Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
I73.00 - I73.1	Raynaud's syndrome without gangrene - Thromboangiitis obliterans [Buerger's disease]
I74.3 - I74.4	Embolism and thrombosis of arteries of the lower extremities - Embolism and thrombosis of arteries of extremities, unspecified
I80.00 - I80.299*	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity - Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity
K90.0 - K90.3*	Celiac disease - Pancreatic steatorrhea
K91.2*	Postsurgical malabsorption, not elsewhere classified
M05.50 - M05.59*	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site - Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M30.0	Polyarteritis nodosa
M30.2	Juvenile polyarteritis
M30.8	Other conditions related to polyarteritis nodosa
M31.4*	Aortic arch syndrome [Takayasu]
M31.7	Microscopic polyangiitis
M34.83*	Systemic sclerosis with polyneuropathy
N18.1 - N18.9*	Chronic kidney disease, stage 1 - Chronic kidney disease, unspecified
N19*	Unspecified kidney failure
S14.0XXA - S14.159S	Concussion and edema of cervical spinal cord, initial encounter - Other incomplete lesion at unspecified level of cervical spinal cord, sequela
S24.0XXA - S24.159S	Concussion and edema of thoracic spinal cord, initial encounter - Other incomplete lesion at unspecified level of thoracic spinal cord, sequela
S34.01XA - S34.4XXS	Concussion and edema of lumbar spinal cord, initial encounter - Injury of lumbosacral plexus, sequela
S74.00XA - S74.92XS	Injury of sciatic nerve at hip and thigh level, unspecified leg, initial encounter - Injury of unspecified nerve at hip and thigh level, left leg, sequela
S84.00XA - S84.92XS	Injury of tibial nerve at lower leg level, unspecified leg, initial encounter - Injury of unspecified nerve at lower leg level, left leg, sequela
S94.00XA - S94.92XS	Injury of lateral plantar nerve, unspecified leg, initial encounter - Injury of unspecified nerve at ankle and foot level, left leg, sequela

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

See corresponding * underlying conditions.

Group 2 Paragraph:

The following diagnoses require a Q modifier:

Group 2 Codes:

ICD-10 Codes	Description
E11.51 - E11.59*	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene - Type 2 diabetes mellitus with other circulatory complications
I70.201 - I70.249	Unspecified atherosclerosis of native arteries of extremities, right leg - Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.261 - I70.269	Atherosclerosis of native arteries of extremities with gangrene, right leg - Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
I73.00 - I73.1	Raynaud's syndrome without gangrene - Thromboangiitis obliterans [Buerger's disease]
I74.3	Embolism and thrombosis of arteries of the lower extremities
M30.0	Polyarteritis nodosa
M30.2	Juvenile polyarteritis
M30.8	Other conditions related to polyarteritis nodosa
M31.4*	Aortic arch syndrome [Takayasu]
M31.7	Microscopic polyangiitis

Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:

See corresponding * underlying conditions.

Group 3 Paragraph:

The following diagnoses related to peripheral neuropathy do *not* require a Q modifier:

Group 3 Codes:

ICD-10 Codes	Description
A30.0 - A30.9	Indeterminate leprosy - Leprosy, unspecified
A52.10	Symptomatic neurosyphilis, unspecified
A52.11	Tabes dorsalis
A52.15*	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.3	Neurosyphilis, unspecified
D51.0*	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D53.1*	Other megaloblastic anemias, not elsewhere classified
D81.818*	Other biotin-dependent carboxylase deficiency
D81.819*	Biotin-dependent carboxylase deficiency, unspecified
E08.40*	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.42*	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E09.40*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.42*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E10.40 - E10.49*	Type 1 diabetes mellitus with diabetic neuropathy, unspecified - Type 1 diabetes mellitus with other diabetic neurological complication
E10.610*	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.21 - E11.39	Type 2 diabetes mellitus with diabetic nephropathy - Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40 - E11.49*	Type 2 diabetes mellitus with diabetic neuropathy, unspecified - Type 2 diabetes mellitus with other diabetic neurological complication
E11.610*	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.40 - E13.49*	Other specified diabetes mellitus with diabetic neuropathy, unspecified - Other specified diabetes mellitus with other diabetic neurological complication
E13.610*	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E46*	Unspecified protein-calorie malnutrition
E51.11 - E51.12*	Dry beriberi - Wet beriberi
E52*	Niacin deficiency [pellagra]
E53.1*	Pyridoxine deficiency
E53.8*	Deficiency of other specified B group vitamins
E64.0*	Sequelae of protein-calorie malnutrition
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240 - E75.249	Niemann-Pick disease type A - Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E77.0 - E77.9	Defects in post-translational modification of lysosomal enzymes - Disorder of glycoprotein metabolism, unspecified
E85.1 - E85.9	Neuropathic hereditary amyloidosis - Amyloidosis, unspecified
G11.1	Early-onset cerebellar ataxia
G13.0*	Paraneoplastic neuromyopathy and neuropathy
G13.1*	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35*	Multiple sclerosis

ICD-10 Codes	Description
G60.0 - G60.9	Hereditary motor and sensory neuropathy - Hereditary and idiopathic neuropathy, unspecified
G61.0*	Guillain-Barre syndrome
G61.1*	Serum neuropathy
G62.0 - G62.2*	Drug-induced polyneuropathy - Polyneuropathy due to other toxic agents
G62.82*	Radiation-induced polyneuropathy
G63*	Polyneuropathy in diseases classified elsewhere
G65.0 - G65.2*	Sequelae of Guillain-Barre syndrome - Sequelae of toxic polyneuropathy
G70.1*	Toxic myoneural disorders
G73.3*	Myasthenic syndromes in other diseases classified elsewhere
I80.00 - I80.299*	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity - Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity
K90.0 - K90.3*	Celiac disease - Pancreatic steatorrhea
M05.50 - M05.59*	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site - Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M34.83*	Systemic sclerosis with polyneuropathy
N18.1 - N19*	Chronic kidney disease, stage 1 - Unspecified kidney failure
S14.0XXA - S14.159S	Concussion and edema of cervical spinal cord, initial encounter - Other incomplete lesion at unspecified level of cervical spinal cord, sequela
S24.0XXA - S24.159S	Concussion and edema of thoracic spinal cord, initial encounter - Other incomplete lesion at unspecified level of thoracic spinal cord, sequela
S34.01XA - S34.4XXS	Concussion and edema of lumbar spinal cord, initial encounter - Injury of lumbosacral plexus, sequela
S74.00XA - S74.92XS	Injury of sciatic nerve at hip and thigh level, unspecified leg, initial encounter - Injury of unspecified nerve at hip and thigh level, left leg, sequela
S84.00XA - S84.92XS	Injury of tibial nerve at lower leg level, unspecified leg, initial encounter - Injury of unspecified nerve at lower leg level, left leg, sequela
S94.00XA - S94.92XS	Injury of lateral plantar nerve, unspecified leg, initial encounter - Injury of unspecified nerve at ankle and foot level, left leg, sequela

Group 3 Medical Necessity ICD-10 Codes Asterisk Explanation:

See corresponding * underlying conditions.

Group 4 Paragraph:

The following diagnosis related to anticoagulation therapy does not require a Q modifier:

Group 4 Codes:

ICD-10 Codes	Description
D68.8*	Other specified coagulation defects
D68.9*	Coagulation defect, unspecified

Group 4 Medical Necessity ICD-10 Codes Asterisk Explanation:

See corresponding * underlying conditions.

ICD-10 Codes that DO NOT Support Medical Necessity N/A

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[General Information](#)

Associated Information

Documentation Requirements

The provider must document in the medical record the appropriate signs and symptoms as outlined in Class Findings A, B, and/or C along with the complicating condition(s). In addition, when services are performed by a podiatrist, the medical record must contain the name of the treating and/or diagnosing physician. If the complicating condition is one that is asterisked, the date the patient was last seen by the treating physician must also be included on the claim.

For diagnoses of peripheral neuropathy that do not require a Q modifier, and the presumption of coverage is based on loss of protective sensation, documentation must be available in the medical record of an absence of sensation at two or more sites out of five tested on either foot when tested with the 5.07 Semmes-Weinstein monofilament to support the diagnosis of peripheral neuropathy with loss of protective sensation. This test may be performed by the attending physician, non-physician practitioner, or the podiatrist.

For patients requiring anticoagulation therapy, the provider must document in the medical record the significant risk and danger posed by the non-professional rendering routine foot care services.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information

First Coast Service Options, Inc. reference LCD number – L29388

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Bibliography

N/A

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Revision Number: 3	
10/01/2017	R3	Based on CR 10153 (2018 ICD-10 Update) LCD was evaluated and impacts identified. The new ICD-10-CM changes are effective for dates of service on or after 10/01/2017.	<ul style="list-style-type: none">Revisions Due To ICD -10-CM Code Changes

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2016	R2	Based on CR 9677 (Annual 2017 ICD-10-CM Update), the LCD was revised, additional codes added to the following ranges: E11.21 - E11.39 in Group 1 E13.311 - E13.39 in Group 1 E11.21 - E11.39 in Group 3	<ul style="list-style-type: none"> Revisions Due To ICD -10-CM Code Changes
10/01/2015	R1	05/29/2014 – The language and/or ICD-10-CM diagnoses were updated to be consistent with current LCD language and ICD-9-CM coding.	<ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To ICD -10-CM Code Changes

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Associated Documents

Attachments [Coding guidelines 2015](#) (PDF - 92 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 09/22/2017 with effective dates 10/01/2017 - N/A [Updated on 10/13/2016 with effective dates 10/01/2016 - 09/30/2017](#) Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)