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MEDICARE GUIDELINES REGARDING ROUTINE FOOT CARE

Understanding Medicare guidelines regarding coverage for routine foot care can be confusing and downright frustrating. The rules are often changing as well as the conditions found during a particular visit. Thus, one may “qualify” one visit and not the next. Also, perhaps one doctor seen in the past or elsewhere (maybe a snowbird seeing a specialist in another state when we are suffering up here) may follow these rules more consistently than others.

Just because a patient has diabetes does not necessarily mean they have coverage for routine foot care. To make matters worse, there may be coverage for nail cutting and not for callus debridement, or vice versa.

Most procedures, including office visits, are covered by Medicare though they only pay for cutting of nails and/or calluses under very specific guidelines. The following web site has the exact description.

http://downloads.cms.gov/medicare-coverage-database/lcd_attachments/30322_13/121109_00078_L30322_FT001_CBG.pdf

If one pulls this site up, I think this can help a patient understand why coverage may or may not apply to them.