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# 1. Section Modifications

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<td>C Stickney</td>
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2. Podiatric Medicine and Surgery Service Providers

2.1. Introduction

2.1.1. General Policy
This section covers services rendered by providers of Podiatric Medicine and Surgery Services type as deemed appropriate by the Idaho Department of Health and Welfare (IDHW). It addresses the following:

- Covered/non-covered services
- Prior authorization (PA)
- Healthy Connections

2.2. Podiatry Service Policy

2.2.1. Overview
Medicaid covers podiatry services rendered for the treatment of acute and preventive foot conditions.
- Acute foot conditions are defined as any condition that hinders normal function, threatens the individual, or complicates any disease.
- Preventive foot care may be provided in the presence of vascular restrictions or other systemic diseases.

2.2.2. Service Limitations
The following podiatry services are covered under specific conditions:
- Care of the foot and ankle, limited to the area from the mid-calf down.
- Orthotics, only if prior authorized by Medicaid.
- Muscle testing and range of motion studies, only if billed separately from outpatient visits for evaluation and management. Medicaid considers these services part of a routine office visit.
- Surgical removal of corns and calluses, only when there is systemic disease present.
- Cutting, removal, debridement or other surgical treatment of toenails, only when there is an acute condition or systemic disease present.

2.2.3. Non-Covered Services
The following podiatry services are generally not covered:
- Daily care in an inpatient hospital setting (reviewed on a case-by-case basis).
- Daily inpatient care in a skilled nursing facility, ICF/MR, or long-term care facility (the podiatrist is not the attending physician in this setting).

2.2.4. Payment
Podiatrists are paid on a fee-for-service basis. The maximum fee paid is based upon Medicaid’s fee schedule.

2.2.5. Prior Authorization (PA)
Prior authorization (PA) is not required for podiatrist procedures, except for certain orthotics. For additional information call MACS at 1 (208)373-1424 or 1 (866)686-4272.
Claims for services requiring PA will be denied if the provider did not obtain a PA from the authorizing authority. See General Billing Instructions, Medicaid Prior Authorization (PA), for more information on billing services that require PA.

### 2.2.6. Procedure Codes

All claims must use the appropriate 5-digit CPT procedure codes and if applicable, modifiers.

### 2.2.7. Diagnosis Code

All claims must list the appropriate ICD-9-CM diagnosis code. The condition must be indicated on the initial claim and all subsequent claims.

### 2.2.8. Healthy Connections (HC)

Medicaid Participants enrolled in HC, Idaho’s Medicaid primary care case management (PCCM) model of managed care, may obtain services from a podiatrist without a referral if those services/procedures are performed in podiatrist’s office.

However, procedures that are performed in an inpatient or outpatient hospital or ambulatory surgery center (ASC) setting require a referral from the primary care provider (PCP) for the facility and the ancillary physicians/providers such as pre-operative examination by a physician.