

10-144 Chapter 101  
 MAINECARE BENEFITS MANUAL  
 CHAPTER II

SECTION 95	<b>PODIATRIC SERVICES</b>	Established: 7/1/79 Last Updated: 06/26/12
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## **95.01 DEFINITIONS**

### **95.01-1 Podiatric Care**

Podiatric care is a service performed by a licensed podiatrist that is reasonable and medically necessary for the diagnosis or treatment of diseases or pathology of the foot and ankle.

### **95.01-2 Podiatrist**

A podiatrist is a person who has special training and expertise in the diagnosis and treatment of problems associated with the human foot and ankle, and the structures that govern its function. A podiatrist functions within the scope of the current license granted by the State or Province in which the services are performed.

### **95.01-3 Routine Podiatric Care**

MaineCare considers routine podiatric care to include such items as nail debridement, removing corns and calluses, trimming, cutting and clipping of the toenails.

### **95.01-4 Covered Services**

Covered services are those medically necessary services described in Section 95.04.

## **95.02 ELIGIBILITY FOR CARE**

Individuals must meet the financial eligibility criteria as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive. It is the responsibility of the provider to verify a member's eligibility for MaineCare prior to furnishing services as indicated in Chapter I of the MaineCare Benefits Manual.

### **Medical Eligibility Requirements**

After an initial visit, podiatric care will only be covered for a member who meets all of the following requirements:

1. Has any illness, diagnosis or condition that if left untreated may cause loss of function or may risk loss of limb; and
2. For whom self-care or foot care by a nonprofessional person would be hazardous and pose a threat to the member's condition.

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**95.03 DURATION OF CARE AND LIMITATIONS**

Each MaineCare member is eligible for those medically necessary covered services described in this Section. The Department reserves the right to request additional information to evaluate medical necessity.

Some services under this section require prior authorization by the Department or its Authorized Agent. The Department may use criteria outlined in this policy in addition to using prior authorization criteria that is industry recognized prior authorization criteria utilized by a national company under contract. In cases where the criteria are not met, the provider/Member may submit additional supporting evidence such as medical documentation, to demonstrate that the requested service is medically necessary.

For Podiatry services that require authorization, please contact the prior authorization unit. Prior authorization contact information and prior authorization forms, can be found at: [http://www.maine.gov/dhhs/oms/provider\\_index.html](http://www.maine.gov/dhhs/oms/provider_index.html) .

Refer to the MaineCare Benefits Manual (MBM), Chapter I, General Administrative Policies and Procedures, and MBM, Section 90, Physician Services for additional information regarding prior authorization requirements.

**95.04 COVERED SERVICES**

Covered services are those services provided by podiatrists within the scope of their license and for which the Department may make payment. Covered services include those podiatric services provided directly by a podiatrist, laboratory and x-ray services furnished by the podiatrist's office and services that are specifically included in the Department's MaineCare Benefits Manual, Section 90, Physician Services. Some services require prior authorization by the Department or its Authorized Agent, and procedures requiring prior authorization are listed at: [http://portalxw.bisoex.state.me.us/oms/proc/pub\\_proc.asp?cf=mm](http://portalxw.bisoex.state.me.us/oms/proc/pub_proc.asp?cf=mm) . Services shall be covered only for members who meet the medical eligibility requirements in Section 95.02.

Covered services are limited to the following:

95.04-1 **Podiatric Care**

**A. Diagnostic and Treatment Services**

The diagnosis and treatment of problems of the foot, in an initial visit in a setting furnished with equipment appropriate to the practice of the profession.

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**95.04 COVERED SERVICES (cont.)**

**B. Podiatric Care**

Podiatric care will only be covered for members who meet the eligibility above in Section 95.02, Eligibility for Care.

Podiatrists may bill for an office visit, or for podiatric care, but not both for the same visit.

**C. Bunion Surgery**

The Department requires some bunion surgery to be prior authorized in accordance with provisions defined in Section 90.05-1, Restricted Services, of the MaineCare Benefits Manual, Chapter II, Section 90, Physician Services.

**95.04-2 Laboratory and X-Ray Services**

MaineCare may reimburse a podiatrist in private practice for laboratory and x-ray services provided in his or her office, using the podiatrist's equipment and supplies. To be eligible for reimbursement, a laboratory and/or x-ray unit must comply with the regulations set forth in Section 55, Laboratory Services and/or Section 101, Medical Imaging Services, in Chapter II of the MaineCare Benefits Manual.

**95.04-3 Orthotic Services**

MaineCare reimbursement is available to podiatrists in private practice for those orthotic devices covered by MaineCare that are prescribed or utilized within the scope of practice. Podiatrists providing this equipment must inform members of their freedom of choice to obtain these items from other suppliers. MaineCare will not reimburse podiatrists for supplying durable medical equipment to the member unless the durable medical equipment is otherwise unobtainable. MaineCare will not cover orthotics that can be bought off-the-shelf, including those that can be molded. Providers must maintain documentation of acquisition cost, including receipts and a copy of the original invoice, and make such documentation available to the Department upon request. Providers must also maintain documentation supporting the necessity of providing the specialty supplies and/or equipment during the office visit. MaineCare will not reimburse podiatrists for basic medical supplies that are available through providers enrolled as Medical Supplies and Durable Medical Equipment providers. Podiatrists must consult the most recent version of the Current Procedural Terminology (CPT) and the HealthCare Common Procedure Coding System (HCPCS) books for appropriate billing codes. Providers may also consult the Office of MaineCare Services' web site for access to the current procedure codes at: [http://www.maine.gov/dhhs/oms/providerfiles/billing\\_instructions.html](http://www.maine.gov/dhhs/oms/providerfiles/billing_instructions.html) .

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**95.04 COVERED SERVICES (cont.)**

The provider's charges must not exceed acquisition cost. It is also the provider's responsibility to verify that the services and procedure codes are covered by MaineCare. Claims must be submitted according to current Departmental billing instructions. Limits and prior authorization requirements on orthotic services apply as defined in the MaineCare Benefits Manual, Chapter II, Section 60, Medical Supplies and Durable Medical Equipment.

**95.04-4 Care for Institutionalized Members**

Podiatric care as described above, and/or diagnostic and treatment services provided to a resident of a nursing facility may be reimbursed only when the member meets the medical eligibility requirements set forth in Section 95.02, and a covered service (refer to Section 95.04) is ordered in writing by the member's attending physician, physician assistant, or advanced practice nurse as allowed by the licensing authority and scope of practice.

**95.04-5 Interpreter Services**

Interpreter services for members who are deaf/hard-of-hearing, or who need language interpreters are to be provided in accordance with the guidelines specified in Chapter I of the MaineCare Benefits Manual.

**95.04-6 Supplies and Materials**

MaineCare will cover supplies and materials used by a podiatrist for non-routine services needed in performing office procedures that are above and beyond what is usually used in a normal office visit. Examples of supplies and materials are: strapping, padding or compression dressings, plaster, and surgical trays. MaineCare does not cover dressings used following routine podiatric care. MaineCare reimburses acquisition cost only. Claims must be submitted according to current Departmental billing instructions.

**95.05 NON-COVERED SERVICES**

MaineCare will only cover routine podiatric care for members who meet the medical eligibility requirements in Section 95.02, Eligibility for Care.

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**95.06 POLICIES AND PROCEDURES**

95.06-1 **Member Records**

The Department requires a specific record for each member, that includes, but is not necessarily limited to:

- A. the member's name, address, and birthdate;
- B. the member's history, as appropriate;
- C. findings from the physical examination;
- D. long and short range goals, as appropriate;
- E. any tests ordered/performed and the results;
- F. treatment or follow-up care;
- G. any medications and/or supplies dispensed or prescribed;
- H. recommendations for additional treatments and sources of care;
- I. the dates on which all services were provided; and
- J. written progress notes that identifies the services provided.

Entries are required for each date of service billed and must include the podiatrist's name and signature.

95.06-2 **Program Integrity Unit**

The Program Integrity Unit requirements apply as defined in the MaineCare Benefits Manual, Chapter I, General Administrative Policies and Procedures.

**95.07 REIMBURSEMENT**

- A The MaineCare rates of reimbursement are posted and updated on the DHHS Rate Setting website at: <http://www.maine.gov/dhhs/audit/rate-setting/index.shtml>. These fee for service rates are decreased by ten percent (10%), effective April 1, 2012, in accordance with Public Law 2011, Chapter 477, LD 1816, Part M.

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**95.07 REIMBURSEMENT (cont.)**

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- B. In accordance with Chapter I, it is the responsibility of the provider to ascertain from each member whether there are any other resources (private or group insurance benefits, worker's compensation, etc.) that are available for payment of the rendered service, and to bill that potential payor prior to billing MaineCare.

**95.08 COPAYMENT**

**95.08-1 Copayment Amount**

- A. A copayment will be charged to each MaineCare member receiving services. The amount of the copayment shall not exceed \$2.00 per day for services provided, according to the following schedule:

<b>MaineCare Payment for Service</b>	<b>Member Copayment</b>
\$10.00 or less	\$ .50
\$10.01 - 25.00	\$1.00
\$25.01 or more	\$2.00

- B. The member shall be responsible for copayments up to \$20.00 per month whether the copayment has been paid or not. After the \$20.00 cap has been reached, the member will not be required to make additional copayments and the provider will receive full MaineCare reimbursement for covered services.

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**95.08 COPAYMENT (cont.)**

- C. No provider may deny services to a member for failure to pay a copayment. Providers must rely upon the member's representation that he or she does not have the money available to pay the copayment. A member's inability to pay a copayment does not relieve him/her of liability for a copayment.
- D. Providers are responsible for documenting the amount of copayments charged to each member regardless of whether the member has made payment.

**95.08-2 Copayment Exemptions**

Copayment exemptions apply as defined in the MaineCare Benefits Manual, Chapter I, General Administrative Policies and Procedures.

**95.08-3 Copayment Disputes**

Procedures regarding copayment disputes apply as defined in the MaineCare Benefits Manual, Chapter I, General Administrative Policies and Procedures.

**95.09 BILLING INSTRUCTIONS**

- A. Billing must be accomplished in accordance with the Department's current billing instructions.
- B. All services provided on the same day shall be submitted on the same claim for MaineCare reimbursement.