



RI Medicaid

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## Provider Reference Manual




Podiatry

*Version 1.4*  
*January, 2016*


## Revision History

Version	Date	Sections Revised	Reason for Revisions
1.0	November, 2013	All sections	New manual format
1.1	January, 2015	<ul style="list-style-type: none"> <li>• Covered services, Shoes</li> <li>• EDI Trading Partner, Eligibility Verification</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded benefits for Medically Needy</li> <li>• Healthcare Portal information</li> </ul>
1.2	February, 2015	Eligibility Verification TP Enrollment	HCP
1.3	November, 2015	All sections	Hewlett Packard Enterprise
1.4	January, 2016	Enrollment, medical necessity, timely filing	Removed sections now in the General Guidelines manual

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## **INTRODUCTION**

The Rhode Island Executive Office of Health and Human Services (EOHHS), in conjunction with DXC Technology (DXC), developed provider manuals for all RI Medicaid Providers. The purpose of this guide is to assist Medicaid providers with Medicaid policy, coverage information and claim reimbursement for this program. General information is found in the [General Guidelines Reference Manual](#). The DXC Customer Service Help Desk is also available to answer questions not covered in these manuals.

DXCV Technology can be reached by calling:

- 1-401-784-8100 for local and long distance calls
- 1-800-964-6211 for in-state toll calls or border community calls

## **Provider Participation Guidelines**

To participate in the Medicaid program, providers must be located and performing services in Rhode Island or in a [border community](#). Consideration will be given to out-of-state providers if the covered service is not available in Rhode Island, the recipient is currently residing in another state or if the covered service was performed as an emergency service while the recipient was traveling through another state.

Providers must be licensed by the State of Rhode Island, or the state in which they practice, to perform podiatry services and must also be an enrolled Medicare provider.

## **Provider Enrollment**

Providers who wish to enroll with RI Medicaid, should view the instructions in the [General Guidelines Reference Manual](#)

## **Recertification**

Podiatrists are annually recertified by the Department of Health (DOH). The license expiration date for Podiatrists is September 30. Providers obtain license renewal through DOH. Out of state providers must forward a copy of the renewal documentation to DXC Technology. DXC should receive this information as soon as possible to prevent suspension from the program.

## Reimbursement of Claims

### Claims Billing Guidelines

Claims should be submitted electronically. If a paper claim must be submitted, it should be billed on the CMS 1500 claim form. Instructions for completing the CMS 1500 claim form are located on the [Claims Processing](#) page.

### Reimbursement Guidelines

The reimbursement rates for Podiatrists are listed in the Fee Schedule. Providers must bill the Medicaid Program at the same usual and customary rate as charged to the general public and not at the published fee schedule rate. Payments to providers will not exceed the maximum reimbursement rate of the Medicaid Program. Rates discounted to specific groups (such as Senior Citizens) must be billed at the same discounted rate to the Medicaid Program.

## Covered and Non-Covered Services

### Covered Services

The Medicaid Program covers routine foot care, such as debridement of nails and treatment for ingrown toenails. All covered procedure codes for podiatry services are listed in the [fee schedule](#).

### Office Visits

The Medicaid Program does not reimburse providers for canceled office visits or appointments not kept by the recipient.

### Emergency Services

Procedures that normally require prior authorization, but were performed on an emergency basis, may receive retroactive authorization if the procedure was medically necessary and meets all other requirements that would have been required for normal authorization.

Any service classified as an emergency must be justified by a physician or podiatrist's statement. This comprehensive statement must describe the emergency, the recipient's condition and verify that the emergency services were immediately necessary.

### Assistant Services

Services performed by a podiatrist assisting in a physician performed surgery are not reimbursable by the Medicaid program.

### **Follow Up Services**

All follow-up services to a surgical procedure, if the follow-up is performed within 30 days of the surgery, are included in the basic reimbursement. Additional services performed more than 30 days after surgery must be billed separately.

The Medicaid Program does not reimburse clinical laboratories separately for handling test samples. Handling fees are included in the reimbursement rate for the service billed.

### **Nursing Home**

Podiatrists performing multiple services in a Nursing Home in a single day will be paid at the full rate for the first recipient and a reduced rate for the additional recipient.

### **Multiple Surgery**

Multiple surgical procedures are covered by the Medicaid Program. Both feet are covered at the same rate when modifier LT or RT (left or right) is used indicating that the procedure was performed on both feet. Modifier 51 is used to indicate multiple surgeries performed on the same foot. Subsequent surgeries will be reimbursed at a lower rate when billed with modifier 51. Medically necessary procedures on each foot are reimbursed as follows: 100% for the first procedure, 50% for the second, 25% for the third, and no reimbursement will be made for the fourth or subsequent procedures. If billing for multiple procedures, providers must clearly indicate the primary procedure first and any other procedures as secondary or subsequent.

### **Cosmetic Surgery**

Surgical procedures with a cosmetic purpose are only allowed when medically necessary and if the procedure is performed to improve function. If the procedure does not alleviate pain or improve difficulty in ambulation then it is not covered. The surgery must be referred by a specialist, such as an orthopedist. Providers billing for cosmetic surgery must indicate the referring physician's name and number by completing fields 17 and 17a of the CMS 1500 claim form.

### **Flat Feet/High Arches**

Only recipients under the age of 21 covered by the EPSDT program are eligible for treatment of flat feet or high arches. This would include reimbursement for related orthotics, such as arch supports.

### **Injections and Drugs**

Podiatrists may bill for injections if the injection is performed in conjunction with a procedure, such as anesthesia for a surgery. They may also prescribe medications if required for treatment of diseases of the feet.

### **Laboratory and Radiology Services**

Podiatrists may perform and bill for a radiological procedure (x-ray) of the foot. Certain laboratory procedures are reimbursable for podiatrists and are listed in the fee schedule.

### **Local Anesthesia**

Local or topical anesthesia is a covered service only when performed at the time that a surgical procedure is performed.

### **Physical Therapy**

Physical therapy treatments, such as foot massage, are not a covered service whether performed by the podiatrist or referred to a Physical Therapist. This service is only covered if performed under a Visiting Nurse Association procedure code or through an outpatient facility.

### **Shoes**

Orthopedic shoes are a covered benefit if attached to a brace. Molded shoes are a covered benefit for Categorically Needy recipients, Medically Needy recipients, and EPSDT recipients under the age of 21.

### **Surgery Coverage: Casts, Strapping Splints and Trays**

All medically necessary services and supplies associated with a surgical procedure are considered inclusive in the surgical reimbursement rate. Otherwise, non-surgical items such as crutches and splints are considered Durable Medical Equipment (DME) and will only be paid to DME providers. Other supplies, such as surgical trays, are considered part of a procedure and are not separately reimbursable.

### **Unlisted Procedures**

Providers who perform an unlisted procedure code must obtain prior authorization for the service before submitting the claim for payment. Medical justification for the procedure must be included with the request for authorization.



## **Appendix**

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### **Claim Preparation Instructions**

[CMS 1500 Form Filing Instructions](#) 

[Podiatry Services – CMS 1500 Claim Form](#) 

### **Error Status Codes**

[ESC Code List \(English\)](#) 

### **Explanation of Benefits (EOB) Codes**

[EOB Codes and Messages List \(English\)](#) 

[EOB Codes and Messages List \(Spanish\)](#)