Podiatry Services are being amended due to Legislation approval. Changes consist of podiatry services no longer limited to Qualified Medicare Beneficiary (QMB) recipients and Medicaid eligible children, but instead, services will now be available to all Medicaid eligible individuals.
Proposed Language for the Nevada Medicaid Services Manual (MSM) – Chapter 600, Physician Services ~ Draft
Section 603.7
Podiatry Services

Current language:
Podiatry services are those services provided by health professionals trained to diagnose and treat diseases and other disorders of the feet. A podiatrist performs surgical procedures and prescribes corrective devices, medications and physical therapy.
A. Prior Authorization

1. Prior authorization is not required for podiatric office visits provided for children as a direct result of a Healthy Kids (EPSDT) screening examination.

2. Policy limitations regarding diagnostic testing (not including x-rays), therapy treatments and surgical procedures which require prior authorization remain in effect. Orthotics ordered as a result of a podiatric examination or a surgical procedure must be billed using the appropriate Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS) code. Medicaid will pay for the orthotic in addition to the office visit.

3. Prior authorization is not required for Podiatry services provided to a QMB or QMB/MED recipient. Medicaid automatically pays the co-insurance and deductible up to Medicaid’s maximum reimbursement after Medicare pays. If Medicare denies the claim, Medicaid will also deny payment.
B. Covered Services

• Evaluation and Management Services
  – Office Visits, Hospital Visits, Consultation
    • Emergency room visits, evaluations, examinations, home visits, hospitals visits, nursing home visits, preventative pediatric and adult health supervision

• Surgical Procedures
  – Multiple Surgeries
  – Mycotic Procedures
    • Mycotic conditions and Mycotic nails are limited to a maximum of 6 visits per year
  – Casting/strapping/tapping
    • Procedures covered when performed by a podiatrist for the treatment of:
      – Fractures
      – Dislocations
      – Sprains
      – Strains
      – Open Wounds
        » Ankle
        » Foot
        » Toes
Covered Services (cont.)

- Radiology Services
  - Reference MSM Chapter 300 for coverage and limitations for radiology services.
- Laboratory Services
  - Reference MSM Chapter 800 for coverage and limitations for laboratory services.
- Prescriptions for Drugs
  - Reference MSM Chapter 1200 for coverage and limitations for prescription drug services.
- Telehealth Services
  - Reference MSM Chapter 3400 for coverage and limitations for telehealth services.
C. Non Covered Services

Preventive care including the cleaning and soaking of feet, the application of creams to insure skin tone, and routine foot care are not covered benefits. Routine foot care includes the trimming of nails, cutting or removal of corns and calluses in the absence of infection or inflammation.
Questions or Comments?

Contact: Heather Hatch
h.hatch@dhcfp.nv.gov
(775) 684-7598