



Podiatrist

Overview

Podiatry services are rendered by a medical specialist who has received the degree of Doctor of Podiatry Medicine (D.P.M.) from an accredited school of podiatry, has passed the examination given by the National Board of Podiatric Medical Examiners, and is licensed through the Nevada State Board of Podiatry (in accordance to NRS 635.050). Podiatrists are medical specialists who diagnose, treat and care for: injury, disease or other medical conditions affecting the foot, ankle and structure of the leg. Podiatrists perform surgical procedures, and prescribe corrective devices, medications and physical therapy.

Policy

- Please see the [Medicaid Services Manual \(MSM\) Chapter 600 Physician Services](#) for complete coverage and limitations.
- Effective January 1, 2018, podiatry services were expanded to include coverage for all Medicaid eligible individuals.

Managed Care Organization versus Fee-For-Service

- When a recipient is enrolled in a Managed Care Organization (MCO), request prior authorization from and submit claims to the MCO.
- When a recipient is enrolled in the Fee-For-Service (FFS) plan, request prior authorization from and submit claims to the Nevada Medicaid fiscal agent, Gainwell Technologies, which is referred to as Nevada Medicaid throughout this document.

Rates

Rates information is on the DHCFP website at <http://dhcfp.nv.gov> (select "Rates" from the "Resources" menu). Rates are available on the Provider Web Portal at www.medicaid.nv.gov through the Search Fee Schedule function, which can be accessed on the Electronic Verification System Provider Login (EVS) webpage under Resources (you do not need to login). Any provider-specific rates will not be shown in the Search Fee Schedule function.

Covered Services

Podiatry services consist of Evaluation and Management (E&M), Surgical Procedures, and Infection and Inflammation Services.

Non-covered Services

Medicaid does not provide coverage for preventive care including the cleaning and soaking of feet, the application of creams to ensure skin tone and routine foot care. Routine foot care includes the trimming of nails, cutting or removal of corns and calluses in the absence of infection or inflammation.

Prior Authorization (PA)

Policy limitations regarding diagnostic testing (not including x-rays), therapy treatments and surgical procedures which require PA 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 & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) code. Medicaid will pay for the orthotic in addition to the office visit.



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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.

Please see the following MSM Chapters for PA requirements: Chapter 300 Radiology Services, Chapter 800 Laboratory Services, Chapter 1200 Prescribed Drugs and Chapter 3400 Telehealth regarding PA requirements.

Notes

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.

Please refer to the Nevada Medicaid Services Manual Chapter 600 for additional information.