

Podiatry Professional Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting providers who render podiatry services.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary podiatry services³, in accordance with the member's benefits.

DEFINITION

Routine foot care services⁴ are defined as:

- The cutting or removal of corns and calluses;
- The trimming, cutting, clipping, or debriding of nails; and
- Other hygienic and preventive maintenance care, such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of either ambulatory or bedfast patients, and any other service performed in the absence of localized illness, injury, or symptoms involving the foot.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting [Provider Services](#).

Tufts Health Plan covers medically necessary podiatry services including:

- Nonroutine medically necessary foot care
- Routine foot care for members with a diagnosis of diabetes or other systemic conditions affecting the lower limbs (e.g., metabolic, neurologic or peripheral vascular disease). Routine foot care services for members **without** diabetes or other systemic conditions are **not covered**.

Therapeutic/Molded Shoes and Shoe Inserts

For members with severe diabetic foot disease therapeutic/molded shoes and shoe inserts are covered when the need for therapeutic shoes and inserts has been prescribed by the member's treating doctor,

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

³ Podiatry services are medical and/or surgical services for the foot and ankle as defined by licensing or state regulations.

⁴ Tufts Health Plan follows the [Medicare](#) definition for routine foot care services.

The shoes or inserts must be prescribed by a podiatrist and furnished by a provider who is a podiatrist, orthotist, prosthetist, or pedorthist. Refer to the [Orthotic and Prosthetic Professional Payment Policy](#) for Commercial and Senior Products or the [Orthotics Services Payment Policy](#) for Tufts Health Public Plans for additional information.

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained.

Referrals are required for podiatry services.

For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Tufts Medicare Preferred HMO

Tufts Medicare Preferred HMO adheres to coding and other guidelines that support medical necessity for foot care reflected in the CMS Local Coverage Determination Policy.

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Imaging Privileging for Commercial Products

Providers may bill imaging services in accordance with their provider agreements. Refer to the Imaging Privileging Program chapter in the [Commercial Provider Manual](#) for specific codes.

Scope of Services Billed by Certain Specialties

Tufts Health Plan does not routinely compensate any procedure billed by a podiatrist that is outside the scope of podiatry practice.

Senior Products

Nail Care and Other Foot Care Services

Tufts Health Plan does not routinely compensate 11055-11057, 11719-11721, or G0127 when billed with a diagnosis of thickened or mycotic nails and without a qualifying complication diagnosis or a systemic condition resulting in circulatory or neurologic impairment.

ADDITIONAL RESOURCES

- [Noncovered Investigational Services](#)
- [Maximum Units Payment Policy](#)

DOCUMENT HISTORY

- November 2020: Reviewed by Committee; combined Tufts Health Public Plans payment policy
- March 2019: Corrected LCD for routine foot care for Tufts Medicare Preferred HMO members
- June 2018: Template updates
- February 2018: Added claim edits for nail care and other foot care services, effective for dates of service on or after April 1, 2018 for Tufts Medicare Preferred HMO and Tufts Health Plan SCO products
- July 2017: Clarified that subtalar arthroereisis is excluded from coverage
- January 2017: Template updates, combined Tufts Medicare Preferred HMO and Tufts Health Plan SCO policies
- September 2015: Template conversion, template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.