

# Podiatry

## Policy

Harvard Pilgrim reimburses contracted providers for the provision of podiatry/foot care services related to the diagnosis and treatment of medical conditions for the foot and ankle. Services must be within the scope of the provider's state practice laws and when the service is a covered benefit.

## Policy Definition

Podiatry specializes in conditions and function of the foot and ankle in health and disease. It includes examination, diagnosis and treatment by medical and surgical methods.

## Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to *Referral, Notification and Authorization* for more information.

## HMO/POS/PPO

- A referral is required for specialist services for HMO and in-network POS members.
- An authorization is required for miscellaneous DME (Refer to the *Prosthetic and Orthotic Devices Payment Policy*.)

## Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

## Harvard Pilgrim Reimburses<sup>1</sup>

### HMO/POS/PPO

#### Routine Foot Care

Routine foot care (i.e., cutting toenails, corn or callus removal) for member's whose medical treatment or condition might impair circulation or sensation in the feet, or leave the member at significant risk for infection. This includes, but is not limited to, members with:

- Diabetes
- Lymphatic obstruction in the groin (Milroy's disease)
- Peripheral vascular disease
- Prolonged (six weeks or more) low white blood cell count as a result of chemotherapy, acute leukemia, or aplastic anemia or significant immunosuppressing disease state that is not in remission
- Significant loss of sensation in the feet

#### Non-Routine Foot Care

- Bunionectomy
- Nail debridement
- Treatment of ingrown toenails
- Treatment of plantar warts

#### Medical/Surgical Treatment

- Reasonable and necessary medical and surgical services, including, but not limited to:
  - Incision and drainage of a simple, complicated or multiple abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle or paronychia).
  - Puncture aspiration of abscess, hematoma, bulla or cyst.
- Diagnosis or treatment for medical conditions that have resulted from or are with, partial displacement of structures of the foot.
- Treatment of subluxation of the foot, when it applies to medical or surgical treatment of subluxation of the ankle joint (talocrural joint).

- Other surgical procedures, as allowed by state practice laws, subject to Harvard Pilgrim's *Surgery Payment Policy*.

### Harvard Pilgrim Does *Not* Reimburse

#### HMO/POS/PPO

- Extracorporeal shock wave therapy; involving plantar fascia.
- Routine foot care for any other conditions than those listed under reimbursement.
- Services performed in absence of localized illness, injury or symptoms involving the foot.
- Simple trimming of the ends of the nails by cutting or grinding.

### Member Cost-Sharing

Services are subject to member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

### Provider Billing Guidelines and Documentation

#### Coding<sup>2</sup>

Code	Description	Comments
28890	Extracorporeal shock wave therapy; including ultrasound guidance, involving plantar fascia	Not reimbursed
E1399	Miscellaneous DME supply or accessory	Authorization is required

### Related Policies

#### Payment Policies

- Bilateral Services and CPT Modifier 50
- Diabetic Care
- Durable Medical Equipment (DME)
- Evaluation and Management
- Prosthetic and Orthotic Devices
- Surgery

#### Clinical/Authorization Policies

- New Technology Assessment and Non-Covered Services

#### PUBLICATION HISTORY

04/01/02	original documentation
07/01/03	annual review; minor edits
10/01/03	DME/orthotic billing information; minor edits
07/01/04	added extracorporeal shock wave therapy treatment not reimbursed
10/31/04	coding, non-covered services
01/31/06	coding update
08/01/06	annual review; added related policy Diabetic Care
07/31/07	annual review; minor edits
07/31/08	annual review: no changes
05/15/09	annual review; no changes
05/15/10	annual review; minor edits for clarity
05/15/11	annual review; no changes
01/01/12	removed First Seniority Freedom information from header
01/01/12	removed First Seniority Freedom information from header
04/15/12	annual review; minor edit for clarity
07/15/13	annual review; added E&M services statement under Does not Reimburse
06/15/14	added Connecticut Open Access HMO referral information to Prerequisites
07/15/14	annual review; added instructions for misc. DME
07/15/15	annual review; no changes
07/15/16	annual review; no changes

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PAYMENT POLICIES

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01/15/17	annual coding update
07/15/17	annual review; administrative edits
01/01/18	updated Open Access Product referral information under Prerequisites
08/01/18	annual review; added related medical policies
08/01/19	annual review; removed treatment, care or correction of flat foot from Harvard Pilgrim Does Not Reimburse
08/03/20	annual review; updated Policy statement
08/02/21	annual review; updated provider billing guidelines; updated related policies and removed statement regarding E&M and surgical services not reimbursed; removed DME/Orthotics section

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<sup>1</sup>This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

<sup>2</sup>The table may not include all provider claim codes related to podiatry.