



Network Notification

Date: October 5, 2010

Number: OH-P-2010-26

To: Ohio Providers

From: CareSource

Subject: Podiatry Services Policy

CareSource follows the OAC Rule 5101:3-3-19 regarding reimbursement and limitations for podiatry services, the grid below outlines covered and non-covered services:

Covered Services	Limitations	Non-Covered Services
E&M Services	99201-99203, 99211-99213, 99221-99222, 99231-99232, 99238, 99241-99243, 99251-99253, 99304-99328, 99341-99342, 99347-99348	All other E&M codes
Emergency/Critical Care	By Report basis	
LTCF (long term care facility)	1 visit /month	
Therapeutic injections / prescribed drugs		Vitamin B-12 injections
Surgeries	Only services covered within scope of practice & limited to acute conditions only.	
Debridement of nails	1 treatment every 60 days	
Lab Services	Only services covered within scope of practice & limited to acute conditions only.	
Radiology Services		Bilateral when only a unilateral condition or surgery is reported; X-rays in excess of 2 views; X-rays for soft tissue; post-op X-rays; use of X-rays or radium for therapeutic purposes
Physical Medicine	Only services covered within scope of practice & limited to acute conditions only.	Range of motion studies may not be billed separately from an examination of the foot
Medical Supplies & DME	Dispensed items only	May not be separately reimbursed for medical supplies & equipment used in the office or patient's home during a visit

