



Podiatry

June 11, 2021

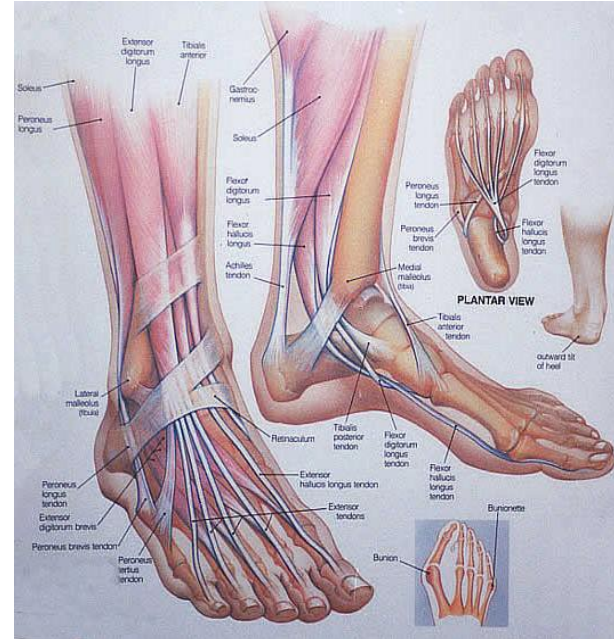
Foot & Ankle Care

EFFECTIVE:

10/1/2016

- ❑ Medically necessary
- ❑ Age 21 and Older
- ❑ Eligible Member
- ❑ Provided by Podiatrist or Provided by Podiatric Surgeon
- ❑ Ordered by the PCP, Attending Physician, or Practitioner

Note: IHS/638 Providers will bill the AIR and keep the member's file in the facility

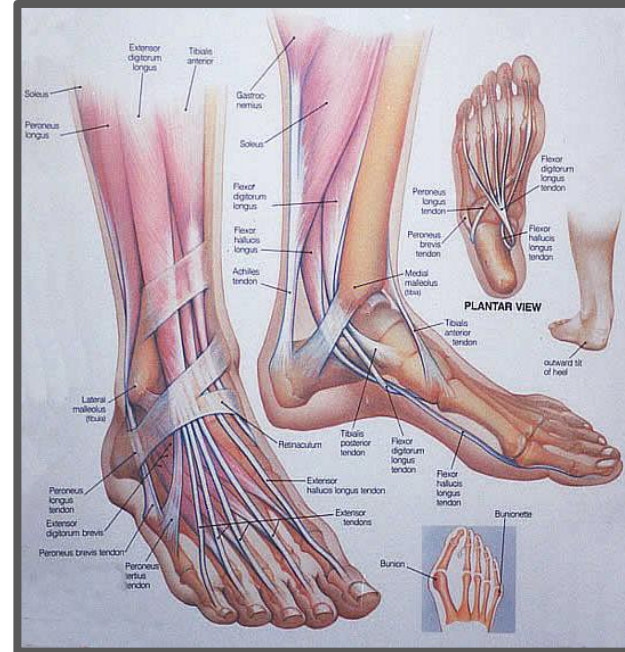


Foot & Ankle Care

Prior to:

10/1/2016

- Medically necessary
- < Age 21
- Eligible Member
- Provided by **other than** Podiatrist or Podiatric Surgeon
- Ordered by the PCP, Attending Physician, or Practitioner

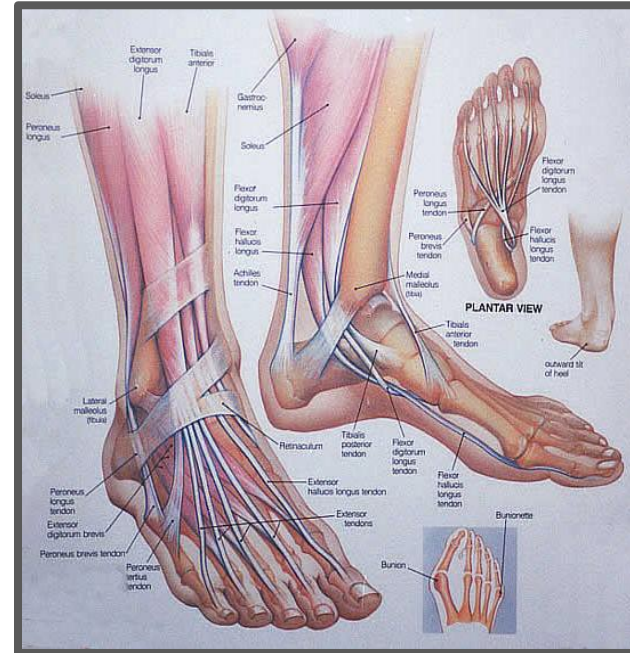


Foot & Ankle Care

✓ Ordered by the PCP,
Attending Physician, or
Practitioner

Practitioner includes:

- Provider Type 19 – NP
- Provider Type 18 - PA



Foot & Ankle Care

Member's Medical
Record MUST
Document the
Ordering Information



Foot & Ankle Care

Member's Medical Record **Must**
Document the Ordering Information

Referral/Order
PCP is the Referring Provider

- Consult Required
- Documentation of the ordering information must be in Medical Record
- Determine the referring, podiatry related, diagnosis



Foot & Ankle Care

Member's Medical Record **Must**
Document the Ordering Information

Order & Diagnosis

- Diagnosis is required
- Diagnostic code not necessary



Foot & Ankle Care – FFS

CMS 1500

Field 17

- Qualifier DK
- Ordering Provider's Name

Field 17b

- Ordering Provider's NPI (AHCCCS Registered Provider)

The image shows a portion of the CMS 1500 form. Red arrows point from text boxes to specific fields on the form. The text boxes contain the following information:

- Field 17:** "The name of the Referring, Ordering or Supervising provider is entered in Box 17. If Box 17 is populated with a name then the qualifier must be placed in the left section of Box 17. Example: DN|Donald Duck. Qualifiers: DN - Referring, DK - Ordering, DQ - Supervising. The provider's NPI must be listed in Box 17b. The provider's Taxonomy Code can be entered in Box 17a with the qualifier ZZ preceding the 10 character Taxonomy Code."
- Field 17b:** "The provider's NPI must be listed in Box 17b. The provider's Taxonomy Code can be entered in Box 17a with the qualifier ZZ preceding the 10 character Taxonomy Code."

The form fields shown include:

- 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: Qualifier DK, Name Donald Duck
- 17a. NPI: 9876540123
- 17b. TAXONOMY CODE: ZZ 1234567890

Below the form, it says "NPI of AHCCCS Registered Provider".

Claim **Denied** if 17 and 17b are blank **or** NPI is not AHCCCS registered provider

NOTE: IHS/638 Bill the AIR

Foot & Ankle Care – Routine Foot Care Services



Cutting/Removal: Corns or Calluses

Nail Trimming (including
Mycotic Nails)

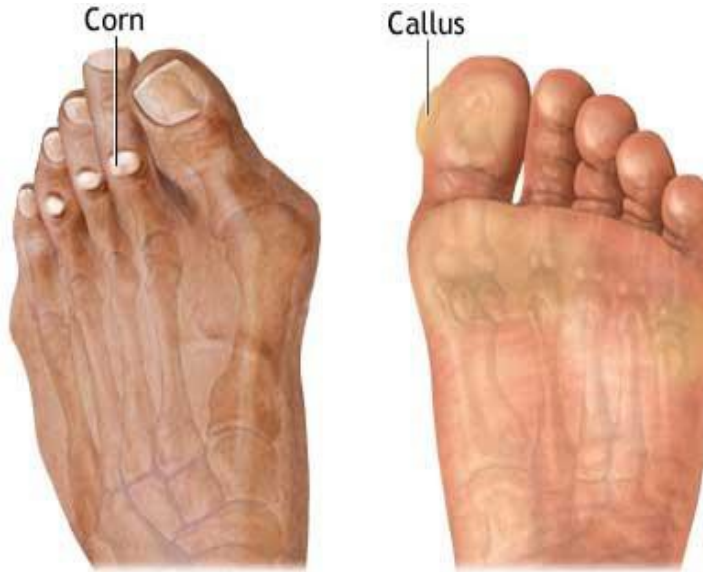
Hygienic & Preventive Maintenance

Wound Care

Treatment of Pressure Ulcers

Note: the above is not a complete list of services. Please refer to Chapter 10 of the Fee-For-Service Provider Manual –OR– Chapter 8 of the IHS/Tribal Billing Manual

Foot & Ankle Care - Services



New Onset of Podiatric
Problem:

Member does not have to see PCP if
the condition is podiatry related and
treatment is within one year of the
referral.

Benefit Year Timeframe:

10/1/xx – 9/30/xx

Foot & Ankle Care - Scenario

Scenario:

Date of Service: 04/01/2021

Reason for Visit: Member has an ankle sprain and is seen by PCP.

Podiatry Orders?: The member does not have Podiatry Orders in medical records.

Before the member leaves their appointment, the PCP writes a referral for Podiatric services.

- What is covered? **Ankle sprain is covered under PCP visit; podiatry is covered under podiatry.**
- Why is it covered? Because the PCP wrote an order/referral for podiatry.
- When can Podiatry services be billed? **Billing for podiatry services can only occur on the date that podiatric services are provided. Billing should not be back dated to the date of the ankle sprain.**

Podiatry Resources

Resources

Effective 10-1-16, Coverage of Podiatry Services Performed by a Licensed Podiatrist

- Effective service dates on and after October 1, 2016, AHCCCS covers medically necessary podiatry services for adults age 21 and older, when provided by a licensed podiatrist and ordered by a member's primary care provider, attending physician or primary care practitioner.

Billing requirements are included in the Fee-For-Service and the IHS/Tribal Provider Billing Manual. Refer to Chapter 10, Individual Practitioner Services, of the Fee-For-Service-Provider Billing Manual *and* Chapter 8, Individual Practitioner Services of the IHS/Tribal Provider Billing Manual, and their sections on Foot and Ankle Care.

- https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap10.pdf
- <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap08IndivPractitionerSvc.pdf>



DFSM Provider Education and Training Unit

DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
- Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
 - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at ProviderTrainingFFS@azahcccs.gov

Technical Questions?

For technical assistance with the AHCCCS Online Provider Portal, please call:

- AHCCCS ISD Customer Support Desk at 602-417-4451 or ISDCustomerSupport@azahcccs.gov

Claims Questions?

For claims questions that cannot be resolved on the portal, please outreach the Claims Customer Service team at:

- Phone: (602) 417-7670 – Select Option 4
- From: Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

The Claims Customer Service team can assist with the following items:

- Details regarding a claim status that cannot be answered on the AHCCCS Online Provider Portal;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

NOTE: Providers should not call the Claims Customer Service team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims.

Prior Authorization Questions?

For prior authorization questions, please visit the AHCCCS Online Provider Portal or the AHCCCS website at:

- AHCCCS Online Provider Portal:
 - <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=/>
- DFSM Prior Authorization Web Page:
 - <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html>

Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link.

Prior Authorization Questions?

For questions that cannot be resolved on the portal, please outreach the Fee-for-Service Authorization Phone Line at:

- Within Maricopa County: 602-417-4400, Select option 1 for transportation
- Statewide: 1-800-433-0425
- Outside Arizona: 1-800-523-0231
- FESP Dialysis: 602-417-7548

NOTE: Providers should not call the FFS Prior Authorization team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, claims, or for status updates.

Policy Information

AHCCCS FFS Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

AHCCCS IHS/Tribal Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

AHCCCS Medical Policy Manual

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/>

Questions?

Thank You.