

CHAPTER 57
PODIATRY SERVICES

Authority

N.J.S.A. 30:4D-6b, 30:4D-7, 7a, b, and c, 30:4D-12.

Source and Effective Date

R.1996 d.60, effective February 5, 1996.
See: 27 N.J.R. 4223(a), 28 N.J.R. 1015(a).

Executive Order No. 66(1978) Expiration Date

Chapter 57, Podiatry Services, expires on February 5, 2001.

Chapter Historical Note

Chapter 57, Podiatry Services Manual, became effective June 1, 1971 as R.1971 d.66. See: 3 N.J.R. 43(c), 3 N.J.R. 109(b). The provisions of Subchapter 2, Podiatry Billing Procedures, were adopted by R.1974 d.222, effective September 15, 1974. See: 6 N.J.R. 264(c), 6 N.J.R. 35(c). Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted by R.1986 d.52, effective March 3, 1986. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a). Pursuant to Executive Order No. 66(1978), Chapter 57 was readopted as R.1991 d.129, effective February 13, 1991. See: 22 N.J.R. 3439(b), 23 N.J.R. 858(b).

Chapter 57, Podiatry Services Manual, was repealed, and Chapter 57, Podiatry Services, was adopted as new rules, by R.1996 d.60, effective February 5, 1996. See: Source and Effective Date.

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SUBCHAPTER 1. GENERAL PROVISIONS

10:57-1.1 Introduction

(a) This chapter is concerned with the provision of podiatric services by a person licensed to practice podiatry in accordance with the New Jersey Medicaid program policies and procedures and the standards of practice as defined by the laws of the State of New Jersey (N.J.S.A. 45:5) and the American Podiatric Medical Association.

(b) An approved New Jersey Medicaid provider of podiatric services may be reimbursed for medically necessary covered services provided within the scope of the practitioner's license, and the practitioner's approved New Jersey Medicaid Program Provider Agreement.

(c) A podiatrist may enroll in the New Jersey Medicaid program and provide covered, medically necessary services as an independent practitioner, or may provide such services as part of another entity, such as a hospital or clinic, physician group practice, or a mixed practitioner practice or under the managed care program.

Amended by R.1998 d.248, effective May 18, 1998.
See: 30 N.J.R. 626(a), 30 N.J.R. 1812(b).

10:57-1.2 Scope of services

Podiatry care under the Medicaid program is allowable to covered persons if such services are essential. Essential podiatry care includes those services which require the professional knowledge and skill of a licensed podiatrist. For recipients in the Medically Needy Program, podiatry care is only available to pregnant women, and the aged, the blind or disabled. (For information on how to identify a covered person, please refer to N.J.A.C. 10:49-2.)

10:57-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

“CPT” means that edition of the Current Procedure Terminology most current at the time of reference, as published annually by the American Medical Association, Chicago, Illinois, unless otherwise specified in rule.

“Flat-foot conditions” means the local condition of flattened arches regardless of the underlying etiology. Treatment of flat-foot conditions encompasses all phases of services in connection with flat feet.

“Podiatrist” means a doctor of podiatric medicine licensed to practice podiatry by the New Jersey State Board of Medical Examiners, or similarly licensed by a comparable agency in the state in which he or she practices.

“Podiatry services” means those services performed by a licensed podiatrist within the scope of practice as defined by the laws of the State of New Jersey (N.J.S.A 45:5-7) and which are within the scope of the services covered by the New Jersey Medicaid program.

“Routine foot care” means the cutting or removal of corns or calluses, the trimming of nails, and other hygienic and preventive maintenance care in the realm of self-care, such as cleaning and soaking the feet, the use of skin creams to maintain skin tone for both ambulatory and bedfast patients, and any services performed in the absence of localized illnesses, injury or symptoms involving the foot.

“Specialist” for purposes of the New Jersey Medicaid program, means a fully licensed podiatrist who:

1. Is a diplomate of the appropriate specialty board as recognized by the American Podiatric Medical Association; or
2. Has been notified of board eligibility by the appropriate specialty board as recognized by the American Podiatric Medical Association.

“Subluxation” means the structural misalignment of the joints of the feet which do not require surgical methods of treatment and/or correction, with the exception of fractures and complete dislocations.

Amended by R.1998 d.248, effective May 18, 1998.
See: 30 N.J.R. 626(a), 30 N.J.R. 1812(b).
Added “CPT” definition.

10:57-1.4 Provisions for provider participation

(a) In order to participate in the Medicaid program a podiatrist shall apply to and be approved by the New Jersey Medicaid program. Application for approval by the New Jersey Medicaid program requires completion and submission of the “Medicaid Provider Application” (FD-20) and the “Medicaid Provider Agreement” (FD-62).

1. The documents referenced above are located as Forms #8 and #9 in the Appendix at the end of the Administration Chapter (N.J.A.C. 10:49), and may be obtained from and submitted to:

Unisys Corporation
Provider Enrollment
PO Box 4804
Trenton, New Jersey 08650-4804

(b) In order to be approved as a Medicaid participating provider, the podiatrist shall be licensed by the State of New Jersey Board of Medical Examiners (See N.J.A.C. 13:35-3).

1. An out-of-State podiatrist must have comparable documentation under the applicable State requirements of the state in which the services are provided.

(c) In order to be approved as a specialist under the Medicaid program, a licensed podiatrist shall possess either of the following:

1. A specialty certification/permit issued by the specialty board as recognized by the American Podiatric Medical Association; or
2. A copy of the notification of board eligibility by the specialty board as recognized by the American Podiatric Medical Association.

(d) A photocopy of the current license, certification/permit or notification of board eligibility by the specialty shall be provided at the time of the application for enrollment.

10:57-1.5 Prior authorization

(a) Authorization by the Podiatry Services Unit (“Unit”), Division of Medical Assistance and Health Services, PO Box 712, Trenton, New Jersey 08625-0712, shall be obtained prior to the provision of the following services:

1. All orthopedic footwear;
2. Custom molded foot or ankle orthoses;
3. Routine debridement of toenails, more than once every two months.

(b) A written request for authorization (Form FD-356) shall be submitted, identifying the case and containing sufficient information about the problem and plan of treatment to enable the Unit to make a proper evaluation.

10:57-1.6 Basis of reimbursement

(a) Reimbursement for podiatry services covered under the New Jersey Medicaid program shall be on the basis of the customary charge, not to exceed a fixed fee schedule determined reasonable by the Commissioner of the Department of Human Services as specified at N.J.A.C. 10:57-3, and further limited by Federal policy relative to payment of practitioners and other individual providers. In no event shall the payment exceed the charge by the provider for identical services to other governmental agencies, or other groups or individuals in the community.

(b) For services rendered on or after February 10, 1995 to recipients eligible for both Medicare Part B and Medicaid, reimbursement will be made for the Medicare Part B coinsurance and deductible amounts or the Medicaid maximum allowable (less any third party payments including Medicare reimbursement), whichever is greater.

(c) Any podiatric physician who meets the above cited qualifications listed in N.J.A.C. 10:57-1.3 as a specialist and the requirements specified in N.J.A.C. 10:57-1.4 shall be eligible for specialist reimbursement.