

CHAPTER 57
PODIATRY SERVICES

Authority

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Source and Effective Date

R.2006 d.240, effective May 31, 2006.
See: 38 N.J.R. 1126(a), 38 N.J.R. 2805(a)

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 57, Podiatry Services, expires on May 31, 2013. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 57, Podiatry Services Manual, was adopted as R.1971 d.66, effective June 1, 1971. See: 3 N.J.R. 43(c), 3 N.J.R. 109(b).

Subchapter 2, Podiatry Billing Procedures, was revised by R.1974 d.222, effective September 15, 1974. See: 6 N.J.R. 264(c), 6 N.J.R. 351(e).

Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted as 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, Podiatry Services Manual, 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Chapter 57, Podiatry Services Manual, was repealed, and Chapter 57, Podiatry Services, was adopted as new rules by R.1996 d.60, effective February 5, 1996.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: 27 N.J.R. 4223(a), 28 N.J.R. 1015(a).

Pursuant to Executive Order No. 66(1978), Chapter 57, Podiatry Services, was readopted as R.2001 d.63, effective January 23, 2001. See: 32 N.J.R. 4096(a), 33 N.J.R. 661(b).

Chapter 57, Podiatry Services, was readopted as R.2006 d.240, effective May 31, 2006. See: Source and Effective Date.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 10:57-1.1 Introduction
- 10:57-1.2 Scope of services
- 10:57-1.3 Definitions
- 10:57-1.4 Provisions for provider participation
- 10:57-1.5 Prior authorization
- 10:57-1.6 Basis of reimbursement
- 10:57-1.7 Personal contribution to care requirements for NJ FamilyCare-Plan C and copayments for NJ Family-Care-Plan D
- 10:57-1.8 Record keeping

SUBCHAPTER 2. PROVISION OF SERVICES

- 10:57-2.1 Covered and non-covered services
- 10:57-2.2 General provisions
- 10:57-2.3 Provisions regarding surgery
- 10:57-2.4 Radiology services
- 10:57-2.5 Consultation policies
- 10:57-2.6 Podiatric orthotic services
- 10:57-2.7 Clinical laboratory services
- 10:57-2.8 Hospital outpatient department services
- 10:57-2.9 Diagnostic radiology services
- 10:57-2.10 Multiple visits; out of office
- 10:57-2.11 Pharmaceutical; podiatrist administered drugs

- 10:57-2.12 Pharmaceutical services
- 10:57-2.13 Medical exception process (MEP)

SUBCHAPTER 3. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

- 10:57-3.1 Introduction to the HCPCS procedure coding system
- 10:57-3.2 HCPCS procedure codes and maximum fee allowance
- 10:57-3.3 Descriptions of Level II Codes
- 10:57-3.4 Qualifiers for podiatry services
- 10:57-3.5 (Reserved)

APPENDIX A. FISCAL AGENT BILLING SUPPLEMENT

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 and NJ Family-Care programs, policies and procedures and the standards of practice as defined by the laws of the State of New Jersey (N.J.S.A. 45:5-1 et seq.) and the American Podiatric Medical Association.

(b) An approved New Jersey Medicaid/NJ FamilyCare provider of podiatric services may be reimbursed for medically necessary covered services provided within the scope of her or his license, and her or his approved New Jersey Medicaid and NJ FamilyCare fee-for-service programs Provider Agreement.

(c) A podiatrist may enroll in the New Jersey Medicaid and NJ FamilyCare fee-for-service programs 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).

Amended by R.1999 d.292, effective September 7, 1999.

See: 31 N.J.R. 1304(a), 31 N.J.R. 2637(a).

In (a), inserted a reference to NJ KidCare programs; and in (b) and (c), inserted references to NJ KidCare fee-for-service programs.

Amended by R.2006 d.240, effective July 3, 2006

See: 38 N.J.R. 1126(a), 38 N.J.R. 2805(a).

Substituted "FamilyCare" for "KidCare" throughout; in (a), inserted "-1 et seq."; and in (b), inserted "/NJ Family Care".

10:57-1.2 Scope of services

Podiatry care under the Medicaid and NJ FamilyCare programs 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 beneficiaries 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.)

Amended by R.1999 d.292, effective September 7, 1999.
See: 31 N.J.R. 1304(a), 31 N.J.R. 2637(a).

Inserted a reference to NJ KidCare programs in the first sentence, and substituted a reference to beneficiaries for a reference to recipients in the third sentence.

Amended by R.2006 d.240, effective July 3, 2006.

See: 38 N.J.R. 1126(a), 38 N.J.R. 2805(a).

Substituted "FamilyCare" for "KidCare".

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 Procedural 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 and NJ FamilyCare programs.

"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 and NJ FamilyCare programs, 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.

Amended by R.1999 d.292, effective September 7, 1999.

See: 31 N.J.R. 1304(a), 31 N.J.R. 2637(a).

In "Podiatry services" and "Specialist", inserted references to NJ KidCare programs.

Amended by R.2006 d.240, effective July 3, 2006.

See: 38 N.J.R. 1126(a), 38 N.J.R. 2805(a).

In definition "CPT", substituted "Procedural" for "Procedure"; and in definitions "Podiatry services" and "Specialist", substituted "FamilyCare" for "KidCare".

10:57-1.4 Provisions for provider participation

(a) In order to participate in the Medicaid and NJ FamilyCare programs a podiatrist shall apply to and be approved by the New Jersey Medicaid and NJ FamilyCare programs. Application for approval by the New Jersey Medicaid and NJ FamilyCare programs 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/NJ FamilyCare 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 and NJ FamilyCare programs, 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.

Amended by R.1999 d.292, effective September 7, 1999.

See: 31 N.J.R. 1304(a), 31 N.J.R. 2637(a).

In (a) and (c), inserted references to NJ KidCare programs in the introductory paragraphs.