

Podiatry Payment Policy

Applies to the following CarePartners of Connecticut products:

- ☒ CareAdvantage Preferred
- ☒ CarePartners Access

The following payment policy applies to providers who render podiatry services to members of the CarePartners of Connecticut plans selected above.

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut covers medically necessary podiatry services, in accordance with the member's benefits.

Definition

Routine foot care services¹ are defined as:

- The cutting or removal of corns and calluses;
- The trimming, cutting, clipping, or debriding of nails; and
- Other hygienic and preventive maintenance care, such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of either ambulatory or bedfast patients, and any other service performed in the absence of localized illness, injury, or symptoms involving the foot.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

CarePartners of Connecticut covers medically necessary podiatry services including:

- Nonroutine medically necessary foot care
- Routine foot care for members with a diagnosis of diabetes or other systemic conditions affecting the lower limbs (e.g., metabolic, neurologic or peripheral vascular disease). Routine foot care services for members **without** diabetes or other systemic conditions are **not covered**.

Therapeutic/Molded Shoes and Shoe Inserts

For members with severe diabetic foot disease, therapeutic/molded shoes and shoe inserts are covered when the need for therapeutic shoes and inserts has been prescribed by the member's treating doctor. Shoes or inserts must be prescribed by a podiatrist and furnished by a podiatrist, orthotist, prosthetist, or pedorthist. Refer to the [Orthotic and Prosthetic Professional Payment Policy](#) for additional information.

Referral/Prior Authorization/Notification Requirements

No referrals, prior authorizations or inpatient notifications are required for in-network podiatry services. Referrals are required for out-of-network services rendered for HMO members.

¹ CarePartners of Connecticut follows the [Medicare](#) definition for routine foot care services.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Foot Care

CarePartners of Connecticut adheres to diagnoses that support medical necessity for foot care reflected in CMS Local Coverage Determination (LCD) policies.

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

Nail Care and Other Foot Care Services

CarePartners of Connecticut does not routinely compensate 11055-11057, 11719-11721, or G0127 when billed with a diagnosis of thickened or mycotic nails and without a qualifying complication diagnosis or a systemic condition resulting in circulatory or neurologic impairment.

Scope of Services Billed by Certain Specialties

CarePartners of Connecticut does not routinely compensate any procedure billed by a podiatrist that is outside the scope of podiatry practice.

Additional Resources

- [Maximum Units Payment Policy](#)
- [Orthotic and Prosthetic Professional Payment Policy](#)

Document History

- November 2023: Annual policy review; administrative updates
- August 2022: Annual policy review; no changes
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- November 2020: Reviewed by committee; added existing edit for scope of services billed by certain specialties
- January 2019: Policy created

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.