



December 18, 2017

Web Announcement 1482

Attention Provider Type 21 (Podiatry): Expansion of Podiatry Services

During the 2017 Legislative Session, the Division of Health Care Financing and Policy (DHCFP) received approval to expand coverage for podiatry services to include coverage for all Medicaid eligible individuals.

A Public Hearing will be held December 21, 2017, to solicit public comments for the expansion of these services. After the Public Hearing, the proposed changes will be submitted to the Centers for Medicare & Medicaid Services (CMS) for review and approval.

The effective date for the expanded services is January 1, 2018; however, until CMS provides approval for the changes, claims will deny. The review/approval process takes approximately 90 days from time of submission of the proposed changes.

Please do not wait for notification of approval by CMS to submit claims for the expanded services. If you wait to submit your claims until approval notification is submitted, the claims could deny due to timely filing restrictions and may not be reprocessed for reimbursement. From January 1, 2018, forward, claims submitted for the expanded population will deny with edit codes 0148 (Rendering provider is not certified to perform procedure), 0210 (No pricing segment is on file) and/or 0309 (Services not covered). Once CMS approval is received, the denied claims will be automatically reprocessed for reimbursement. Providers do not need to resubmit or appeal the denied claims.

Future web announcements will provide updates regarding these changes and will notify providers when the denied claims will be reprocessed.