



## IPA Participating Podiatry Reimbursement Methodology

CMO reimburses its IPA participating podiatrists for non-routine foot care services at a maximum per visit fee of \$60 for all lines of business; Commercial and Medicaid.

Specific procedure codes (mostly surgical procedures and orthopedic supplies) will be excluded from the maximum per visit fee methodology and will be paid on a fee for service basis.

IPA participating podiatrists are linked to the following contracts:

- **H\_SPC\_COM**
- **H\_SPC\_MCD**
- **H\_SPC\_MCR**

Claims reporting podiatry services will pay the appropriate fee schedule amount, minus any co-pay amount(s), **up to a maximum per visit fee of \$60.00** when the service is part of the contract term **POD\_SVC**.

- All lines billed after the maximum per visit fee of \$60 has been paid will be \$0 paid

**Note:** If the allowed amount for all billed lines per day is *less than* the maximum per visit fee of \$60, the fee schedule amounts will be paid.

- Services that are carved out of the maximum per visit payment methodology will hit the **POD\_FFS** contract term and pay at the fee-for-service level based on the line of business; Commercial or Medicaid.
- See the list of services carved out of the maximum per visit fee methodology on the following page.

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Services Carved out of the \$60 maximum per visit payment methodology will be paid separately at the fee for service level.

Procedure(s)	Description
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
11426	Exc., Benign Lesion Scalp, Neck, Hand and Face, over 4.0 cm
11626	Exc., Malignant Lesion Scalp, Neck, Hand and Face, over 4.0 cm
14040	Adjacent Transfer Chin/Axillae/Foot, 10 sq. cm
14041	Adjacent Transfer Chin/Axillae/Foot, 10.1 – 30.0 sq. cm
15004, 15005	Surg. Preparation Recipient site, 1 <sup>st</sup> 100 sq cm; each additional – eff. 1/1/08
20525	Removal Foreign Body Muscle/Tendon, deep, complicated
20670	Removal Implant, superficial (separate procedure)
20680	Removal Implant, deep
27685 -27686	Lengthening or shortening of tendon, leg or ankle; single (separate procedure) or multiple tendons (through same incision), each
28001 – 28899	Foot and Toe Surgical Procedures
29891 – 29999	Endoscopy and Arthroscopy
64640	Destruction, other peripheral nerve
64722	Decompression, unspecified nerve (specify)
64776	Excision Neuroma, digit nerve 1/Both same
73720	MRI, Lower Extremity other than joint
73725	MRI, Angiography, Lower Extremity w/wo Contrast
A5500 – A5514	Diabetic Shoes and Multiple Density inserts
L1900 – L1990	Ankle- Foot Orthotic
L2106 – L2116	Ankle-Foot Orthotic, fracture orthotic, tibial fracture orthotic
L2232, L2275	Addition to lower extremity orthotic, ankle
L2340	Addition to lower extremity, pretibial shell
L2820 – L2999	Addition to lower extremity orthotic
L3000 – L3649	Orthopedic Shoes
L4205 – L4360, L4386 – L4398	Repair/replace orthotic device or soft interface material; Ankle control orthotic; Walking boot; ankle-foot orthotic; foot drop splint
L5000	Prosthetic, Partial foot, shoe insert with longitudinal arch, toe filler
L5010	Prosthetic, Partial foot, molded socket, ankle height, with toe filler
L5020	Prosthetic, Partial foot, molded socket, tibial tubercle height, with toe filler

The exclusion of any other procedures from the “per visit” pricing methodology will be on an exception basis only and at the discretion of management.

