

5101:3-7-03

**Covered podiatric services and associated limitations.****(A) Visit limitations.**

(1) Visits are covered in accordance with rule 5101:3-3-19 and paragraphs (A) to (F), (H) to (J) and (M) of rule 5101:3-4-06 of the Administrative Code.

(2) In addition, the following limitations apply:

(a) Reimbursable evaluation and management services shall be limited to the following current procedural terminology (CPT) codes:

99201 to 99203

99211 to 99213

99221 to 99222

99231 to 99232

99238

99241 to 99243

99251 to 99253

~~99261 to 99262~~

~~99271 to 99273~~

~~99301 to 99333~~

99304 to 99328

99341 to 99342

99347 to 99348

(b) Emergency or critical care services shall be considered on a by-report basis.

(c) Reimbursement by the department is limited to one long term care facility (LTCF) visit per month.

**(B) Therapeutic injections and prescribed drugs are covered in accordance with rule**

5101:3-4-13 of the Administrative Code. In addition, vitamin B-12 injections for strengthening tendons, ligaments, or other components of the foot are not covered.

(C) Surgeries.

(1) Surgeries are covered in accordance with rules 5101:3-4-09, 5101:3-4-22 and 5101:3-4-23 of the Administrative Code.

(2) In addition, the following limitation applies: reimbursement for debridement of nails is limited to a maximum of one treatment within a sixty-day period.

(D) Laboratory services are covered in accordance with Chapters 5101:3-4 and 5101:3-11 of the Administrative Code.

(E) Radiology services.

(1) Radiology services are covered in accordance with Chapters 5101:3-4 and 5101:3-11 of the Administrative Code.

(2) In addition, the following radiology services are not covered as podiatric services:

(a) Bilateral x-rays when only a unilateral condition or surgery is reported, unless documented as medically indicated;

(b) X-rays in excess of two views unless the necessity is fully documented;

(c) X-rays for soft tissues;

(d) Postoperative x-rays unless there is bone involvement necessitating the surgical procedure; and

(e) The use of x-rays or radium for therapeutic purposes.

(F) Physical medicine services.

(1) Physical medicine services are covered in accordance with Chapter 5101:3-8 of the Administrative Code.

(2) In addition, the following limitations apply:

- (a) Reimbursement for physical medicine services provided within the scope of practice of podiatric medicine as specified in the Revised Code is limited to acute conditions only. For those recipients in which the disease has reached a chronic stage, reimbursement will be made only for the periods of acute exacerbation of the disease.
- (b) Range of motion studies may not be billed separately from an examination of the foot, unless substantiated by a complete report.

(G) Medical supplies and durable medical equipment (DME).

- (1) A podiatrist may not be separately reimbursed for medical supplies and equipment (e.g., tape, dressing, or surgical trays) utilized in podiatrist's office, clinic, or patient's home during a podiatric visit.
- (2) A podiatrist may be reimbursed for medical supplies and medical equipment dispensed in the podiatrist's office, clinic or patient's home for use in the patient's home, if the podiatrist has a "supplies and medical equipment" category of service (32).
- (3) The scope and extent of coverage for medical supplies and durable medical equipment, including orthopedic shoes and foot orthoses, are covered in Chapters 5101:3-4 and 5101:3-10 of the Administrative Code.

Effective: 03/29/2007

R.C. 119.032 review dates: 01/01/2007

CERTIFIED ELECTRONICALLY

---

Certification

03/19/2007

---

Date

Promulgated Under: 119.03  
Statutory Authority: 5111.02  
Rule Amplifies: 5111.01, 5111.02, 5111.021  
Prior Effective Dates: 4/7/77, 12/21/77, 12/30/77, 5/9/86, 5/19/86, 9/1/89,  
2/1/90, 4/1/92 (Emer), 7/1/92, 1/1/01, 8/15/05,  
12/29/06 (Emer)