Prescription Drug – any drug for which a prescription is required by applicable federal or state law or regulation, other than MassHealth regulations. These drugs are sometimes referred to as legend drugs.

Split-Size Charge – an additional charge for dispensing an off-the-shelf, medical-grade pair of orthopedic shoes, where one shoe in the pair is a different size or width than the other shoe in the pair

Unit-Dose Distribution System – a means of packaging or distributing drugs, or both, devised by the manufacturer, packager, wholesaler, or retail pharmacist. A unit dose contains an exact dosage of medication and may also indicate the total daily dosage or the times when the medication should be taken.

424.403: Eligible Members

(A) (1) MassHealth Members. The MassHealth agency covers podiatry services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in MassHealth regulations. 130 CMR 450.105 specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.

(2) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106.

(B) Member Eligibility and Coverage Type. For information on verifying member eligibility and coverage type, see 130 CMR 450.107.

424.404: Provider Eligibility

Payment for services described in 130 CMR 424.000 is made only to providers who are participating in MassHealth on the date the service was provided or who are otherwise eligible for such payment pursuant to 130 CMR 450.000 and who meet the following requirements.

(A) In State. A podiatrist practicing in Massachusetts must be licensed by the Massachusetts Board of Registration in Podiatry.

(B) Out of State. An out-of-state podiatrist must be licensed by that state's board of registration for podiatrists. The MassHealth agency pays an out-of-state podiatrist only when services are provided to an eligible Massachusetts member under the following circumstances:

(1) the podiatrist practices outside the border of Massachusetts and provides emergency services to a member;

(2) the podiatrist practices in a community of Connecticut, Maine, New Hampshire, New York, Rhode Island, or Vermont that is within 50 miles of the Massachusetts border and provides services to a member who resides in a Massachusetts community near the border of that state; or

(3) the podiatrist provides services to a member who is authorized to reside out of state by the Massachusetts Department of Social Services.

424.405: ~~Service Limitations and~~ Noncovered Services

~~(A) Services Limited to Life and Safety. The MassHealth agency pays only for podiatry services that are certified to be necessary for the life and safety of the member. The MassHealth agency pays for podiatry services as long as the podiatrist has a written certification on letterhead from the member's primary care physician that attests that such services are medically necessary for the life and safety of the member and that contains a substantiating medical explanation.~~

~~(B) Noncovered Services.~~ The MassHealth agency does not pay for the following:

(1) hygienic foot care as a separate procedure, except when the member's medical record documents that the member cannot perform the care or risks harming himself or herself by performing it. The preceding sentence notwithstanding, payment for hygienic foot care performed on a resident of a nursing facility is included in the nursing facility's per diem rate and is not reimbursable in any case as a separate procedure;

(2) canceled or missed appointments;

(3) services provided by a podiatrist whose contractual arrangements with a state institution, acute, chronic, or rehabilitation hospital, medical school, or other medical institution involve a salary, compensation in kind, teaching, research, or payment from any other sources, if such payment would result in dual compensation for professional, supervisory, or administrative services related to member care;

(4) telephone consultations;

(5) in-service education;

(6) research or experimental treatment;

(7) cosmetic services or devices;

(8) sneakers or athletic shoes;

(9) an additional charge for nonstandard size (width or length) in custom-molded shoes; or

(10) shoes when there is no diagnosis of associated foot deformities.

424.406: Maximum Allowable Fees

The Massachusetts Division of Health Care Finance and Policy (DHCFP) determines the maximum allowable fees for podiatry services. Payment is always subject to the conditions, exclusions, and limitations set forth in 130 CMR 424.000, 442.000, and 450.000. Payment for a service is the lowest of the following:

(A) the provider's usual and customary fee;

(B) the provider's actual charge; or

(C) the maximum allowable fee listed in the applicable DHCFP fee schedule.

424.407: Individual Consideration

(A) Some services listed in Subchapter 6 of the *Podiatrist Manual* are designated "I.C.," an abbreviation for individual consideration. Individual consideration means that a fee could not be established. Payment for an individual-consideration service is determined by the Division's professional advisors based on the podiatrist's descriptive report of the service furnished.

(B) To receive payment for an individual-consideration service, the podiatrist must submit with the claim a report that contains the diagnosis, a description of the condition of the foot, and the length of time spent with the member.

(C) Determination of the appropriate payment for an individual consideration service is in accordance with the following criteria:

(1) the amount of time required to perform the service;
(2) the degree of skill required to perform the service;
(3) the severity and complexity of the member's disease, disorder, or disability;
(4) the policies, procedures, and practices of other third-party insurers, both governmental and private;
(5) prevailing professional ethics and accepted customs of the podiatric community; and
(6) such other standards and criteria as may be adopted from time to time by DHCFP or the Division.

(D) For shoes and corrective devices see 130 CMR 442.421 and 442.422

424.408: Referral

When, during an examination or as a result of laboratory tests, a podiatrist discovers a debilitating or systemic disease (such as diabetes mellitus or ischemia caused by circulatory deficiency), the podiatrist must inform the member that a physician evaluation is necessary and must document this referral in the member's medical record.

424.409: Recordkeeping (Medical Records) Requirements

Payment for any service listed in 130 CMR 424.000 is conditioned upon its full and complete documentation in the member's medical record.

(A) The medical record must contain sufficient data to fully document the nature, extent, and necessity of the care furnished to a member for each date of service claimed for payment, as well as any data that will update the member's medical course. The data maintained in the medical record must also be sufficient to justify any further diagnostic procedures, treatments, and recommendations for return visits or referrals.

(B) Although basic data collected during previous visits (for example, identifying data, chief complaint, or history) need not be repeated in the member's medical record for subsequent visits, the medical records of each service provided by a podiatrist at any location must include, but not be limited to, the following:

(1) the member's name and date of birth;
(2) the date of each service;
(3) the reason for the visit;
(4) the name and title of the person performing the service;
(5) the member's medical history;
(6) the diagnosis or chief complaint;
(7) a clear indication of all findings, whether positive or negative, on examination;
(8) any medications administered or prescribed, including strength, dosage, route, regimen, and duration of use;
(9) a description of any treatment given;
(10) recommendations for additional treatments or consultations, when applicable;
(11) any medical goods or supplies dispensed or prescribed;
(12) any tests administered and their results;
(13) documentation of a treatment plan if subsequent visits are expected;
(14) documentation, when applicable, that the member was informed of the necessity of a physician evaluation; and
(15) ~~Life and Safety Certification (see 130 CMR 424.405); and~~
~~(16)~~ MassHealth Shoe Medical Necessity Form (if applicable).

424.410: Report Requirements

(A) General Report. A general written report or a discharge summary must accompany the podiatrist's claim for payment when the service is designated "I.C." in Subchapter 6 of the *Podiatrist Manual* or when a service code for an unlisted procedure is used. This report must be sufficiently detailed to enable professional advisors to assess the extent and nature of the services.

(B) Operative Report. For surgery procedures designated "I.C." in Subchapter 6 of the *Podiatrist Manual*, operative notes must accompany the podiatrist's claim. An operative report must state the operation performed, the name of the member, the date of the operation, the preoperative diagnosis, the postoperative diagnosis, the names of the podiatrist and his or her assistants, and the technical procedures performed.

424.421: Pharmacy Services: Prior Authorization

(A) Prescribers must obtain prior authorization from the MassHealth agency for drugs identified by the MassHealth agency in accordance with 130 CMR 450.303. If the limitations on covered drugs specified in 130 CMR 424.418 and 424.419(A) and (C) would result in inadequate treatment for a diagnosed medical condition, the prescriber may submit a written request, including written documentation of medical necessity, to the MassHealth agency for prior authorization for an otherwise noncovered drug.

(B) All prior-authorization requests must be submitted in accordance with the instructions for requesting prior authorization in Subchapter 5 of the *Podiatrist Manual*. If the MassHealth agency approves the request, it will notify both the podiatrist and the member.

(C) The MassHealth agency will authorize at least a 72-hour emergency supply of a prescription drug to the extent required by federal law. (See 42 U.S.C. 1396r-8(d)(5).) The MassHealth agency acts on requests for prior authorization for a prescribed drug within a time period consistent with federal regulations.

(D) Prior authorization does not waive any other prerequisites to payment such as, but not limited to, member eligibility or requirements of other health insurers.

(E) The MassHealth Drug List specifies the drugs that are payable under MassHealth. Any drug that does not appear on the MassHealth Drug List requires prior authorization, as set forth in 130 CMR 424.417 through 424.421. The MassHealth agency will evaluate the prior-authorization status of drugs on an ongoing basis, and update the MassHealth Drug List.

424.422: Pharmacy Services: Member Copayments

The MassHealth agency requires under certain conditions that members make a copayment to the dispensing pharmacy for each original prescription and for each refill for all drugs (whether legend or nonlegend) covered by MassHealth. The copayment requirements are detailed in 130 CMR 450.130.

424.423: Drugs Dispensed in Provider's Office

Drugs dispensed in the office are payable at the podiatrist's actual acquisition cost if this cost is more than $1.00. Claims for dispensing drugs must include the name of the drug or biological, the strength, and the dosage. A copy of the invoice showing the actual acquisition cost must be attached to the claim form, and must include the National Drug Code (NDC). Claims without this information will be denied.

424.424: Shoes and Corrective Devices

(A) The MassHealth agency pays for only those shoes listed in Subchapter 6 of the *Podiatrist Manual*.

(B) For shoes, providers must submit with their claim a copy of the completed MassHealth Shoe Medical Necessity Form. ~~and a copy of the Life and Safety Certification from the primary care physician. (See 130 CMR 424.405.)~~

(C) The MassHealth agency does not pay for casting materials used in the molding of orthotic shoes or corrective devices. The cost of these materials is included in the fee for prescribing and providing the shoe or corrective device.

424.425: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

The MassHealth agency pays for all medically necessary podiatry services for EPSDT-eligible members in accordance with 130 CMR 450.140 et seq., without regard to service limitations described in 130 CMR 424.000, and with prior authorization.

REGULATORY AUTHORITY

130 CMR 424.000: M.G.L. c. 118E, §§7 and 12.