**Section 140.425 Podiatry Services**

a) Payment for podiatry services shall be made only to licensed podiatrists.

b) Effective July 1, 2012 through September 30, 2014, payment shall be made for those podiatric services provided to recipients under the age of 21 or recipients age 21 and over who have been diagnosed with diabetes as defined in the International Classification of Diseases, 9th Revision.

c) Payment shall be made for the following:

1) Effective July 1, 2012 through September 30, 2014, payment shall be made for those podiatric services that are:

A) Limited to recipients under the age of 21 or recipients age 21 and over who have been diagnosed with diabetes as defined in the International Classification of Diseases.

B) Essential for the diagnosis and treatment of conditions of the feet and ankles.

C) Listed in the Current Procedural Terminology (CPT) fourth edition published by the American Medical Association or Healthcare Common Procedure Coding System (HCPCS) Level II, for podiatric office visits, diagnostic radiology, pathology, or orthomechanical procedures included in the Department's schedule of podiatric services as itemized in Table F.

D) Performed by the podiatrist or under the direct supervision of the podiatrist.

E) Routine foot care services (trimming of nails, treatment of calluses, corns, and similar services) when a participant is under active treatment for diabetes mellitus.

2) Effective October 1, 2014, payment shall be made for those podiatric services that are:

A) Essential for the diagnosis and treatment of conditions of the feet and ankles.

B) Listed in the CPT or HCPCS Level II for podiatric office visits, diagnostic radiology, pathology, or orthomechanical procedures included in the Department's schedule of podiatric services as itemized in Table F.

C) Performed by the podiatrist or under the direct supervision of the podiatrist.

D) Routine foot care services (trimming of nails, treatment of calluses, corns, and similar services) when a participant is under active treatment for diabetes mellitus or has a systemic condition that has resulted in severe circulatory impairment or an area of desensitization in the legs or feet and routine type foot care is required.

d) Payment shall not be made for the following services:

1) Making a referral, obtaining a specimen, handling a specimen for analysis, or ordering a laboratory test;

2) Visits and services provided to recipients eligible for Medicare benefits if the services are determined not medically necessary by Medicare;

3) Services provided to recipients in group care facilities by a podiatrist who derives direct or indirect profit from total or partial ownership of the facility;

4) Routine foot care, except as described in subsections (c)(1)(E) and (c)(2)(D);

5) Screening for foot problems;

6) Provider transportation costs;

7) X-rays, and laboratory procedures performed at a location other than the podiatrist's own office;

8) X-rays, laboratory work or similar services not specifically required by the condition for which the recipient is being treated;

9) Routine post-operative visits.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)