Title of Rule:	Revision to the Medical Assistance Health Program Benefits and Operations Physician Services Rule Concerning Benefit Coverage Standards Amount, Scope and Duration of Podiatry Services, Section 8.200.3.D.1
Rule Number:	MSB 14-07-28-A
Division / Contact / Phone:	HPSS / Frank Herbst / x3307

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The Department is updating this rule to include content from the Podiatry Benefit Coverage Standard. Specifically, the rule will define the amount, scope and duration of the benefit.

2. An emergency rule-making is imperatively necessary

☐ to comply with state or federal law or federal regulation and/or

☐ for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

§1905(a) of the Social Security Act;

4. State Authority for the Rule:

§25.5-1-301 through 25.5-1-303, C.R.S. (2014)
§25.5-5-202 (1)(o), C.R.S. (2014);

Initial Review	**12/12/2014**	Final Adoption	**01/09/2015**
Proposed Effective Date	**03/02/2015**	Emergency Adoption	

DOCUMENT #03

Title of Rule:	Revision to the Medical Assistance Health Program Benefits and Operations Physician Services Rule Concerning Benefit Coverage Standards Amount, Scope and Duration of Podiatry Services, Section 8.200.3.D.1
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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

   This rule will impact the Providers of podiatry services and Medicaid Clients.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

   Clearly defined and updated rules will improve client access to appropriate, high quality, cost-effective and evidence-based services while improving the health outcomes of Medicaid clients. Established criteria within the rule will provide guidance to clients and providers regarding benefit coverage. For example, in the case of Podiatry, this rule will help ensure providers are knowledgeable of Medicaid coverage through the transparency of guidance available in the rule changes. Medicaid covered residents will also be better served with clear transparent description of the podiatry benefit.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

   This rule does not have any costs to the Department or any other agency as a result of its implementation and enforcement.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

   Clearly defined and updated rules increase client access to appropriate services and allow the Department to administer benefits in compliance with federal and state regulations, as well as clinical best practices and quality standards. Defining this benefit in rule will educate clients about their benefits and provide better guidance to service providers. The cost of inaction could result in decreased access to services, poor quality of care, and/or lack of compliance with state and federal guidance.

   All of the above translates into appropriate cost-effective care administered by the state.

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In FY 12-13 benefit utilization and associated costs were as follows:

1. 16,631 people accessed this benefit.
2. Total expenditures were $2,217,228; and
3. Per capita expenditure averaged $133.32

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

   There are no less costly methods or less intrusive methods for achieving the purpose of this rule. The department must appropriately define amount, scope and duration of this benefit in order to responsibly manage it.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

   N/A. The Department also documents its benefit coverage policies in written coverage standards. The benefit coverage policies must be written into rule to have the force of rule.

~~8.200.3.D Physician Services Benefit Coverage Standards~~

~~1. Podiatry Services Benefit Coverage Standard~~

~~All eligible providers of podiatry services enrolled in the Colorado Medicaid program shall be in compliance with the Colorado Medicaid Podiatry Services Benefit Coverage Standard (approved May 1, 2012), which is hereby incorporated by reference. The incorporation of the Podiatry Services Benefit Coverage Standard excludes later amendments to, or editions of, the referenced material.~~

~~The Benefit Coverage Standard is available from Colorado Medicaid's Benefits Collaborative Web site at Colorado.gov/hcpf. Click "Boards & Committees," and click "Benefits Collaborative," and click "Approved Benefit Coverage Standards." Pursuant to § 24-4-103 (12.5), C.R.S., the Department maintains copies of this incorporated text in its entirety, available for public inspection during regular business hours at: Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver, CO 80203. Certified copies of incorporated materials are provided at cost upon request~~

8.810 PODIATRY SERVICES

8.810.1 Definitions

Foot hygiene means the cleaning and soaking of the feet to maintain a clean condition.

Mid-calf means 50% of the total distance between the talus and tibial plateau.

Podiatry includes the suggesting, recommending, prescribing, or administering of any podiatric form of treatment, operation, or healing for the intended palliation, relief, or cure of any disease, ailment, injury, condition, or defect of the human toe, foot, ankle, tendons that insert into the foot, and soft tissue wounds below the mid-calf, including complications thereof consistent with such scope of practice. It may include partial amputation of the foot, but it does not involve the complete amputation, or disarticulation between the talus and the tibia, or the administration of an anesthetic, other than a local anesthetic.

Routine Foot Care means the cutting or removal of corns and calluses; trimming, cutting, or debriding of nails; and other hygienic care due to a physical or clinical finding that is consistent with a metabolic, neurological, or peripheral vascular disease diagnosis and indicative of significant peripheral involvement.

Soft tissue wound means a lesion to the musculoskeletal junction that includes dermal and sub-dermal tissue that does not involve bone removal or repair or muscle transfer.

8.810.2 CLIENT ELIGIBILITY

8.810.2.A. All Colorado Medicaid-enrolled Clients are eligible for Podiatry services.

8.810.3 PROVIDER ELIGIBILITY

8.810.3.A. All Colorado Providers enrolled in Medicaid are eligible to perform Podiatry services when it is within the scope of the Provider's practice.

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8.810.4 COVERED SERVICES

8.810.4.A. Colorado Medicaid covers the examination, diagnosis, and treatment of the foot and ankle up to the mid-calf when medically necessary as described in 10 CCR 2505-10 § 8.076.1.8.

8.810.4.B. Providers may provide avulsions involving the removal of the entire nail or a portion thereof without destruction of the nail matrix. Documentation substantiating services received more frequently than once every four months shall be detailed in the Client's medical record.

8.810.4.C. LIMITATIONS

1. Routine Foot Care services are covered only when:

   a. The Client or caregiver is not capable of performing routine foot care without risk of injury; and

   b. The procedure does not duplicate another Provider's procedure during a 60 day period, which starts from the date of service of the first procedure; and

   c. One of the following:

      i) The services are an integral part of otherwise covered services; or,

      ii) Documentation illustrates the presence of metabolic, neurological, or peripheral vascular disease or provides evidence of specific active complications resulting from prior insults due to systemic conditions; or,

      iii) There is evidence of pathologic nail infection that, in the absence of a systemic condition, results in intolerable pain or secondary infection.

2. Coverage for the debridement and reduction of nails, corns, and calluses is limited to once every 60 days. A Provider may provide both debridement and reduction of nails at the same visit. Once a Client has received either a debridement or reduction of nails or both, neither service is available for 60 days after the treatment.

3. When a Client requires excision procedures to be performed more than once, the medical record shall reflect the reason for persistent or recurrent infections and a plan for future preventative measures being taken.

4. Services that occur in a long term care (LTC) facility shall only be covered when:

   a. The Client residing in the LTC facility, an RN, or LPN employed by the facility, the Client's family, guardian, or attending physician requests the Service;

   b. The LTC facility arranges for the podiatric services; and,

   c. The request and arrangement is documented in the medical record.

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5. Excision of nail and matrix for permanent removal shall only be covered once per toe.

6. For established Clients, an evaluation and management visit service shall not be covered if the evaluation and management visit occurs on the same day as a debridement or reduction of nails, corns, and calluses, unless there is another separately identifiable service or procedure documented in the medical record.

8.810.5 NON-COVERED SERVICES

8.810.5.A. The following Podiatry services are not covered by Colorado Medicaid:

1. Surgical assistant services (differing from assisting surgeons).

2. Local anesthetics that are billed as a separate procedure.

3. Operating room facility charges for in-office procedures.

4. Treatment of subluxation of the foot.

5. Treatment of flat feet.

6. Routine supplies provided in the office.

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