

CERTIFICATE

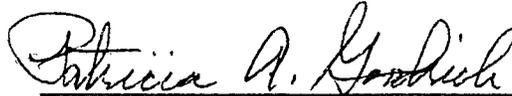
STATE OF WISCONSIN)
)SS
DEPARTMENT OF HEALTH AND SOCIAL SERVICES)

I, Patricia A. Goodrich, Secretary of the Department of Health and Social Services and custodian of the official records of the Department, do hereby certify that the annexed rules relating to coverage of podiatry services under the Medical Assistance program were duly approved and adopted by this Department on December 11, 1990.

I further certify that this copy has been compared by me with the original on file in the Department and that this copy is a true copy of the original, and of the whole of the original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department at the State Office Building, 1 W. Wilson Street, in the city of Madison, this 11th day of December, 1990.

SEAL:



Patricia A. Goodrich, Secretary
Department of Health and Social Services

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ORDER OF
THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CREATING RULES

To create HSS 105.265 and 107.14, relating to establishment of podiatry services as a covered benefit under the Medical Assistance (MA) Program.

Analysis Prepared by the Department of Health and Social Services

These rules implement the legislative mandate contained in s. 49.46(2)(b)11, Stats., as created by 1989 Wisconsin Act 333, to make podiatry services a covered benefit under the Medical Assistance (MA) Program, effective July 1, 1990. Until 1982, this benefit was available to MA-eligible persons, but was eliminated at that time.

Podiatry services include those medically necessary services for the diagnosis and treatment of diseases and conditions of the feet. Elderly recipients, both at home and in skilled or intermediate care facilities have urgent need for this care in order to remain as mobile and independent as possible. For this population, podiatric treatment is necessary to enhance the person's ability to perform activities of daily living.

The Department's authority to create these rules is found in s. 49.45(10), Stats. The rules interpret s. 49.46(2)(b)11, Stats., as created by 1989 Wisconsin Act 333, as follows:

SECTION 1. HSS 105.265 is created to read:

HSS 105.265 CERTIFICATION OF PODIATRISTS. For MA certification, podiatrists shall be licensed under ss. 448.02(1) and 448.04(1)(d), Stats., and ch. Med 6 and registered under s. 448.07, Stats., and ch. Med 14.

SECTION 2. HSS 107.14 is created to read:

HSS 107.14 PODIATRY SERVICES. (1) COVERED SERVICES. (a) Podiatry services covered by medical assistance are those medically necessary services for the diagnosis and treatment of the feet and ankles, within the limitations described in this section, when provided by a certified podiatrist.

(b) The following categories of services are covered services when performed by a podiatrist:

1. Office visits;
2. Home visits;
3. Nursing home visits;
4. Physical medicine;
5. Surgery;
6. Mycotic conditions and nails;
7. Laboratory;
8. Radiology;
9. Plaster or other cast material used in cast procedures and strapping or tape casting for treating fractures, dislocations, sprains and open wounds of the ankle, foot and toes;
10. Unna boots; and
11. Drugs and injections.

(2) OTHER LIMITATIONS. (a) Podiatric services pertaining to the cleaning, trimming, and cutting of toenails, often referred to as palliative or maintenance care, shall be reimbursed once per 61 day period only if the recipient is under the active care of a physician and the recipient's condition is one of the following:

1. Diabetes mellitus;
2. Arteriosclerosis obliterans evidenced by claudication;
3. Peripheral neuropathies involving the feet, which are associated with:
 - a. Malnutrition or vitamin deficiency;
 - b. Diabetes mellitus;
 - c. Drugs and toxins;
 - d. Multiple sclerosis; or
 - e. Uremia;
4. Cerebral palsy;

5. Multiple sclerosis;
6. Spinal cord injuries;
7. Blindness;
8. Parkinson's disease;
9. Cerebrovascular accident; or
10. Scleroderma.

(b) The cutting, cleaning, and trimming of toenails, corns, callouses, and bunions on multiple digits shall be reimbursed at one fee for each service which includes either one or both feet.

(c) Initial diagnostic services are covered when performed in connection with a specific symptom or complaint if it seems likely that treatment would be covered even though the resulting diagnosis may be one requiring non-covered care.

(d) Physical medicine modalities may include, but are not limited to, hydrotherapy, ultrasound, iontophoresis, transcutaneous neurostimulator (TENS) prescription, and electronic bone stimulation. Physical medicine is limited to 10 modality services per calendar year for the following diagnoses only:

1. Osteoarthritis;
2. Tendonitis;
3. Enthesopathy;
4. Sympathetic reflex dystrophy;
5. Subclacaneal bursitis; and
6. Plantar fascitis, as follows:
 - a. Synovitis;
 - b. Capsulitis;
 - c. Bursitis; or

d. Edema.

(e) Services provided during a nursing home visit to cut, clean, or trim toenails, corns, callouses or bunions of more than one resident shall be reimbursed at the nursing home single visit rate for only one of the residents seen on that day of service. All other claims for residents seen at the nursing home on the same day of service shall be reimbursed up to the multiple nursing home visit rate. The podiatrist shall identify on the claim form the single resident for whom the nursing home single visit rate is applicable, and the residents for whom the multiple nursing home visit rate is applicable.

(f) Debridement of mycotic conditions and mycotic nails is a covered service provided that utilization guidelines established by the department are followed.

(3) NON-COVERED SERVICES. The following are not covered services:

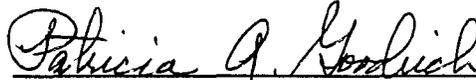
- (a) Procedures which do not relate to the diagnosis or treatment of the ankle or foot;
- (b) Palliative or maintenance care, except under sub. (2);
- (c) All orthopedic and orthotic services except plaster and other material cast procedures and strapping or tape casting for treating fractures, dislocations, sprains or open wounds of the ankle, foot or toes;
- (d) Orthopedic shoes and supportive devices such as arch supports, shoe inlays and pads;
- (e) Physical medicine exceeding the limits specified under sub. (2)(d);
- (f) Repairs made to orthopedic and orthotic appliances;
- (g) Dispensing and repairing corrective shoes;
- (h) Services directed toward the care and correction of "flat feet;"
- (i) Treatment of subluxation of the foot; and
- (j) All other services not specifically identified as covered in this section.

The rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register as provided in s. 227.22(2), Stats.

WISCONSIN DEPARTMENT OF HEALTH
AND SOCIAL SERVICES

Dated: December 11, 1990

By:


Patricia A. Goodrich, Secretary

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State of Wisconsin \

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
1 West Wilson Street, Madison, Wisconsin 53702

Tommy G. Thompson
Governor

Patricia A. Goodrich
Secretary

Mailing Address:
Post Office Box 7850
Madison, WI 53707

December 11, 1990

Mr. Bruce Munson
Revisor of Statutes
119 Martin Luther King, Jr., Blvd.
Madison, WI 53703

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Dear Mr. Munson:

As provided in s. 227.20, Stats., there is hereby submitted a certified copy of HSS 105.265 and 107.14, administrative rules relating to coverage of podiatry services under the Medical Assistance program.

These rules are also being submitted to the Secretary of State as provided in s. 227.20, Stats.

Sincerely,

Patricia A. Goodrich
Secretary