

To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP.

Table of Contents

1.0 Description of the Procedure, Product, or Service..... 1

2.0 Eligibility Requirements 1

 2.1 Provisions..... 1

 2.1.1 General..... 1

 2.1.2 Specific 1

 2.2 Special Provisions..... 1

 2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age 1

3.0 When the Procedure, Product, or Service Is Covered.....2

 3.1 General Criteria Covered2

 3.2 Specific Criteria Covered.....3

 3.2.1 Specific criteria covered by Medicaid3

 3.2.2 Medicaid Additional Criteria Covered.....3

4.0 When the Procedure, Product, or Service Is Not Covered..... 3

 4.1 General Criteria Not Covered3

 4.2 Specific Criteria Not Covered.....3

 4.2.1 Specific criteria covered by Medicaid3

 4.2.2 Medicaid Additional Criteria Not Covered.....3

5.0 Requirements for and Limitations on Coverage 3

 5.1 Prior Approval3

 5.2 Prior Approval Requirements4

 5.2.1 General.....4

 5.2.2 Specific4

 5.3 Additional Limitations or Requirements4

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service4

 6.1 Provider Qualifications and Occupational Licensing Entity Regulations.....4

 6.2 Provider Certifications4

7.0 Additional Requirements4

 7.1 Compliance4

8.0 Policy Implementation/Revision Information..... 5

Attachment A: Claims-Related Information 7

 A. Claim Type 7

 B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS) 7

 C. Code(s)..... 18

 D. Modifiers..... 19

 E. Billing Units..... 19

F.	Place of Service	19
G.	Co-payments	19
H.	Reimbursement	19

Related Clinical Coverage Policies

Refer to <https://medicaid.ncdhhs.gov/> for the related coverage policies listed below:
1C-2, Medically Necessary Routine Foot Care

1.0 Description of the Procedure, Product, or Service

Podiatry, as defined by NCGS 90-202.2, “is the surgical, medical, or mechanical treatment of all ailments of the human foot and ankle, and their related soft tissue structure to the level of the myotendinous junction. Excluded from the definition of podiatry is the amputation of the entire foot, the administration of an anesthetic other than a local, and the surgical correction of clubfoot of an infant two years of age or less.”

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(The term “General” found throughout this policy applies to all Medicaid)

- a. An eligible beneficiary shall be enrolled in the NC Medicaid Program *(Medicaid is NC Medicaid program, unless context clearly indicates otherwise)*.
- b. Provider(s) shall verify each Medicaid beneficiary’s eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.1.2 Specific

(The term “Specific” found throughout this policy only applies to this policy)

- a. **Medicaid**
None Apply.

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

- a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. EPSDT and Prior Approval Requirements

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <https://medicaid.ncdhhs.gov/>

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Recipients under 21 Years of Age.

3.1 General Criteria Covered

Medicaid shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and

- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by Medicaid

The services of a podiatrist are covered for specific diagnoses only. Refer to **Attachment A** Section B Diagnosis Codes for an approved list of diagnosis codes.

Note: Services of a podiatrist provided to a recipient on that recipient's first visit to the practice when billed with a new patient office visit code (99201-99205), will not deny for inappropriate diagnosis.

3.2.2 Medicaid Additional Criteria Covered

None Apply.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific criteria covered by Medicaid

Routine foot care is not covered except as indicated in clinical coverage policy 1C-2, *Medically Necessary Routine Foot Care*.

Curettement procedures or shaving of lesions are not covered except as indicated in clinical coverage policy 1C-2, *Medically Necessary Routine Foot Care*.

4.2.2 Medicaid Additional Criteria Not Covered

None apply.

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Recipients under 21 Years of Age.

5.1 Prior Approval

Medicaid shall not require prior approval for podiatry services.

5.2 Prior Approval Requirements

5.2.1 General

None Apply.

5.2.2 Specific

None Apply.

5.3 Additional Limitations or Requirements

None Apply.

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

6.2 Provider Certifications

None Apply.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

8.0 Policy Implementation/Revision Information

Original Effective Date: November 1, 1981

Revision Information:

Date	Section Revised	Change
12/1/06	Sections 2 through 5	A special provision related to EPSDT was added.
05/0/07	Sections 2 through 5	EPSDT information was revised to clarify exceptions to policy limitations for recipients under 21 years of age.
0/01/2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
12/01/10	Section 1.0	Added NCGS 90-202.2 and enclosed definition with quotations. Added standard DMA policy language.
12/01/10	Section 2.0	Added EPSDT citation
12/01/10	Section 3.0	Added standard DMA policy language Added 3.1 General Criteria and 3.2 Specific Criteria: "The services of a podiatrist are covered for specific diagnoses only." "Refer to Attachment A Section B Diagnosis Codes for an approved list of diagnosis codes." " Note: Services of a podiatrist provided to a recipient on that recipient's first visit to the practice when billed with a new patient office visit code (99201-99205), will not deny for inappropriate diagnosis."
12/01/10	Section 4.0	Added standard DMA policy language
12/01/10	Subsection 4.2	Removed Routine Foot Care and Added Specific Criteria.
12/01/10	Section 5.0	Added standard DMA policy language
12/01/10	Section 6.0	Added "a.The policy only applies to podiatrists." Added standard DMA policy language
12/01/10	Section 7.0	Added standard DMA policy language
12/01/10	Attachment A	Section A Claim Type Removed the statement Podiatrists, physicians, and nurse practitioners enrolled in the N.C. Medicaid program bill services on the CMS-1500 claim form. Added Professional (CMS-1500/837P transaction) and Institutional (UB-04-837I transaction).
12/01/10	Attachment A:	Section B: Added a list of approved diagnosis codes and descriptions
12/01/10	Attachment A:	Diagnosis Codes: Corrected descriptions of some codes
12/01/10	Attachment A:	Section E: Billing Units

Date	Section Revised	Change
12/01/10	Attachment A:	Section F: Added Inpatient, outpatient and office. Removed the place of service and description table. Section G: Updated co-payment and medical billing guide address. Added standard DMA policy language Section H: Reimbursement
06/01/11	Attachment A	(C) Adding spacing between sentences. Moved “Providers may bill one unit per date of service for the above procedure codes.” Attachment A (E) to Attachment A (C)
06/01/11	Attachment A	(E) Added “The unit of service is determined by the appropriate procedure code(s) used.”
03/12/12	Throughout	To be equivalent where applicable to NC DMA’s Clinical Coverage Policy # 1C-1 under session Law 2011-145 § 10.41. (b)
03/12/12	Throughout	Technical changes to merge Medicaid and NCHC current coverage into one policy.
10/01/15	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.
05/01/18	Attachment A	Updated ICD-10 Codes
03/15/2019	Table of Contents	Added, “To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after November 1, 2019, please contact your PHP.”
03/15/2019	All Sections and Attachments	Updated policy template language.
07/01/2019	Attachment A, letter B	Added diagnosis code G57.63
10/01/2019	Attachment A (B)	Annual Update to ICD-10 codes
12/12/2019	Attachment A, letter B	Corrected: “code G57.63” was not in 10/01/2019 policy; code was inserted
12/12/2019	Table of Contents	Updated policy template language, “To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP”.
12/12/2019	Attachment A	Added, “Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines”.
06/15/2022	Throughout	Removed PA requirement for MPW beneficiaries based on NC Senate Bill 105 Session Law 2021-180 Section 9D.13 and the American Rescue Plan Act of 2021.
08/15/2023	All Sections and Attachments	Updated policy template language due to North Carolina Health Choice Program’s move to Medicaid. Policy posted 8/15/2023 with an effective date of 4/1/2023.
10/15/2023	Attachment A (B)	Annual update to ICD-10 codes

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid’s clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid:

A. Claim Type

Professional (CMS-1500/837P transaction)

Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.

B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

Podiatrists' claims must contain one of the following diagnosis codes.

ICD-10-CM Code(s)				
A52.16	S82.51xN	S90.454A	S92.142S	S93.111D
B35.1	S82.51xP	S90.454D	S92.144A	S93.111S
D49.2	S82.51xQ	S90.454S	S92.144B	S93.112A
E08.40	S82.51xR	S90.455A	S92.144D	S93.112D
E08.42	S82.51xS	S90.455D	S92.144G	S93.112S
E08.52	S82.52xA	S90.455S	S92.144K	S93.114A
E08.610	S82.52xB	S90.461A	S92.144P	S93.114D
E08.618	S82.52xC	S90.461D	S92.144S	S93.114S
E08.620	S82.52xD	S90.461S	S92.145A	S93.115A
E08.621	S82.52xE	S90.462A	S92.145B	S93.115D
E08.622	S82.52xF	S90.462D	S92.145D	S93.115S
E08.628	S82.52xG	S90.462S	S92.145G	S93.121A
E08.630	S82.52xH	S90.464A	S92.145K	S93.121D
E08.638	S82.52xJ	S90.464D	S92.145P	S93.121S
E08.649	S82.52xK	S90.464S	S92.145S	S93.122A
E08.65	S82.52xM	S90.465A	S92.151A	S93.122D
E08.69	S82.52xN	S90.465D	S92.151B	S93.122S
E09.40	S82.52xP	S90.465S	S92.151D	S93.124A
E09.42	S82.52xQ	S90.471A	S92.151G	S93.124D
E09.52	S82.52xR	S90.471D	S92.151K	S93.124S
E09.618	S82.52xS	S90.471S	S92.151P	S93.125A
E09.620	S82.54xA	S90.472A	S92.151S	S93.125D
E09.621	S82.54xB	S90.472D	S92.152A	S93.125S
E09.622	S82.54xC	S90.472S	S92.152B	S93.131A
E09.628	S82.54xD	S90.474A	S92.152D	S93.131D
E09.630	S82.54xE	S90.474D	S92.152G	S93.131S
E09.638	S82.54xF	S90.474S	S92.152K	S93.132A
E09.649	S82.54xG	S90.475A	S92.152P	S93.132D
E09.65	S82.54xH	S90.475D	S92.152S	S93.132S
E09.69	S82.54xJ	S90.475S	S92.154A	S93.134A

**NC Medicaid
Podiatry Services**

**Medicaid
Clinical Coverage Policy No.: 1C-1
Amended Date: October 15, 2023**

E10.40	S82.54xK	S90.511A	S92.154B	S93.134D
E10.41	S82.54xM	S90.511D	S92.154D	S93.134S
E10.42	S82.54xN	S90.511S	S92.154G	S93.135A
E10.43	S82.54xP	S90.512A	S92.154K	S93.135D
E10.44	S82.54xQ	S90.512D	S92.154P	S93.135S
E10.49	S82.54xR	S90.512S	S92.154S	S93.141A
E10.51	S82.54xS	S90.521A	S92.155A	S93.141D
E10.52	S82.55xA	S90.521D	S92.155B	S93.141S
E10.59	S82.55xB	S90.521S	S92.155D	S93.142A
E10.610	S82.55xC	S90.522A	S92.155G	S93.142D
E10.65	S82.55xD	S90.522D	S92.155K	S93.142S
E10.69	S82.55xE	S90.522S	S92.155P	S93.144A
E11.40	S82.55xF	S90.541A	S92.155S	S93.144D
E11.41	S82.55xG	S90.541D	S92.191A	S93.144S
E11.42	S82.55xH	S90.541S	S92.191B	S93.145A
E11.43	S82.55xJ	S90.551A	S92.191D	S93.145D
E11.44	S82.55xK	S90.551D	S92.191G	S93.145S
E11.49	S82.55xP	S90.551S	S92.191K	S93.311A
E11.51	S82.55xQ	S90.552A	S92.191P	S93.311D
E11.52	S82.55xR	S90.552D	S92.191S	S93.311S
E11.59	S82.55xS	S90.552S	S92.192A	S93.312A
E11.610	S82.61XA	S90.561A	S92.192B	S93.312D
E11.65	S82.61xB	S90.561D	S92.192D	S93.312S
E13.40	S82.61xC	S90.561S	S92.192G	S93.314A
E13.41	S82.61xD	S90.562A	S92.192K	S93.314D
E13.42	S82.61xE	S90.562D	S92.192P	S93.314S
E13.43	S82.61xF	S90.562S	S92.192S	S93.315A
E13.44	S82.61xG	S90.571A	S92.211A	S93.315D
E13.49	S82.61xH	S90.571D	S92.211B	S93.315S
E13.51	S82.61xJ	S90.571S	S92.211D	S93.321A
E13.52	S82.61xK	S90.811A	S92.211G	S93.321D
E13.59	S82.61xM	S90.811D	S92.211P	S93.321S
E13.610	S82.61xN	S90.811S	S92.211S	S93.322A
E13.618	S82.61xP	S90.812A	S92.212A	S93.322D
E13.620	S82.61xQ	S90.812D	S92.212B	S93.322S
E13.621	S82.61xR	S90.812S	S92.212D	S93.324A
E13.622	S82.61xS	S90.821A	S92.212G	S93.324D
E13.628	S82.62xA	S90.821D	S92.212P	S93.324S
E13.630	S82.62xB	S90.821S	S92.212S	S93.325A
E13.638	S82.62xC	S90.822A	S92.214A	S93.325D
E13.649	S82.62xD	S90.822D	S92.214B	S93.325S
E13.65	S82.62xE	S90.822S	S92.214D	S93.331A
E13.69	S82.62xF	S90.841A	S92.214G	S93.331D
G57.51	S82.62xG	S90.841D	S92.214P	S93.331S
G57.52	S82.62xH	S90.841S	S92.214S	S93.332A
G57.63	S82.62xJ	S90.842A	S92.215A	S93.332D
G57.61	S82.62xK	S90.842D	S92.215B	S93.332S
G57.62	S82.62xM	S90.842S	S92.215D	S93.334A
G60.0	S82.62xN	S90.851A	S92.215G	S93.334D
G60.2	S82.62xP	S90.851D	S92.215P	S93.334S

**NC Medicaid
Podiatry Services**

**Medicaid
Clinical Coverage Policy No.: 1C-1
Amended Date: October 15, 2023**

G60.8	S82.62xQ	S90.851S	S92.215S	S93.335A
G60.9	S82.62xR	S90.852A	S92.221A	S93.335D
G90.521	S82.62xS	S90.852D	S92.221B	S93.335S
G90.522	S82.64xA	S90.852S	S92.221D	S93.411A
G90.523	S82.64xB	S90.861A	S92.221G	S93.411D
I70.233	S82.64xC	S90.861D	S92.221K	S93.411S
I70.234	S82.64xD	S90.861S	S92.221P	S93.412A
I70.235	S82.64xE	S90.862A	S92.221S	S93.412D
I70.243	S82.64xF	S90.862D	S92.222A	S93.412S
I70.244	S82.64xG	S90.862S	S92.222B	S93.421A
I70.245	S82.64xH	S90.871A	S92.222D	S93.421D
I70.25	S82.64xJ	S90.871D	S92.222G	S93.421S
I70.333	S82.64xK	S90.871S	S92.222K	S93.422A
I70.334	S82.64xM	S90.872A	S92.222P	S93.422D
I70.335	S82.64xN	S90.872D	S92.222S	S93.422S
I70.343	S82.64xP	S90.872S	S92.224A	S93.431A
I70.344	S82.64xQ	S91.011A	S92.224B	S93.431D
I70.345	S82.64xR	S91.011D	S92.224D	S93.431S
I70.433	S82.64xS	S91.011S	S92.224G	S93.432A
I70.434	S82.65xA	S91.012A	S92.224K	S93.432D
I70.435	S82.65xB	S91.012D	S92.224P	S93.432S
I70.443	S82.65xC	S91.012S	S92.224S	S93.491A
I70.444	S82.65xD	S91.021A	S92.225A	S93.491D
I70.445	S82.65xE	S91.021D	S92.225B	S93.491S
I70.533	S82.65xF	S91.021S	S92.225D	S93.492A
I70.534	S82.65xG	S91.022A	S92.225G	S93.492D
I70.535	S82.65xH	S91.022D	S92.225K	S93.492S
I70.543	S82.65xJ	S91.022S	S92.225P	S93.511A
I70.544	S82.65xK	S91.031A	S92.225S	S93.511D
I70.545	S82.65xM	S91.031D	S92.231A	S93.511S
I70.633	S82.65xN	S91.031S	S92.231B	S93.512A
I70.634	S82.65xP	S91.032A	S92.231D	S93.512D
I70.635	S82.65xQ	S91.032D	S92.231G	S93.512S
I70.643	S82.65xR	S91.031S	S92.231K	S93.514A
I70.644	S82.65xS	S91.041A	S92.231P	S93.514D
I70.645	S82.821P	S91.041D	S92.231S	S93.514S
I70.733	S82.822P	S91.041S	S92.232A	S93.515A
I70.734	S82.841A	S91.042A	S92.232B	S93.515D
I70.735	S82.841B	S91.042D	S92.232D	S93.515S
I70.743	S82.841C	S91.042S	S92.232G	S93.521A
I70.744	S82.841D	S91.111A	S92.232K	S93.521D
I70.745	S82.841E	S91.111D	S92.232P	S93.521S
I73.00	S82.841F	S91.111S	S92.232S	S93.522A
I73.01	S82.841G	S91.112A	S92.234A	S93.522D
I73.1	S82.841J	S91.112D	S92.234B	S93.522S
I73.81	S82.841K	S91.112S	S92.234D	S93.524A
I73.89	S82.841M	S91.114A	S92.234G	S93.524D
I73.9	S82.841N	S91.114D	S92.234P	S93.524S
I83.003	S82.841P	S91.114S	S92.234S	S93.525A
I83.004	S82.841Q	S91.115A	S92.235A	S93.525D

**NC Medicaid
Podiatry Services**

**Medicaid
Clinical Coverage Policy No.: 1C-1
Amended Date: October 15, 2023**

I83.005	S82.841R	S91.115D	S92.235B	S93.525S
I83.013	S82.841S	S91.115S	S92.235D	S93.611A
I83.014	S82.842A	S91.121A	S92.235G	S93.611D
I83.015	S82.842B	S91.121D	S92.235K	S93.611S
I83.023	S82.842C	S91.121S	S92.235P	S93.612A
I83.024	S82.842D	S91.122A	S92.235S	S93.612D
I83.025	S82.842E	S91.122D	S92.241A	S93.612S
I83.213	S82.842F	S91.122S	S92.241B	S93.621A
I83.214	S82.842G	S91.124A	S92.241D	S93.621D
I83.215	S82.842H	S91.124D	S92.241G	S93.621S
I83.223	S82.842J	S91.124S	S92.241K	S93.691A
I83.224	S82.842K	S91.131A	S92.241P	S93.691D
I83.225	S82.842M	S91.131D	S92.241S	S93.691S
I89.0	S82.842N	S91.131S	S92.242A	S93.692A
I96	S82.842P	S91.132A	S92.242B	S93.692D
L02.611	S82.842Q	S91.132D	S92.242D	S93.692S
L02.612	S82.842R	S91.132S	S92.242G	S96.011A
L03.031	S82.842S	S91.134A	S92.242K	S96.011D
L03.032	S82.844A	S91.134D	S92.242P	S96.011S
L03.041	S82.844B	S91.134S	S92.242S	S96.012A
L03.042	S82.844C	S91.135A	S92.244A	S96.012D
L08.89	S82.844D	S91.135D	S92.244B	S96.012S
L60.0	S82.844E	S91.135S	S92.244D	S96.021A
L89.600	S82.844F	S91.141A	S92.244G	S96.021D
L89.601	S82.844G	S91.141D	S92.244K	S96.021S
L89.602	S82.844H	S91.141S	S92.244P	S96.022A
L89.603	S82.844J	S92.142A	S92.244S	S96.022D
L89.604	S82.844K	S92.142D	S92.245A	S96.022S
L89.609	S82.844M	S91.142S	S92.245B	S96.091A
L89.610	S82.844N	S91.144A	S92.245D	S96.091D
L89.611	S82.844P	S91.144D	S92.245G	S96.091S
L89.612	S82.844Q	S91.144S	S92.245K	S96.092A
L89.613	S82.844R	S91.145A	S92.245P	S96.092D
L89.614	S82.844S	S91.145D	S92.245S	S96.092S
L89.619	S82.845A	S91.145S	S92.251A	S96.111A
L89.620	S82.845B	S91.151A	S92.251B	S96.111D
L89.621	S82.845C	S91.151D	S92.251D	S96.111S
L89.622	S82.845D	S91.151S	S92.251G	S96.112A
L89.623	S82.845E	S91.152A	S92.251K	S96.112D
L89.624	S82.845F	S91.152D	S92.251P	S96.112S
L89.629	S82.845G	S91.152S	S92.251S	S96.121A
L92.1	S82.845H	S91.154A	S92.252A	S96.121D
L94.2	S82.845J	S91.154D	S92.252B	S96.121S
L97.311	S82.845K	S91.154S	S92.252D	S96.122A
L97.312	S82.845M	S91.155A	S92.252G	S96.122D
L97.313	S82.845N	S91.155D	S92.252K	S96.122S
L97.314	S82.845P	S91.155S	S92.252P	S96.191A
L97.315	S82.845Q	S91.211A	S92.252S	S96.191D
L97.318	S82.845R	S91.211D	S92.254A	S96.191S
L97.321	S82.845S	S91.211S	S92.254B	S96.192A

**NC Medicaid
Podiatry Services**

**Medicaid
Clinical Coverage Policy No.: 1C-1
Amended Date: October 15, 2023**

L97.322	S82.851A	S91.212A	S92.254D	S96.192D
L97.323	S82.851B	S91.212D	S92.254G	S96.192S
L97.324	S82.851C	S91.212S	S92.254K	S96.211A
L97.325	S82.851D	S91.214A	S92.254P	S96.211D
L97.326	S82.851E	S91.214D	S92.254S	S96.211S
L97.411	S82.851F	S91.214S	S92.255A	S96.212A
L97.412	S82.851G	S91.215A	S92.255B	S96.212D
L97.413	S82.851H	S92.215D	S92.255D	S96.212S
L97.414	S82.851J	S91.215S	S92.255G	S96.221A
L97.415	S82.851K	S91.221A	S92.255K	S96.221D
L97.416	S82.851M	S91.221D	S92.255P	S96.221S
L97.418	S82.851N	S91.221S	S92.255S	S96.222A
L97.421	S82.851P	S91.222A	S92.311A	S96.222D
L97.422	S82.851Q	S91.222D	S92.311B	S96.222S
L97.423	S82.851R	S91.222S	S92.311D	S96.291A
L97.424	S82.851S	S91.224A	S92.311G	S96.291D
L97.425	S82.852A	S91.224D	S92.311K	S96.291S
L97.426	S82.852B	S91.224S	S92.311P	S96.292A
L97.511	S82.852C	S91.225A	S92.311S	S96.292D
L97.512	S82.852D	S91.225D	S92.312A	S96.292S
L97.513	S82.852E	S91.225S	S92.312B	S96.811A
L97.514	S82.852F	S91.231A	S92.312D	S96.811D
L97.521	S82.852G	S91.231D	S92.312G	S96.811S
L97.522	S82.852H	S91.231S	S92.312K	S96.812A
L97.523	S82.852J	S91.232A	S92.312P	S96.812D
L97.524	S82.852K	S92.232D	S92.312S	S96.812S
M05.471	S82.852M	S91.232S	S92.314A	S96.821A
M05.472	S82.852N	S91.234A	S92.314B	S96.821D
M05.571	S82.852P	S91.234D	S92.314D	S96.821S
M05.572	S82.852Q	S91.234S	S92.314G	S96.822A
M05.59	S82.852R	S91.235A	S92.314K	S96.822D
M05.771	S82.852S	S91.235D	S92.314P	S96.822S
M05.772	S82.854A	S91.235S	S92.314S	S96.891A
M05.79	S82.854B	S91.241A	S92.315A	S96.891D
M05.871	S82.854C	S91.241D	S92.315B	S96.891S
M05.872	S82.854D	S91.241S	S92.315D	S96.892A
M05.89	S82.854E	S91.242A	S92.315G	S96.892D
M06.071	S82.854F	S91.242D	S92.315K	S96.892S
M06.072	S82.854G	S91.242S	S92.315P	S99.011A
M06.09	S82.854H	S91.244A	S92.315S	S99.011B
M06.271	S82.854J	S91.244D	S92.315S	S99.011D
M06.272	S82.845K	S91.244S	S92.321A	S99.011G
M06.29	S82.854M	S91.245A	S92.321B	S99.011K
M06.371	S82.854N	S91.245D	S92.321D	S99.011P
M06.372	S82.854P	S91.245S	S92.321G	S99.011S
M06.871	S82.854Q	S91.251A	S92.321K	S99.012A
M06.872	S82.854R	S91.251D	S92.321P	S99.012S
M06.89	S82.854S	S91.251S	S92.321S	S99.012D
M10.071	S82.855A	S91.252A	S92.322A	S99.012G
M10.072	S82.855B	S91.252D	S92.322B	S99.012K

**NC Medicaid
Podiatry Services**

**Medicaid
Clinical Coverage Policy No.: 1C-1
Amended Date: October 15, 2023**

M10.09	S82.855C	S91.252S	S92.322D	S99.012P
M10.29	S82.855D	S91.254A	S92.322G	S99.012S
M10.271	S82.855E	S91.254D	S92.322K	S99.021A
M10.272	S82.855F	S91.254S	S92.322P	S99.021B
M14.671	S82.855G	S91.255A	S92.322S	S99.021D
M14.672	S82.855J	S91.255D	S92.324A	S99.021G
M14.69	S82.855K	S91.255S	S92.324B	S99.021K
M20.11	S82.855M	S91.311A	S92.324D	S99.021P
M20.12	S82.855N	S91.311D	S92.324G	S99.021S
M20.21	S82.855P	S91.311S	S92.324K	S99.022A
M20.22	S82.855Q	S91.312A	S92.324P	S99.022B
M20.31	S82.855R	S91.312D	S92.324S	S99.022D
M20.32	S82.855S	S91.312S	S92.325A	S99.022G
M20.41	S82.861A	S91.321A	S92.325B	S99.022K
M20.42	S82.861B	S91.321D	S92.325D	S99.022P
M20.5X1	S82.861C	S91.321S	S92.325G	S99.022S
M20.5X2	S82.861D	S91.331A	S92.325K	S99.031A
M21.071	S82.861E	S91.331D	S92.325P	S99.031B
M21.072	S82.861F	S91.331S	S92.325S	S99.031D
M21.171	S82.861G	S91.332A	S92.331A	S99.031G
M21.172	S82.861J	S91.332D	S92.331B	S99.031K
M21.271	S82.861K	S91.332S	S92.331D	S99.031P
M21.272	S82.861M	S91.351A	S92.331G	S99.031S
M21.371	S82.861N	S91.351D	S92.331K	S99.032A
M21.372	S82.861P	S91.351S	S92.331P	S99.032B
M21.41	S82.861Q	S91.352A	S92.331S	S99.032D
M21.42	S82.861R	S91.352D	S92.332A	S99.032K
M21.531	S82.861S	S91.352S	S92.332B	S99.032K
M21.532	S82.862A	S92.011A	S92.332D	S99.032P
M21.541	S82.862B	S92.011B	S92.332G	S99.032S
M21.542	S82.861C	S92.011D	S92.332K	S99.041A
M21.611	S82.862D	S92.011G	S92.332P	S99.041B
M21.612	S82.862E	S92.011K	S92.332S	S99.041D
M21.621	S82.862F	S92.011P	S92.334A	S99.041K
M21.622	S82.862G	S92.011S	S92.334B	S99.041P
M21.6X1	S82.862J	S92.012A	S92.334D	S99.041S
M21.6X2	S82.862K	S92.012B	S92.334G	S99.042A
M24.371	S82.862M	S92.012D	S92.334K	S99.042B
M24.372	S82.862N	S92.012G	S92.334P	S99.042D
M24.374	S82.862P	S92.012K	S92.334S	S99.042K
M24.375	S82.862Q	S92.012P	S92.335A	S99.042P
M24.471	S82.862R	S92.012S	S92.335B	S99.042S
M24.472	S82.862S	S92.014A	S92.335D	S99.091A
M24.474	S82.864A	S92.014B	S92.335G	S99.091B
M24.475	S82.864B	S92.014D	S92.335K	S99.091D
M24.477	S82.864C	S92.014G	S92.335P	S99.091K
M24.478	S82.864D	S92.014P	S92.335S	S99.091P
M24.571	S82.864E	S92.014S	S92.341A	S99.091S
M24.572	S82.864F	S92.015A	S92.341B	S99.092A
M24.574	S82.864G	S92.015B	S92.341D	S99.092B

**NC Medicaid
Podiatry Services**

**Medicaid
Clinical Coverage Policy No.: 1C-1
Amended Date: October 15, 2023**

M24.575	S82.864J	S92.015D	S92.341G	S99.092D
M66.271	S82.864K	S92.015G	S92.341K	S99.092K
M66.272	S82.864M	S92.015K	S92.341P	S99.092P
M66.361	S82.864N	S92.015P	S92.341S	S99.092S
M66.362	S82.864P	S92.015S	S92.342A	S99.111A
M66.371	S82.864Q	S92.021A	S92.342B	S99.111B
M66.372	S82.864R	S92.021B	S92.342D	S99.111D
M66.871	S82.864S	S92.021D	S92.342G	S99.111G
M66.872	S82.865A	S92.021G	S92.342K	S99.111K
M72.2	S82.865B	S92.012K	S92.342P	S99.111P
M72.6	S82.865C	S92.021P	S92.342S	S99.111S
M76.61	S82.865D	S92.021S	S92.344A	S99.112A
M76.62	S82.865E	S92.022A	S92.344B	S99.112B
M76.71	S82.865F	S92.022B	S92.344D	S99.112D
M76.72	S82.865G	S92.022D	S92.344G	S99.112G
M77.51	S82.865J	S92.022G	S92.344K	S99.112K
M77.52	S82.865K	S92.022K	S92.344P	S99.112P
M79.5	S82.865M	S92.022P	S92.344S	S99.112S
M79.89	S82.865N	S92.022S	S92.345A	S99.121A
M80.071A	S82.865P	S92.024A	S92.345B	S99.121B
M80.0B	S82.865Q	S92.024B	S92.345D	S99.121D
M80.0B1	S82.865R	S92.024D	S92.345G	S99.121G
M80.0B1A	S82.865S	S92.024G	S92.345K	S99.121K
M80.0B1D	S82.871A	S92.024K	S92.345P	S99.121P
M80.0B1G	S82.871B	S92.024P	S92.345S	S99.121S
M80.0B1K	S82.871C	S92.024S	S92.351A	S99.122A
M80.0B1P	S82.871D	S92.025A	S92.351B	S99.122B
M80.0B1S	S82.871E	S92.025B	S92.351D	S99.122D
M80.0B2	S82.871F	S92.025D	S92.351G	S99.122G
M80.0B2A	S82.871G	S92.025G	S92.351K	S99.122K
M80.0B2D	S82.871J	S92.025K	S92.351P	S99.122P
M80.0B2G	S82.871K	S92.025P	S92.351S	S99.122S
M80.0B2K	S82.871M	S92.025S	S92.352A	S99.031A
M80.0B2P	S82.871N	S92.031A	S92.352B	S99.031B
M80.0B2S	S82.871P	S92.031B	S92.352D	S99.031D
M80.0B9	S82.871Q	S92.031D	S92.352G	S99.031G
M80.0B9A	S82.871R	S92.031G	S92.352K	S99.031K
M80.0B9D	S82.871S	S92.031K	S92.352P	S99.031P
M80.0B9G	S82.872A	S92.031P	S92.352S	S99.031S
M80.0B9K	S82.872B	S92.031S	S92.354A	S99.032A
M80.0B9P	S82.872C	S92.032A	S92.354B	S99.032B
M80.0B9S	S82.872D	S92.032B	S92.354D	S99.032D
M80.071D	S82.872E	S92.032D	S92.354G	S99.032G
M80.071G	S82.872F	S92.032G	S92.354K	S99.032K
M80.071K	S82.872G	S92.032K	S92.354P	S99.032P
M80.071P	S82.872J	S92.032P	S92.354S	S99.032S
M80.071S	S82.872K	S92.032S	S92.355A	S99.041A
M80.072A	S82.872M	S92.034A	S92.355B	S99.041B
M80.072D	S82.872N	S92.034B	S92.355D	S99.041D
M80.072G	S82.872P	S92.034D	S92.355G	S99.041G

**NC Medicaid
Podiatry Services**

**Medicaid
Clinical Coverage Policy No.: 1C-1
Amended Date: October 15, 2023**

M80.072K	S82.872Q	S92.034G	S92.355K	S99.041K
M80.072P	S82.872R	S92.024K	S92.355P	S99.041P
M80.072S	S82.872S	S92.034P	S92.355S	S99.041S
M80.871A	S82.874A	S92.034S	S92.411A	S99.042A
M80.871D	S82.874B	S92.035A	S92.411B	S99.042B
M80.871G	S82.874C	S92.035B	S92.411D	S99.042D
M80.871K	S82.874D	S92.035D	S92.411G	S99.042G
M80.871P	S82.874E	S92.035G	S92.411K	S99.042K
M80.871S	S82.874F	S92.035K	S92.411P	S99.042P
M80.872A	S82.874G	S92.035P	S92.411S	S99.042S
M80.872D	S82.874J	S92.035S	S92.412A	S99.091A
M80.872G	S82.874K	S92.041A	S92.412B	S99.091B
M80.871K	S82.874M	S92.041B	S92.412D	S99.091D
M80.872P	S82.874N	S92.041D	S92.412G	S99.091G
M80.872S	S82.874P	S92.041G	S92.412K	S99.091K
M80.8B	S82.874Q	S92.041K	S92.412P	S99.091P
M80.8B1	S82.874R	S92.041P	S92.412S	S99.091S
M80.8B1A	S82.874S	S92.041S	S92.414A	S99.092A
M80.8B1D	S82.875A	S92.042A	S92.414B	S99.092B
M80.8B1G	S82.875B	S92.042B	S92.414D	S99.092D
M80.8B1K	S82.875C	S92.042D	S92.414G	S99.092G
M80.8B1P	S82.875D	S92.042G	S92.414K	S99.092K
M80.8B1S	S82.875E	S92.042K	S92.414P	S99.092P
M80.8B2	S82.875F	S92.042P	S92.414S	S99.092S
M80.8B2A	S82.875G	S92.042S	S92.415A	S99.111A
M80.8B2D	S82.875J	S92.044A	S92.415B	S99.111B
M80.8B2G	S82.875K	S92.044B	S92.415D	S99.111D
M80.8B2K	S82.875P	S92.044D	S92.415G	S99.111G
M80.8B2P	S82.875Q	S92.044G	S92.415K	S99.111K
M80.8B2S	S82.875R	S92.044K	S92.415P	S99.111P
M80.8B9	S82.875S	S92.044P	S92.415S	S99.111S
M80.8B9A	S82.891A	S92.044S	S92.421A	S99.112A
M80.8B9D	S82.891B	S92.045A	S92.421B	S99.112B
M80.8B9G	S82.891C	S92.045B	S92.421D	S99.112D
M80.8B9K	S82.891D	S92.045D	S92.421G	S99.112K
M80.8B9P	S82.891E	S92.045G	S92.421K	S99.112P
M80.8B9S	S82.891F	S92.045K	S92.421P	S99.112S
M84.371A	S82.891G	S92.045P	S92.421S	S99.121A
M84.371D	S82.891J	S92.045S	S92.422A	S99.121B
M84.371G	S82.891K	S92.051A	S92.422B	S99.121D
M84.372K	S82.891M	S92.051B	S92.422D	S99.121G
M84.371P	S82.891N	S92.051D	S92.422G	S99.121K
M84.371S	S82.891P	S92.051G	S92.422K	S99.121P
M84.372A	S82.891Q	S92.051K	S92.422P	S99.121S
M84.372D	S82.891R	S92.051P	S92.422S	S99.122A
M84.372G	S82.891S	S92.051S	S92.424A	S99.122B
M84.372K	S82.892A	S92.052A	S92.424B	S99.122D
M84.372P	S82.892B	S92.052B	S92.424D	S99.122G
M84.372S	S82.892C	S92.052D	S92.424G	S99.122K
M84.374A	S82.892D	S92.052G	S92.424K	S99.122P

**NC Medicaid
Podiatry Services**

**Medicaid
Clinical Coverage Policy No.: 1C-1
Amended Date: October 15, 2023**

M84.374D	S82.892E	S92.052K	S92.424P	S99.122S
M84.374G	S82.892F	S92.052P	S92.424S	S99.131A
M84.374K	S82.892G	S92.052S	S92.425A	S99.131B
M84.374P	S82.892J	S92.054A	S92.425B	S99.131D
M84.374S	S82.892K	S92.054B	S92.425D	S99.131G
M84.375A	S82.892M	S92.054D	S92.425G	S99.131K
M84.375D	S82.892N	S92.054G	S92.425K	S99.131P
M84.375G	S82.892P	S92.054K	S92.425P	S99.131S
M84.375K	S82.892Q	S92.054P	S92.425S	S99.132A
M84.375P	S82.892R	S92.054S	S92.491A	S99.132B
M84.375S	S82.892S	S92.055A	S92.491B	S99.132D
M84.377A	S86.011A	S92.055B	S92.491D	S99.132G
M84.377D	S86.011D	S92.055D	S92.491G	S99.132K
M84.377G	S86.011S	S92.055G	S92.491K	S99.132P
M84.377K	S86.012A	S92.055K	S92.491P	S99.132S
M84.377P	S86.012D	S92.055P	S92.491S	S99.141A
M84.377S	S86.012S	S92.055S	S92.492A	S99.141B
M84.378A	S86.021A	S92.061A	S92.492B	S99.141D
M84.378D	S86.021D	S92.061B	S92.492D	S99.141G
M84.378G	S86.021S	S92.061D	S92.492G	S99.141K
M84.378K	S86.022A	S92.061G	S92.492K	S99.141P
M84.378P	S86.022D	S92.061K	S92.492P	S99.141S
M84.378S	S86.022S	S92.061P	S92.492S	S99.142A
M84.471A	S86.091A	S92.061S	S92.511A	S99.142B
M84.471D	S86.091D	S92.062A	S92.511B	S99.142D
M84.471G	S86.091S	S92.062B	S92.511D	S99.142G
M84.471K	S86.092A	S92.062D	S92.511G	S99.142K
M84.471P	S86.092D	S92.062G	S92.511K	S99.142P
M84.471S	S86.092S	S92.062K	S92.511P	S99.142S
M84.472A	S86.191A	S92.062P	S92.511S	S99.191A
M84.472D	S86.191D	S92.062S	S92.512A	S99.191B
M84.472G	S86.191S	S92.064A	S92.512B	S99.191D
M84.472K	S86.192A	S92.064B	S92.512D	S99.191G
M84.472P	S86.192D	S92.064D	S92.512G	S99.191K
M84.472S	S86.192S	S92.064G	S92.512K	S99.191P
M84.474A	S86.291A	S92.064K	S92.512P	S99.191S
M84.474D	S86.291D	S92.064P	S92.512S	S99.192A
M84.474G	S86.291S	S92.064S	S92.514A	S99.192B
M84.474K	S86.292A	S92.065A	S92.514B	S99.192D
M84.474P	S86.292D	S92.065B	S92.514D	S99.192G
M84.474S	S86.292S	S92.065D	S92.514G	S99.192K
M84.475A	S86.311A	S92.065G	S92.514K	S99.192P
M84.475D	S86.311D	S92.065K	S92.514P	S99.192S
M84.475G	S86.311S	S92.065P	S92.514S	S99.211A
M84.475K	S86.312A	S92.065S	S92.515A	S99.211B
M84.475P	S86.312D	S92.111A	S92.515B	S99.211D
M84.475S	S86.312S	S92.111B	S92.515D	S99.211G
M84.477A	S86.321A	S92.111D	S92.515G	S99.211K
M84.477D	S86.321D	S92.111G	S92.515K	S99.211P
M84.477G	S86.321S	S92.111K	S92.515P	S99.211S

**NC Medicaid
Podiatry Services**

**Medicaid
Clinical Coverage Policy No.: 1C-1
Amended Date: October 15, 2023**

M84.477K	S86.322A	S92.111P	S92.515S	S99.212A
M84.477P	S86.322D	S92.111S	S92.521A	S99.212B
M84.477S	S86.322S	S92.112A	S92.521B	S99.212D
M84.478A	S86.391A	S92.112B	S92.521D	S99.212G
M84.478D	S86.391D	S92.112D	S92.521G	S99.212K
M84.478G	S86.391S	S92.112G	S92.521K	S99.212P
M84.478K	S86.392A	S92.112K	S92.521P	S99.212S
M84.478P	S86.392D	S92.112P	S92.521S	S99.221A
M84.478S	S86.392S	S92.112S	S92.522A	S99.221B
M84.571A	S86.891A	S92.114A	S92.522B	S99.221D
M84.571D	S86.891D	S92.114B	S92.522D	S99.221G
M84.571G	S86.891S	S92.114D	S92.522G	S99.221K
M84.571K	S86.892A	S92.114G	S92.522K	S99.221P
M84.571P	S86.892D	S92.114K	S92.522P	S99.221S
M84.571S	S86.892S	S92.114P	S92.522S	S99.231A
M84.572A	S90.111A	S92.114S	S92.524A	S99.231B
M84.572D	S90.111D	S92.115A	S92.524B	S99.231D
M84.572G	S90.111S	S92.115B	S92.524D	S99.231G
M84.572K	S90.112A	S92.115D	S92.524G	S99.231K
M84.572P	S90.112D	S92.115G	S92.524K	S99.231P
M84.572S	S90.112S	S92.115K	S92.524P	S99.231S
M84.574A	S90.121A	S92.115P	S92.524S	S99.232A
M84.574D	S90.121D	S92.115S	S92.525A	S99.232B
M84.574G	S90.121S	S92.121A	S92.525B	S99.232D
M84.574K	S90.122A	S92.121B	S92.525D	S99.232G
M84.574P	S90.122D	S92.121D	S92.525G	S99.232K
M84.574S	S90.122S	S92.121G	S92.525K	S99.232P
M84.575A	S90.211A	S92.121K	S92.525P	S99.232S
M84.575D	S90.211D	S92.121P	S92.525S	S99.241A
M84.575G	S90.211S	S92.121S	S92.531A	S99.241B
M84.575K	S90.212A	S92.122A	S92.531B	S99.241D
M84.575P	S90.212D	S92.122B	S92.531D	S99.241K
M84.575S	S90.212S	S92.122D	S92.531G	S99.241P
M84.671A	S90.221A	S92.122G	S92.531K	S99.241S
M84.671D	S90.221D	S92.122K	S92.531P	S99.242A
M84.671G	S90.221S	S92.122P	S92.531S	S99.242B
M84.671K	S90.222A	S92.122S	S92.532A	S99.242D
M84.671P	S90.222D	S92.124A	S92.532B	S99.242G
M84.671S	S90.222S	S92.124B	S92.532D	S99.242K
M84.672A	S90.31xA	S92.124D	S92.532G	S99.242P
M84.672D	S90.31xD	S92.124G	S92.532K	S99.242S
M84.672G	S90.31xS	S92.124K	S92.532P	S99.291A
M84.672K	S90.32xA	S92.124P	S92.532S	S99.291B
M84.672P	S90.32xD	S92.124S	S92.534A	S99.291D
M84.672S	S90.32xS	S92.125A	S92.534B	S99.291K
M84.674P	S90.411A	S92.125B	S92.534D	S99.291P
M84.675A	S90.411D	S92.125D	S92.534G	S99.291S
M84.675D	S90.411S	S92.125G	S92.534K	S99.292A
M84.675G	S90.414A	S92.125K	S92.534P	S99.292B
M84.675K	S90.414D	S92.125P	S92.534S	S99.292D

**NC Medicaid
Podiatry Services**

**Medicaid
Clinical Coverage Policy No.: 1C-1
Amended Date: October 15, 2023**

M84.675P	S90.414S	S92.125S	S92.535A	S99.292G
M84.675S	S90.415A	S92.131A	S92.535B	S99.292K
M86.071	S90.415D	S92.131B	S92.535D	S99.292P
M86.072	S90.415S	S92.131D	S92.535G	S99.292S
M86.171	S90.421A	S92.131G	S92.535K	S99.811A
M86.172	S90.421D	S92.131K	S92.535P	S99.811D
M86.271	S90.421S	S92.131P	S92.535S	S99.811S
M86.272	S90.422A	S92.131S	S92.591A	S99.812A
M86.371	S90.422D	S92.132A	S92.591B	S99.812D
M86.372	S90.422S	S92.132B	S92.591D	S99.812S
M86.471	S90.424A	S92.132D	S92.591G	S99.821A
M86.472	S90.424D	S92.132G	S92.591K	S99.821D
M86.571	S90.424S	S92.132K	S92.591P	S99.821S
M86.572	S90.425A	S92.132P	S92.591S	S99.822A
M86.671	S90.425D	S92.132S	S92.592A	S99.822D
M86.672	S90.425S	S92.134A	S92.592B	S99.822S
M86.8X7	S90.441A	S92.134B	S92.592D	T69.1xxA
M87.071	S90.441D	S92.134D	S92.592G	T69.1xxD
M87.072	S90.441S	S92.134G	S92.592K	T69.1xxS
M87.071	S90.442A	S92.134P	S92.592P	T69.021A
M87.072	S90.442D	S92.134S	S92.592S	T69.021D
M87.074	S90.442S	S92.135A	S92.811A	T69.021S
M87.075	S90.444A	S92.135B	S92.811B	T81.31xA
M87.077	S90.444D	S92.135D	S92.811D	T81.31xD
M87.078	S90.444S	S92.135G	S92.811K	T81.31xS
M87.171	S90.445A	S92.135P	S92.811P	T81.4xxA
M87.172	S90.445D	S92.135S	S92.811S	T81.4xxD
M87.174	S90.445S	S92.141A	S92.812A	T81.4xxS
M87.175	S90.451A	S92.141B	S92.812B	T81.718A
M87.177	S90.451D	S92.141D	S92.812D	T81.718D
M87.178	S90.451S	S92.141G	S92.812K	T81.718S
M87.271	S90.452A	S92.141K	S92.812P	T81.72xA
M87.272	S90.452D	S92.141P	S92.812S	T81.72xD
M87.274	S90.452S	S92.141S	S93.01A	T81.72xS
M87.275		S92.142A	S93.01D	T85.79xA
M87.276		S92.142B	S93.01S	T85.79xD
M87.277		S92.142D	S93.02A	T85.79xS
M87.278		S92.142G	S93.02D	
M87.371		S92.142K	S93.02S	
M87.372		S92.142P	S93.111A	
M87.374				
M87.375				
M87.377				
M87.378				
M87.871				
M87.872				
M87.874				
M87.875				
M87.877				
M87.878				

M88.871				
M88.872				
M89.071				
M89.072				
M89.09				
M90.871				
M90.872				
M92.61				
M92.62				
M92.71				
M92.72				
M92.8				
Q66.01				
Q66.02				
Q66.211				
Q66.212				
Q66.221				
Q66.222				
Q66.31				
Q66.32				
Q66.41				
Q66.42				
Q66.51				
Q66.52				
Q66.6				
Q66.71				
Q66.72				
Q66.81				
Q66.82				
Q66.89				
Q66.91				
Q66.92				
S82.51xA				
S82.51xB				
S82.51xC				
S82.51xD				
S82.51xE				
S82.51xF				
S82.51xG				
S82.51xH				
S82.51xJ				
S82.51xK				
S82.51xM				

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

Note: Services of a podiatrist provided to a recipient on that recipient's first visit to the practice when billed with a new patient office visit code (99201-99205), will not deny for inappropriate diagnosis. Providers may bill one unit per date of service for the above procedure codes.

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the unit(s).

F. Place of Service

Inpatient, Outpatient, Office.

G. Co-payments

For Medicaid refer to Medicaid State Plan:

<https://medicaid.ncdhhs.gov/meetings-notices/medicaid-state-plan-public-notice>

H. Reimbursement

Provider(s) shall bill their usual and customary charges.

For a schedule of rates, refer to: <https://medicaid.ncdhhs.gov/>