

<b>Division of Medicaid</b>	<b>New:</b> X	<b>Date:</b> 03/01/07
<b>State of Mississippi</b>	<b>Revised:</b> X	<b>Date:</b> 05/01/07
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Foot Care</b>	<b>Section:</b> 42.24	
<b>Subject: Exclusions Relating to Foot Care</b>	<b>Pages:</b> 2	
	<b>Cross Reference:</b>	

5The following is a list of some of the exclusions under the Mississippi Medicaid program which relate to foot care. While these are the most common exclusions, this is not intended to be a comprehensive list.

- Local anesthesia, digital blocks, or topical anesthesia done with a specific surgical procedure (included in allowance for procedure)
- Orthopedic shoes and supportive devices for the foot
- Cast application/strapping/splinting billed separately from initial surgery or fracture care on same day as initial surgery or fracture care (initial cast application/strapping/splinting is covered in allowance for initial surgery or fracture care)
- Removal of casts/straps/splints (covered in allowance for original procedure)
- Laboratory services done or ordered by DPM relating to care of systemic conditions
- Fungal cultures on toenail clippings
- Ultrasound for patients with diagnosis of diabetes
- Foot massage
- Whirlpool for mycotic nail treatment
- Routine foot care in the absence of systemic conditions
- Surgical trays ~~except for certain approved procedures~~
- Supplies
- Biopsies performed in conjunction with a surgical procedure
- Services for treatment of "flat foot"
- Surgical or non-surgical treatment undertaken for the sole purpose of correcting a subluxated structure in the foot as an isolated entity
- Non-invasive vascular testing by Doctors of Podiatric Medicine
- Expanded EPSDT services for children under twenty one (21) years of age for which prior authorization has not been obtained from the Division of Medicaid
- Services performed for conditions "above the ankle" unless within the scope of the provider's licensure
- Services performed outside of the scope of licensure for the specific physician's specialty
- Services that are not medically necessary for the diagnosis and treatment of the condition of the foot

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- Items or services which are furnished gratuitously without regard to the individual's ability to pay and without expectation of payment from any source, such as free x-rays provided by a health department
  - Cosmetic surgery directed primarily at improvement of appearance and not for correction of defects resulting from trauma, disease, or birth defects
  - Routine physician checkups that are not part of the screening program for beneficiaries under twenty one (21) years of age which include examinations performed without relationship to treatment or diagnosis of a specific illness, symptom, complaint or injury
  - Immunizations or other preventive health services that are not a part of the screening program for beneficiaries under twenty one (21) years of age and are not related to treatment of injury or direct exposure to a disease such as rabies or tetanus
  - Prosthetic devices and orthopedic shoes for beneficiaries twenty one (21) years of age or older, except for crossover claims allowed by Medicare
  - Vitamin injections, except for B-12 as specific therapy for certain anemias: pernicious anemia, megaloblastic anemias, macrocytic anemias, fish tapeworm anemia; certain gastrointestinal disorders: gastrectomy, malabsorption disorders such as sprue and idiopathic steatorrhea, surgical and mechanical disorders such as resection of the small intestine, strictures, anastomoses and blind loop syndrome; certain neuropathies: posterolateral sclerosis, other neuropathies associated with pernicious anemia, during the acute phase or acute exacerbation of the following: multiple sclerosis, trigeminal and glossopharyngeal neuralgia, neuropathies of malnutrition and alcoholism, tabes dorsalis, herpes zoster, and other inflammatory neuritis not due to mechanical or traumatic etiology
  - Interest on late pay claims
  - ~~Physician assistants~~
  - Reimbursement for QMBs, except for Medicare/Medicaid crossover payments of Medicare deductibles and coinsurance
  - Reimbursement for any Medicaid service for Specified Low-Income Medicare Beneficiaries (SLMBs) group. They are entitled only to payment of their Medicare Part B premium.