



Frequently Asked Questions – Podiatry Benefit Changes

Effective Oct. 1, 2016, podiatry services are now a covered benefit for all Arizona Health Care Cost Containment System (AHCCCS) members. Services must be ordered by a primary care physician, or primary care practitioner, and must be performed by a licensed podiatrist.

Q1. What has changed?

A: AHCCCS reinstated payment for podiatry services on Aug. 6, 2016 by passing HB 2704. Services must be provided by a licensed podiatrist, pursuant to ARS title 32, Chapter 7.

Q2. Who will be affected by these benefit changes?

A: Adults 21 and older may receive the podiatry benefit, including American Indians and members receiving services through the Arizona Long Term Care System (LTC). The changes do not affect children's benefits.

Q3. Will AHCCCS eligibility change?

A: No, AHCCCS eligibility will not be affected by changes to the benefits.

Q4. Can members still receive podiatry services like foot and ankle care by other medical providers?

A: Yes, AHCCCS will pay for medically necessary foot and ankle procedures if provided by other practitioners, including reconstructive surgeries commonly performed by a podiatrist.

Q5. Can members be billed for benefits that are not covered by AHCCCS?

A: AHCCCS rule R9-22-702 permits an AHCCCS-registered care provider to charge, submit a claim for, or demand/collect payment for services from a member if all three of the following conditions apply:

- The member requests a benefit that is not covered or not authorized by the health plan or AHCCCS; **and**
- The care provider prepares and provides the member with a document describing the overall benefits and the approximate cost of the benefits; **and**
- The member signs the document prior to benefits being provided, indicating that the member understands and accepts responsibility for payment.

Q6. Where can I get more information about the benefit changes?

A: Please go to azahcccs.gov for more information.