



Claims Submission Tips for Routine Podiatry Services

We've created the following tips to help you submit claims for routine podiatry foot care services. By working together, we can improve the accuracy and timeliness of claims processing. We appreciate your help.

For UnitedHealthcare Community Plan members, routine podiatry services are covered if considered medically necessary with the following diagnoses:

- Arteriosclerosis obliterans including arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis
- Buerger's disease
- Chronic thrombophlebitis
- Diabetes mellitus
- Hereditary disorders:
 - Angiokeratoma corporis diffusum (also known as Fabry disease)
 - Amyloid neuropathy
 - Hereditary sensory radicular neuropathy
- Peripheral neuropathies involving the feet associated with:
 - Alcoholism
 - Arcinoma
 - Drugs and toxins
 - General and pellagra malnutrition
 - Leprosy or neurosyphilis
 - Malabsorption (celiac disease, tropical sprue)
 - Multiple sclerosis
 - Pernicious anemia
 - Traumatic injury
 - Uremia

Beginning March 1, 2017 for routine foot care services, enter the applicable diagnosis code for diagnoses listed into the primary position of box 21 **Diagnosis or Nature of Illness or Injury** on the CMS-1500 claim form.

- In box 21, enter "0" in the ICD indicator field
- In box 21 line "A", enter the applicable ICD-10-CM diagnosis code for routine podiatry services in the primary position. For example, routine podiatry services are covered if the member has a diagnosis of diabetes. The diabetes diagnosis code must be located in the primary position to be appropriately reimbursed.
- If the member has additional diagnoses, enter the respective diagnosis codes in the remaining lines in box 21.
- **To avoid a claim being denied, make sure the applicable diagnosis code is in the primary position.**

In box 24E, **Date(s) of Services**, relate the routine foot care HCPCS/CPT code service line to the applicable diagnosis code in the primary position of box 21 line "A".

Where to send your claims

Please use a CMS-1500 form when submitting a claim or its electronic equivalent. Mail paper claims to:

UnitedHealthcare Community Plan
Attention: Claims
P.O. Box 5220
Kingston, NY 12402-5220

Questions?

Please contact Provider Services at **888-650-3462** or your Provider Advocate. Thank you.