

**UAW Retiree Medical Benefits Trust  
(URMBT)  
Podiatry services**



**Blue Cross  
Blue Shield**  
of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

**Applies to:**

- Medicare Plus Blue<sup>SM</sup> PPO     Medicare Plus Blue<sup>SM</sup> Group     Both

**Podiatry Services**

Treatment of disorders/ailments of the foot, heel, ankle and leg.

**Original Medicare**

Original Medicare Part B covers podiatrist foot exams or treatment if you have diabetes-related nerve damage or need medically necessary treatment for foot injuries or diseases (like hammer toe, bunion deformities, and heel spurs).

**Medicare Plus Blue<sup>SM</sup> PPO enhanced benefit**

Medicare Plus Blue is a Medicare Advantage plan, which provid` t the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for podiatry services is provided to members under UAW Retiree Medical Benefits Trust (URMBT) Medicare Plus Blue PPO plan. Because Original Medicare generally excludes routine foot care services from coverage, unless there are specific indications or exceptions, the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member’s cost sharing are determined by the group.

The podiatry services benefit includes coverage at 100% of the approved amount up to 6 visits per year for routine foot care, which includes, preventive treatment of the foot, removal of corns and calluses, trimming, cutting and clipping of nails and wart care.

**Conditions for payment**

The table below specifies payment conditions for podiatry covered services.

<b>Conditions for payment</b>	
Eligible provider	M.D., D.O., D.P.M., Registered Nurse, Nurse Practitioner, Clinical Nurse Specialist, or Physician Assistant
Payable location	Office, home, Urgent care centers, Retail health centers
Frequency	Up to 6 visits per year
HCPCS codes	Routine foot care: G0245, G0246, G0247 Corn removal: 11055, 11056, 11057 Nail trimming: 11719, 11720, 11721
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

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[bcbsm.com/providers](http://bcbsm.com/providers)

## Reimbursement

Medicare Plus Blue Group PPO plan's maximum payment amount for **podiatry services** is available on the Medicare Plus Blue enhanced benefits fee schedule on our provider website at [bcbsm.com/amslibs/content/dam/public/providers/documents/medicare-plus-blue-fee-schedule.pdf](https://bcbsm.com/amslibs/content/dam/public/providers/documents/medicare-plus-blue-fee-schedule.pdf). The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost sharing. This represents payment in full, and providers aren't allowed to balance bill the member for the difference between the allowed amount and the charge.

## Member cost sharing

There is no member cost sharing for enhanced podiatry services.

If the member elects to receive a service that's not covered, he or she is responsible for the entire charge associated with that service.

Providers may not have members sign an ABN to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item/service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost-share.

To verify benefits and cost share, providers may utilize our provider portal or call 1-866-309-1719.

## Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Use electronic billing:
  - a. Michigan providers:

Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim And Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at [bcbsm.com/providers/help/edi](https://bcbsm.com/providers/help/edi).
  - b. Providers outside of Michigan should contact their local Blue Cross plan.

## Revision history

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Reviewed:

Revised: