

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY / PROCEDURE**

<b>Policy/Procedure Number:</b> MPUP3129		<b>Lead Department:</b> Health Services <b>Business Unit:</b> Utilization Management	
<b>Policy/Procedure Title:</b> Podiatry Services		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 02/18/2015 <b>Effective Date:</b> 02/01/2015		<b>Next Review Date:</b> 02/11/2027 <b>Last Review Date:</b> 02/11/2026	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b> <input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALS</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> <i>Robert Moore, MD, MPH, MBA</i>			<b>Approval Date:</b> 02/11/2026

**I RELATED POLICIES:**

- A. MCUP3124 – Referral to Specialists (RAF) Policy
- B. MCUP3041 – Treatment Authorization Request (TAR) Review Process
- C. MCUG3007 – Authorization of Ambulatory Procedures and Services
- D. MCUP3013 – Durable Medical Equipment (DME) Authorization
- E. MCUG3024 – Inpatient Utilization Management
- F. MCUG3032 – Orthotic and Prosthetic Appliances Guidelines

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Claims
- C. Member Services

**III. DEFINITIONS:**

- A. Podiatry or podiatric medicine is a branch of medicine devoted to the study of diagnosis, medical and surgical treatment of disorders of the foot, ankle and lower extremity.
- B. A Doctor of Podiatric Medicine (DPM) is a medical specialist who diagnoses and treats conditions affecting the foot, ankle, and structures of the leg.
- C. Podiatry Services include:
  - 1. Any medical services provided by a DPM, or
  - 2. Services provided by another physician or non-physician medical practitioner that could be performed by a DPM
- D. Direct Members: are those whose service needs are such that Primary Care Provider (PCP) assignment would be inappropriate. Assignment to Direct Member status is based on the Member’s aid code, prime insurance, demographics or administrative approval based on qualified circumstances. A Referral Authorization Form (RAF) is not required for Direct Members to see Partnership network providers and/or certified Medi-Cal providers willing to bill Partnership for covered services. However, many specialists will still request a RAF from the PCP to communicate background patient information to the specialist and to maintain good communication with the PCP.

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

This policy defines the scope of podiatric services covered by Partnership HealthPlan of California and the process for Members to obtain services.

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**VI. POLICY / PROCEDURE:**

- A. Podiatric office visits are covered as medically necessary and are limited to diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.
- B. Authorization
  1. Members assigned to a primary care provider (PCP) must have a Referral Authorization Form (RAF) from their PCP, unless the podiatrist is in the same practice.
  2. Direct Members may be seen by a Medi-Cal certified podiatrist without a referral.
  3. A Treatment Authorization Request (TAR) is required for procedures listed in the Partnership TAR Requirements document (see Attachment A of policy MCUP3041 Treatment Authorization Request (TAR) Review Process).
    - a. Partnership uses InterQual® Procedural Criteria, Adult and Pediatric, to evaluate for appropriate use of procedures and Partnership utilization management guidelines to evaluate for durable medical equipment (DME) needs (see policy MCUP3013 Durable Medical Equipment (DME) Authorization).
  4. A TAR is not required for office visits.
- B. Other Coverage: If a Partnership Member has other health coverage (including Medicare) that includes Podiatry Services, the other health insurance or Medicare is the primary payer.
- C. Medical necessity: Medical necessity for podiatry services provided to Partnership Members will be determined using InterQual criteria, Medi-Cal Guidelines and/or Medicare guidelines.

**VII. REFERENCES:**

- A. Medicare Podiatry Services: Information for Medicare Fee-for-Service Health Professionals. U.S. Department of Health and Human Services. Center for Medicare & Medicaid Services. Medicare Learning Network.
- B. InterQual® criteria
- C. Medi-Cal Provider Manual/ Guidelines: Podiatry Services ([podi](#))

**VIII. DISTRIBUTION:**

- A. Partnership Provider Manual
- B. Partnership Department Directors

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Health Services Officer

**X. REVISION DATES:**

Medi-Cal  
03/16/16; 03/15/17; \*06/13/18; 06/12/19; 06/10/20; 02/10/21; 02/09/22; 02/08/23; 02/14/24; 02/12/25; 02/11/26

\*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

**PREVIOUSLY APPLIED TO:**

Healthy Kids MPUP3129 Healthy Kids program ended 12/01/2016  
03/16/16 to 12/01/2016

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.