

Podiatry CPT Codes



Authorization Requirements and Frequency of Covered Podiatric Services

Podiatrists **must** obtain prior authorization, if required and as outlined below, by contacting the Centers Plan for Healthy Living Utilization Management team at 1-844-292-4211, OPT. 1. Podiatrists may also fax an authorization request to 1-718-581-5522. Please note that obtaining an authorization does not constitute a guarantee of payment as Claims must be submitted correctly.

Member Eligibility

- Podiatrists are responsible for verifying member eligibility. Failure to do so may result in a claim being denied. You can verify member eligibility by calling Member Services at (855) 270-1600. Podiatrists may also verify member eligibility online, 24/7 by logging onto the Provider Portal.

Medically Necessary Podiatry

PLAN	AUTHORIZATION REQUIREMENT
MLTC	No Authorization Required
MAPD	No Authorization is Required for the first 4 visits per year; Authorization is required for every visit thereafter
DSNP	No Authorization is Required for the first 4 visits per year; Authorization is required for every visit thereafter
ISNP	No Authorization Required
MAP	No Authorization is Required for the first 4 visits per year; Authorization is required for every visit thereafter

Not Medically Necessary Podiatry (Routine)

PLAN	AUTHORIZATION REQUIREMENT
MLTC	Not Covered unless the routine podiatry can prevent further medical complications*
MAPD	Not Covered unless the routine podiatry can prevent further medical complications*
DSNP	No Authorization is Required; <i>visits are limited to only 4 per calendar year</i>
ISNP	No Authorization is Required; <i>visits are limited to only 1 visit per every 3 months</i>
MAP	Not Covered unless the routine podiatry can prevent further medical complications*

**Complications include, but are not limited to Diabetes, Arthritis, and vascular disease. A podiatrist can also treat and perform surgery for common foot problems, such as ingrown toenails, plantar fasciitis, foot ulcer treatment, corns, and calluses. Minor rupture and/or tear of the Achilles tendon that may require surgical repair. Any routine podiatry that can prevent further medical complications will require prior authorization.*

Billing and Coding Instructions for Podiatrists

ICD-10 and CPT Coding

- Centers Plan for Healthy Living only accepts ICD-10 codes for the identification of patient symptoms or conditions. CPT codes, as updated from time to time, are the only acceptable version when submitting a claim. It is important to note that any claim that is submitted without the appropriate code or code version will be denied. For more information on which ICD-10 and CPT Podiatry codes are accepted by Centers Plan, please visit: www.centersplan.com/providers, under additional resources.
- Regardless of the Member's Line of Business, properly aligning the correct Diagnosis Code (ICD-10) with Service Code (CPT) is the only sure-fire way to ensure a clean claim and speedy reimbursement. Please be sure to note the Member's Line of Business for whom you are servicing, and what the accepted diagnostic pointers are.



Podiatry CPT Codes

Code	Description
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CA
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CA
10120	INCISION AND REMOVAL OF FOREIGN BODY, SU
10121	INCISION AND REMOVAL OF FOREIGN BODY, SU
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROM
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA
11420	EXCISION, BENIGN LESION INCLUDING MARGIN
11421	EXCISION, BENIGN LESION INCLUDING MARGIN
11422	EXCISION, BENIGN LESION INCLUDING MARGIN
11423	EXCISION, BENIGN LESION INCLUDING MARGIN
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S);
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S);
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPL
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPL
11740	EVACUATION OF SUBUNGUAL HEMATOMA
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIA
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MAT
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF S
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF S
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF S
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF S
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENC
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WH
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROS
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROS
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROS
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROS
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROS
17250	CHEMICAL CAUTERIZATION OF GRANULATION TI
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECT
20612	ASPIRATION AND/OR INJECTION OF GANGLION
28001	INCISION AND DRAINAGE, BURSA, FOOT
28008	FASCIOTOMY, FOOT AND/OR TOE
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TEND
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TE
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAIN
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAIN
28024	ARTHROTOMY, INCLUDING EXPLORATION, DRAIN
28090	EXCISION OF LESION, TENDON, TENDON SHEAT
28092	EXCISION OF LESION, TENDON, TENDON SHEAT
28100	EXCISION OR CURETTAGE OF BONE CYST OR BE
28104	EXCISION OR CURETTAGE OF BONE CYST OR BE

Podiatry CPT Codes

28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR K
28285	CORRECTION, HAMMERTOES (EG, INTERPHALANGE
28292	CORRECTION, HALLUX VALGUS (BUNIONECTOMY)
28302	OSTEOTOMY; TALUS
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALC
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING,
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING,
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATI
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATI
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROC
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEP
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEP
28470	CLOSED TREATMENT OF METATARSAL FRACTURE;
28475	CLOSED TREATMENT OF METATARSAL FRACTURE;
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE,
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE,
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOIN
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOIN
28805	AMPUTATION, FOOT; TRANSMETATARSAL
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOI
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT
29405	APPLICATION OF SHORT LEG CAST (BELOW KNE
29425	APPLICATION OF SHORT LEG CAST (BELOW KNE
29580	STRAPPING; UNNA BOOT
64450	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STERIOD;
64455	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STERIOD;
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLAN
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEP
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE,
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE,
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM

Podiatry CPT Codes

81000	URINALYSIS, BY DIP STICK OR TABLET REAGE
81002	URINALYSIS, BY DIP STICK OR TABLET REAGE
81015	URINALYSIS; MICROSCOPIC ONLY
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT
85018	BLOOD COUNT; HEMOGLOBIN (HGB)
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (
85041	BLOOD COUNT; RED BLOOD CELL (RBC), AUTOM
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED
85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUT
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMAT
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALU
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALU
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALU
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALU
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALU
99304	INITIAL NURSING FACILITY CARE, PER DAY,
99305	INITIAL NURSING FACILITY CARE, PER DAY,
99306	INITIAL NURSING FACILITY CARE, PER DAY,
99307	SUBSEQUENT NURSING FACILITY CARE, PER DA
99308	SUBSEQUENT NURSING FACILITY CARE, PER DA
99309	SUBSEQUENT NURSING FACILITY CARE, PER DA
99310	SUBSEQUENT NURSING FACILITY CARE, PER DA
99324	DOMICILIARY OR REST HOME VISIT FOR THE E
99325	DOMICILIARY OR REST HOME VISIT FOR THE E
99326	DOMICILIARY OR REST HOME VISIT FOR THE E
99327	DOMICILIARY OR REST HOME VISIT FOR THE E
99328	DOMICILIARY OR REST HOME VISIT FOR THE E
99334	DOMICILIARY OR REST HOME VISIT FOR THE E
99335	DOMICILIARY OR REST HOME VISIT FOR THE E
99341	HOME VISIT FOR THE EVALUATION AND MANAGE
99342	HOME VISIT FOR THE EVALUATION AND MANAGE
99343	HOME VISIT FOR THE EVALUATION AND MANAGE
99344	HOME VISIT FOR THE EVALUATION AND MANAGE
99345	HOME VISIT FOR THE EVALUATION AND MANAGE

Podiatry CPT Codes

99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE
99336	DOMICILIARY OR REST HOME VISIT FOR THE E
99337	DOMICILIARY OR REST HOME VISIT FOR THE E
99417	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING