Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Podiatry

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses contracted providers for the provision of services related to the diagnosis and treatment of medical conditions of the foot and ankle. Services must be within the scope of the provider's state practice laws.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Point32Health Reimburses

Routine Foot Care

Routine foot care (i.e., trimming of toenails, corn or callus removal) is reimbursed for members whose medical treatment or condition might impair circulation or sensation in the feet, or leave the member at significant risk for infection. This includes, but is not limited to, members with:

- Diabetes
- Lymphatic obstruction in the groin (Milroy's disease)
- Peripheral vascular disease
- Prolonged (six weeks or more) low white blood cell count as a result of chemotherapy, acute leukemia, or aplastic anemia or significant immunosuppressing disease state that is not in remission
- Significant loss of sensation in the feet

Non-Routine Foot Care

- Bunionectomy

- Nail debridement
- Treatment of ingrown toenails
- Treatment of planar warts

Medical/ Surgical Treatment

- Diagnosis of or treatment for medical conditions that have resulted from, or are with, partial displacement of structures of the foot
- Reasonable and necessary medical and surgical services, including but not limited to:
  - Incision and drainage of a simple, complicated or multiple abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle or paronychia)
  - Puncture aspiration of abscess, hematoma, bulla or cyst
- Treatment of subluxation of the foot, when it applies to medical or surgical treatment of subluxation of the ankle joint (talocrural joint

Point32Health Does *Not* Reimburse

- Extracorporeal shock wave therapy, involving plantar fascia
- Routine foot care for any conditions that do not meet requirements under Point32Health Reimburses
- Services that are outside the scope of podiatry practice
- Services performed in absence of localized illness, injury or symptoms involving the foot
- Simple trimming of the ends of the nails by cutting or grinding

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Related Policies and Resources

Payment Policies

- Durable Medical Equipment (DME) and Medical Supplies
- Evaluation and Management
- General Coding and Claims Editing
- Non-Covered Services
- Orthotics and Prosthetics
- Surgery
- Maximum Units

Clinical Policies

- Noncovered Investigational Services

Publication History

08/01/2026: Annual policy review; updated Related Policies and Resources; administrative edits
08/01/2025: Annual policy review; updated Related Policies and Resources; administrative edits
07/01/2024: Annual policy review; no changes
11/01/2023: Policy moved to new template; includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable;

please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.