

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

September 27, 2012

Medicaid Director, Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Towers (OCP-1211)
Albany, New York 12237

Dear Ms. Helgerson:

We have completed our review of New York's State Plan amendment (SPA) 12-15 received in office on June 28, 2012 and find it acceptable for incorporation into New York's Medicaid State Plan. This SPA proposes to reimburse private practicing podiatrist for podiatry services furnished to Medicaid eligible adults age 21 and older with diagnosis of diabetes mellitus.

Please note the approval date of this SPA is September 25, 2012 with an effective date of September 1, 2012. Copies of the approved State Plan pages and the signed CMS-179 are enclosed.

Should you have any questions or concerns please contact Tara Porcher at (212) 616-2418.

Sincerely,

John R. Guhl
Acting Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: #12-15	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 1, 2012*	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 09/01/2012 - 09/30/2012 (\$ 183,400) b. FFY 10/01/2012 - 09/30/2013 (\$ 2,200,779)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A: Page 2 Attachment 3.1-B: Page 2 **SEE REMARKS BELOW		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A: Page 2 Attachment 3.1-B: Page 2	
10. SUBJECT OF AMENDMENT: Reimbursement to private practicing podiatrists for podiatry services furnished to Medicaid eligible adults, age 21 and older, with a diagnosis of diabetes mellitus. (FMAP = 50%) *Implementation of this provision will not occur until the first day of the month following 30 days after SPA approval			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE:  OFFICIAL:		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: John A. Helgeson			
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: September 11, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: September 27, 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 01, 2012		20. TYPED NAME:  OFFICIAL:	
21. TYPED NAME: John Guhl		22. TITLE: Acting, Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: **This SPA proposes to provide reimbursement to private practicing podiatrist for podiatry services furnished To Medicaid eligible adults, age 21 and older with a diagnosis of diabetes mellitus.			

OFFICIAL

4a. Prior approval is required for all out-of-state placements at Specialized Care Facilities for difficult to place individuals or High level Care facilities for the head injured.

Medicaid payments shall not be authorized for nursing facilities which are not certified or have not applied for certification to participate in Medicare.

Care days in nursing facilities is reimbursed for Medicaid patients requiring and receiving medically necessary lower level of care services. Medical Assistance is provided until such time as the appropriate level of care becomes available.

5. Prior approval is required for certain procedures which may be considered cosmetic or experimental. Physicians are informed of the specific prior approval requirements in the MMIS Physician Provider manual.

6. Care and services will be provided only if they are in accordance with regulations or the Department of Health.

6a. Medicaid does not cover routine hygienic care of the feet in the absence of pathology.

[Fee for service podiatry] [p]Payment for podiatry services will [only] be made for services provided to Medicaid eligibles under twenty-one years of age under the EPSDT program and only by written referral from a physician, physician assistant, nurse practitioner or certified nurse midwife. [and,] Effective September 1, 2012, payment for podiatry services will include services provided to Medicaid recipients age 21 and older with a diagnosis of diabetes mellitus and only with a written referral from a physician, physician assistant, nurse practitioner or certified nurse midwife. Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision in the State Plan.

Only a qualified podiatrist, per 18 NYCRR Section 505.12(a)(1), who is licensed and currently registered to practice podiatry in New York State by the State Education Department, can provide podiatry services.

Such podiatry care and services may only be provided upon written referral by a physician, physician's assistant, nurse practitioner or nurse midwife, per their individual scope of practice consistent with New York State Education Law and the rules of the Commissioner of Education.

Nursing facilities, Intermediate Care Facilities for [the Developmentally Disabled (ICF/DD's)] Individuals with Intellectual Disabilities, and Article 28 or Article 31 inpatient facilities and certified clinics which include foot care services in the rate established for medical care for Medicaid recipients will continue to receive payments for these services through their rates. Additionally, Medicaid will continue to pay for medically necessary items and supplies (e.g., prescription[s] drugs) for all recipients when ordered by a private practicing podiatrist.

In the office setting, a podiatrist may only provide a limited number of clinical laboratory tests. Podiatrists are informed of the specific clinical laboratory tests they may perform, in their office setting, in the MMIS Podiatrists Manual. A podiatrist may only provide radiological services which are within the scope of podiatric practice. Amputation and bunion surgery may be performed by a podiatrist in a hospital setting.

TN #12-15

Approval Date SEP 27 2012

Supersedes TN #93-52

Effective Date SEP 01 2012

OFFICIAL

**Attachment 3.1-B
Supplement**

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