

# Liability Clarification for Routine Foot Care

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March 12, 2018

For a routine foot care claim, when the date last seen is **more than six months prior** to the date of service, the claim will deny the patient responsibility because it does not meet Medicare criteria.

If the date last seen by the patient's attending physician does **not meet Medicare criteria**, i.e. during the six-month period prior to the rendition of the routine-type service, then the **claim will deny for coverage** and will deem the claim as the **beneficiary's responsibility (PR)**.

For routine foot care services, the date last seen by the patient's attending physician and the supervising NPI are required on the claim for certain diagnoses. If this information is **not** entered on the CMS-1500 claim form/electronic equivalent, it is considered "**missing information**" and the **claim will be returned as Unprocessable** which assigns responsibility to the **provider (CO)**.