Medicaid Coverage for Podiatric Care: A National Survey

Medicaid coverage for podiatric services is an optional service that states may provide. States have wide latitude on how they define eligibility, scope of coverage, and limitations for optional services. This dataset is cross-sectional, displaying state Medicaid coverage for podiatric care in effect as of October 1, 2020. Additional maps and tables are available by visiting www.lawatlas.org.

**Podiatry Services Covered for All Classes of Medicaid Beneficiaries**

Nine jurisdictions do not provide Medicaid coverage for podiatric care beyond the federally required minimums.

Jurisdictions: 9 (AK, AL, KS, MA, MO, NJ, NY, WA, WY)

**Prior Authorization**

Of the 42 states that generally provide podiatric coverage, 25 have laws that explicitly require prior authorization for Medicaid coverage of podiatric services.

Jurisdictions: 25 (AR, AZ, CA, CO, CT, FL, GA, HI, ID, IL, IN, KY, LA, MD, ME, MS, MT, NC, NE, NV, PA, RI, SD, UT, WV)

**Out-Of-Pocket Costs**

Of the 42 states that generally provide podiatric coverage, 19 have laws that dictate some form of co-pay associated with Medicaid coverage of podiatric services.

Jurisdictions: 19 (CA, CO, FL, GA, ID, IL, KY, ME, MI, MN, MS, NE, NC, PA, SC, SD, UT, VA, WI)