

AAWC ALERT - Attention All Podiatrists

The CMS 2019 Proposed Rule for the Physician Fee Schedule will change E&M coding drastically for Podiatry Services

Public comments due no later than 5 p.m. on September 10, 2018.

Proposed Rule CMS-1693-P: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program

 **In the Rule, the CMS proposed to issue new codes that would reduce the level for E&M podiatry visits drastically. Your voice is needed!**

IMPORTANT ISSUE FOR AAWC PODIATRIC MEMBERS

CMS has singled out Podiatrists by proposing to create two new Podiatry services HCPCS G-codes;

HCPCS code GPD0X:

Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, new patient.

[work **RVU 1.36**, physician time **28.19 minutes**, direct costs summing to **\$21.29**]

HCPCS code GPD1X:

Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, established patient), to describe podiatric evaluation and management services.

[work **RVU 0.85**, physician time **21.73 minutes**, direct costs summing to **\$15.87**]

The proposed values are based on the average rate for E&M CPT codes 99201-99203 (Level 1-3 new patient visit) and CPT codes 99211-99212 (Level 1-3 established patient visit) respectively, weighted by podiatric volume.

AAWC will be sending comments to the CMS regarding this change and many others in the Proposed Rule.

- **All AAWC Members are ENCOURAGED to submit direct personal comments to the CMS.**
- AAWC members are also encouraged to send comments to the AAWC Health Care Public Policy Committee, so that we can support your issues in the overall comments we will submit to the CMS.

Key Issues to consider when preparing your own comment letter to the CMS:

(Be sure to reword, so that the CMS will not consider your letter as just a 'form' letter)

Overall, there is no podiatry service that is EVER equivalent to be coded as a CPT 99201 or 99211.

1. The scope of practice of Podiatrists in the US varies from state to state. There are some states that allow DPMs to practice above the ankle, and in several states even above the knee.
2. The DPM educationally, is equivalent in time and training to that of MD and DO medical and surgical specialties.
3. The CMS recognizes DPMs as 'qualified physician providers' under the Medicare law,
4. The reduction of Podiatry services to the only the equivalence of a Level 1-3 E&M service seems to be a discriminatory decision that will result in restricted patient access to medically-necessary skills of podiatry providers.
5. The CMS appears to lack an understanding and comprehension of the broad scope of podiatric medical practices, especially for those that have advanced surgical and wound care board certifications. None of the surgical or wound care services provided by Podiatrists are ever equivalent to level 1 or 2 E & M service.
6. Podiatrists perform **comprehensive multi-system examinations and complete history and physical examinations** as part of the E &M service visit; **those systems are: cardiovascular, neurological, dermatological, musculoskeletal, metabolic and psychological.**
7. The complexity of the Medicare beneficiary that visits a podiatrist is in need of a comprehensive exam and history due to the nature of their hypermetabolic states and multiple comorbid medical conditions that affect the lower extremity.

Because of the complexity of this issue and the resultant seemingly highly punitive effect to the Podiatry Medicare Provider, we suggest you request the proposed coding change should be offered as a OPEN PUBLIC HEARING, open to all stakeholders that this policy will affect.

- ✓ Please use your own wording to make some or all of these points in your own personal letters to CMS.

To submit your letter by September 10th, 2018 use the following address:

- **Submit electronic comments: Attention: CMS-1693-P @ <http://www.regulations.gov>.**
- **Submit mail written comments:
Centers for Medicare & Medicaid Services, Department of Health and Human Services**

Attention: CMS-1693-P
P.O. Box 8016
Baltimore, MD 21244-8016.

We would like to suggest that you copy the current CMS Administrator, Seema Verma on your letter.

- For electronic letter: Submit to Seema.Verma@[cms.hhs.gov](mailto:Seema.Verma@cms.hhs.gov).
- For letter sent by mail send to:

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1693-P
Mail Stop C4-26-05
7500 Security Boulevard,
Baltimore, MD 21244-1850