Why Were We Attacked for Using E/M Services?

Here's a look at CMS' attempted discrimination against podiatry.

BY MICHAEL J KING, DPM

Recently, the E/M (Evaluation and Management) services of podiatrists were singled out and "attacked" by CMS in an attempt to limit us to new G codes instead of the typical 5 levels of E/Ms. What was this all about? Why were we, podiatric physicians, singled out from all the other specialties, many of whom use the E/M at a much greater rate and higher level?

It is a long story with many parameters involved. During the time of the APMA Annual Scientific Meeting in Washington, DC, CMS came out with their annual proposed rule. In that rule, podiatric medicine was singled out for its use of codes CPT 99212-99214. As a profession, we tend to live in the lower levels CPT 99212 and 99213, so it appears that those are the only ones we need. That is a bit simplistic in its description, but it starts the debate.

The most fascinating part was the blatant discrimination (in this author's opinion) that occurred in selecting DPMs as the target for such a change. As the *APMA News* stated, "in a nutshell, CMS proposed to separate E/M services provided by podiatrists and assign them new codes. These codes would be specific to podiatrists and reimburse them at a lower rate than codes used by other physicians performing the exact same services." Really? This essentially said that if a patient presented to, let's say, an orthopedic surgeon for evaluation of a severe bunion, the practitioner would be allowed to bill a 99204, or similar, and we would have to bill a G code. These would have been GDP0X and GDP1X for new and follow-up visits, respectively.

We would have been paid about 25% of the CPT 99204 charge, and, I would argue, provide a much more comprehensive service to that patient. Actually, CMS had recognized, with the final rule coming and the fee schedule updated, that the podiatric physician would see a 12% increase in our E/M payments over the next 2 years! Ah…there is the real issue. So, they "shot across the bow" if you will, to see if this would fly. Thankfully, it did not. At least not for now.

As a profession, we tend to live in the lower levels CPT 99212 and 99213, so it appears that those are the only ones we need.

CMS had used the precedent that ophthalmology has its own set of E/

Continued on page 42

Attacked *(from page 41)*

M services, so why couldn't they do that for podiatry too? Fortunately, many other medical societies came out in support, as did Congress in not allowing this to proceed as planned. Congress has no real say in CMS and its final rule-making, but it does have influence and our colleagues helped utilize that influence in holding this off.

CMS has made it very clear that E/M services will be changing soon, but for ALL specialties, not just for podiatry. My understanding is that with the final rule not incorporating these changes, podiatry will see about a 2% increase in 2019 and a 10% increase in 2020. That may not be precise but it is my read. 2021 is the target year for big changes in everyone's E/M coding and payment.

CMS is moving forward with the collapsing of E/M services and we must be ever vigilant to protect our standing in the medical community.

CMS is moving forward with the collapsing of E/M services and we must be ever vigilant to protect our standing in the medical community. CMS Administrator Seema Verma said, "We know this is going to have a tremendous impact on many physicians in America. We want to get it right," But she said doctors should not think that the two-year implementation means CMS will not enact the change. "I think this hasn't been updated in 20 years," she said about the coding requirements for physician services provided in office visits.

The agency will consolidate codes for "evaluation and management" (E/M) visits to three—maintaining the level 5 code that is used for physicians who see the sickest patients who require more services. For the meantime, we are where we belong, in the mainstream of medical coding and billing with parity, wherever possible. Our voices were heard, and we must continue to make them heard. **PM**

Dr. King is Medical Director of Upperline Healthcare, Inc. and Past President of the APMA.