

24th Annual Joint National Podiatric CAC-PIAC Representatives' Meeting

I recently attended the 24th Annual Joint National Podiatric Contractor Advisory Committee (CAC)-Private Insurance Advisory Committee (PIAC) Representatives' Meeting, held in-person on November 15 in Alexandria, VA, on behalf of our state association. The meeting featured experts and leaders on both private and public insurance issues, as well as the opportunity to hear from our colleagues around the country to discuss new and ongoing trends and challenges impacting podiatry.

APMA President Larry Santi, DPM, kicked off the meeting with information about membership engagement opportunities, advocacy efforts, victories, coding resources, and member benefits and resources. Following Dr. Santi, Cindy Moon, MPP, MPH, vice president at Hart Health Strategies, an APMA consultant, provided her annual Medicare Physician Fee Schedule update as well as upcoming changes for 2025. She discussed the overall payment impacts, noting that while the finalized conversion factor is 32.3465 (-2.83 percent compared to 2024), **the estimated impact on podiatrists for 2025 not including scheduled payment reductions is 0 percent.** This status is subject to change before the start of the new year based on potential Congressional action. She also discussed the planned sunset of several telehealth flexibilities that were still available in 2024. These include geographic restrictions, waiving of originating site requirements, and the expansion of the types of providers eligible to furnish services via telehealth. Several more flexibilities are going to be extended by CMS, including the removal of telehealth frequency limitations, the allowance of direct supervision via two-way audio/video communications technology, use of virtual presence for teaching physician supervision, and a waiver of requirement to report home address if telehealth services are being provided from their home. Updates coming in 2025 will include allowing audio-only telehealth under certain conditions. and allowing direct supervision via two-way/audio-video communications technology on a permanent basis for a subset of services.

Jeffrey Lehrman, DPM, next provided updates on how to participate successfully in the 2025 Merit-Based Incentive Payment System (MIPS). APMA staff has recently created an updated MIPS resource page for 2025 at www.apma.org/mips2025. The first MIPS webinar, "MIPS PY 2025: Final Rule Review," is available now to view, and a second webinar, "MIPS PY 2025: Quality Performance Category," is scheduled for January 8th. More information about these webinars can be found on www.apma.org/MIPSWebinars.

Although there are no more automatic exceptions related to COVID-19 for 2024, those who were affected by the Change Healthcare cyberattack such that they were unable to collect MIPS data for an extended period of time may apply to be exempt from MIPS for PY 2024 through an extreme and uncontrollable circumstance (EUC) application. The application must be submitted by December 31. Other participants in areas affected by certain hurricanes and other natural disasters in the past year may be eligible for automatic exemptions, as indicated by APMA in previous Weekly Focus articles. Keep in mind that

participants who fail to meet the required threshold could be subject to as much as a 9-percent reduction in Medicare Part B allowable payments in subsequent years.

David Freedman, DPM, presented information regarding BMAD. that Medicare Part B enrollees have decreased significantly from 2016 to 2021, and he also noted the expansion of Medicare Advantage programs across the country. Dr. Freedman also highlighted the increase of charges in diabetic shoes despite the decrease of usage amongst patients. Next, guest speaker Anitra Graves, MD, First Coast Service Options (FCSO) Contractor Medical Director (CMD), addressed the attendees. Dr. Graves delivered a presentation of the LCD process, and the role CAC representatives serve during this process. After Dr. Graves concluded her presentation Edward Prikaszczikow, DPM, gave an update to attendees about the CAC engagement coalition initiative and its progress in fostering greater involvement in the LCD process.

To wrap up the morning portion, attendees broke into discussion groups based on their Jurisdiction Medicare Administrative Contractors (MACs) to discuss common issues. In the public insurance arena, the biggest areas of concern were:

- continued average member familiarity with MIPS (Very 27 percent; Somewhat 40 percent; None 33 percent);
- lingering complications that require redetermination for repeat CPT 11730 and CPT 11750 procedures;
- challenges with reimbursement related to nail trimming and debridement (CPT 11719–11721, G0127), along with corn and callus removal (CPT 11055–11057);
- denial or reduction in payment when submitting significant and separately identifiable Evaluation and Management (E/M) services with other minor surgical procedures and the -25 modifier; and
- issues related to RNs performing at-risk foot care and continued complications with the Therapeutic Shoes for Persons with Diabetes (TSD) program.

APMA Vice President of Legislative Advocacy Benjamin J. Wallner addressed the impact of recent elections, and how a new Congress and administration will affect APMA's legislative goals. During the next session of Congress, the chambers are likely to tackle the debt ceiling, individual tax cuts extensions, ACA exchange subsidies, Medicare Advantage policies, and Medicare changes that involve the physician payment reform and drug pricing. Lame duck priorities for APMA include the Medicare physician fee schedule, the DEA/Mate Act, and the NDAA.

APMA private insurance consultant Kelli Back, Esq., provided attendees an update on ongoing issues and trends for Medicare Advantage (MA) and commercial plans. In 2024, approximately half of Medicare-eligible patients were enrolled in MA plans. This year also saw numerous regulatory changes. It was the first year for MAOs to implement new rules around utilization management and prior authorization changes. MAOs will only require authorization for verifying diagnosis or other medical criteria. If there are denials, those who do these reviews are not required to be in the same specialty but must have reasonable medical knowledge. MAOs must also align with national and local coverage

determinations (NCDs and LCDs) and not add additional requirements. MAOs are further required to disclose prior authorization metrics such as approval/denial rates, appeal outcomes, and the length of time it takes to process these.

Meeting attendees spent time discussing regional concerns in Medicare Advantage and private insurance areas. This key meeting feature allows representatives to share experiences and collaborate on solutions to common issues. Common issues discussed included denials or reimbursement reduction for claims billed with the -59 or -25 modifiers, DME audits prior authorizations, and skin substitutes.

During the meeting, Jodie Sengstock, DPM, was elected to serve as the next CAC Chair. She succeeds Theresa Hughes, DPM, who served for the previous two years. Additionally, the Franklin Kase, DPM, Memorial CAC-PIAC Representative of the Year Award was presented to Janet Simon, DPM, for her hard work and dedication to her profession, her unfailing support in promoting CAC and PIAC issues, and in her efforts to promote public health. The meeting also included time dedicated to discussing the roles and responsibilities of CAC and PIAC reps.

To view more information about the 2024 Joint Annual National CAC-PIAC Meeting, including recordings, presentations, and notes, visit www.apma.org/cacpiac2024.