

### How Health Policy and Practice Affects Your Practice



APMA's Department of Health Policy and Practice handles a wide range of activities that directly affect you as a practicing podiatric physician. Think in terms of Medicare, Medicaid, TRICARE, CMS, OIG, HIPAA, DME, CoPs, BMAD data, CAC and PIAC, private insurance, managed care, hospital privileging, state scope of practice,

JCAHO, CPT and coding, and RUC and reimbursement, and this department has the bases covered.

Three of APMA's major committees—Health Policy, Health Systems, and Coding—are capably staffed by the Department of Health Policy and Practice. Coordination and communication are key when it comes to the activities of each of these committees, and APMA's success in these areas in recent years can be attributed to a team approach. APMA has invested significant time and effort to ensure that the tasks handled by the committees and relevant staff are executed effectively and efficiently, and as the Department of Health Policy and Practice continues to grow, so, too, does its ability to serve the membership.

In recent months, much has been accomplished as a result of the combined efforts of the Department and these committees, and a few highlights deserve recognition.

The Medicare 2005 physician fee schedule directly affects practicing podiatrists through the physician fee update, new requirements for durable medical equipment (DME), impending changes to existing physical therapy requirements, and adjustments to the medical malpractice relative value units. APMA routinely addresses issues of concern with the Centers for Medicare & Medicaid Services (CMS), and our ability to deal with challenging subjects continues to grow in a way that benefits members.

In the coming year, CMS is expected to release new proposals that will affect members. The long-awaited Medicare Conditions of Participation (CoPs) for Hospitals, which should revise CMS's current requirement for histories and physicals so that state laws and hospital bylaws will dictate who may perform those services, has a projected release date this

spring. For many years, APMA has been a strong advocate for revising the current policy, and we remain in constant communication with CMS regarding the expected proposal.

Additionally, APMA is closely monitoring the new competitive bidding process, which was mandated by the Medicare Modernization Act of 2003 (MMA). APMA has already contacted CMS regarding items provided through the Therapeutic Shoes for Individuals with Diabetes (TSD) benefit and has confirmed that codes A5500–A5511 and K0628 and K0629 are not expected to be subject to competitive bidding. Even though APMA understands that nothing is considered final until CMS finalizes regulations, this is a positive finding.

Each year, the Health Policy and Practice Department and the Health Policy and Health Systems Committees conduct the Annual Joint National Podiatric Carrier Advisory Committee (CAC) and Private Insurance Advisory Committee (PIAC) Representatives meeting. The meeting is usually scheduled in September, and the most recent conference was the fourth joint meeting of the CAC and PIAC representatives and the seventh consecutive meeting for the CAC representatives. The meeting is intended to educate state-appointed CAC and PIAC representatives—who are responsible for assisting members at the local level in addressing insurance issues—about public and private insurance issues of national importance. More than 75 individuals participated in the two-day meeting, and attendees were able to network with colleagues from across the country. Once again, several CMS officials participated in the meeting, as did a representative from Aetna. Planning for the 2005 meeting is underway.

April 21, 2005, is an important date for physicians because that is the deadline for compliance with the new Security Regulations. Last July, APMA released the *APMA HIPAA Security Manual*, which is intended to help podiatric physicians become compliant with the new regulations. If you have not yet initiated efforts to become compliant, start now. The *APMA HIPAA Security Manual* is available on the APMA Web site and is the third manual of this type to be produced as a free member benefit in recent years. Previous publications include the *Medicare Compliance Manual* and the *APMA HIPAA Privacy Manual*.

Ongoing representation at the Relative Value Sys-

tem (RVS) Update Committee (RUC) and the Current Procedural Terminology (CPT) meetings is a priority for APMA. The RUC makes recommendations to CMS about reimbursement amounts for individual procedures and services, and CPT establishes new codes, revises existing codes, and deletes unnecessary codes. APMA is present at every RUC and CPT meeting, and the volume of communication that occurs relative to these two activities is significant. APMA is a player in both of these processes, and hard work and intense focus are part of the equation.

As I write this column, Frank Spinosa, DPM, Nancy Parsley, DPM, and I just finished working at the RUC meetings to get a fair value for the recently approved CPT code for extracorporeal shock wave involving the plantar fascia. We worked closely with the American Academy of Orthopaedic Surgeons and the American Orthopaedic Foot and Ankle Society on this code proposal.

In the last several years, APMA has been involved in two separate lawsuits against a variety of managed-care companies. A settlement with CIGNA has been reached and was widely reported on. Providers involved in the settlement can claim a portion of the \$11.55 million award, but the prospective relief involved with the settlement is key. In a separate case, APMA has completed the discovery and deposition phases, both of which have required a significant amount of attention from the board and involved staff.

Still, there is more work to be done, and this activity is expected to continue into the foreseeable future.

Last August, the Coding Committee launched the first of a new series of coding seminars, and a second seminar was held during the SAM meeting in Florida in January. More than 500 attendees were present at SAM at 7:00 AM for the latest seminar. A third seminar will be presented at the Midwest Podiatry Conference in Illinois next month. The committee is also updating APMA's Global Surgical Services Report, and continues to respond to a never-ending array of CPT code proposals.

These are just a few of the items addressed in recent months by the Health Policy, Health Systems, and Coding Committees, in cooperation with the Department of Health Policy and Practice. Drs. Mike King, Frank Spinosa, and Ross Taubman, the respective chairs of Health Systems, Coding, and Health Policy, do a magnificent job managing these very challenging committees.

There are many other activities as well, too numerous to mention. The activities of the committees and department continue to expand, and APMA members are the direct beneficiaries. APMA's ability to represent its members on public and private insurance issues, coding, reimbursement, and all other relevant areas is unmatched in our profession and will continue to grow and improve in ways that will satisfy and amaze.

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