HALT MEDICARE PAYMENT CUTS JEOPARDIZING PATIENT ACCESS TO FOOT AND ANKLE CARE

Congress must pass a one-year moratorium on the finalized payment reduction in the 2027 Medicare Physician Fee Schedule that would arbitrarily reduce payment where multiple unrelated services are reported on the same day, at the expense of patient access to care.

Payment for Same-Day Services

As a general rule, when a physician performs a procedure, Medicare makes a **single payment** for the procedure that includes the physician's work associated with the procedure as well as related evaluation and management services.

However, patients sometimes present with additional issues beyond the procedure they were scheduled for. A coding modifier (25 Modifier) exists for these situations. When a physician performs an additional evaluation and management service that is significant and separately identifiable from the original procedure, they can **append the 25 Modifier** to be separately reimbursed for this distinguishable care.

Patient Example: Foot Ulcers

- A patient presents for treatment of a diabetic foot ulcer on the left foot, which requires an ulcer debridement procedure.
- While treating the patient, the podiatrist notes an arterial ulcer on the right foot.
- In addition to performing the ulcer debridement procedure, the podiatrist evaluates the new ulcer and forms a treatment plan.
- The podiatrist reports the ulcer debridement code + E/M with Modifier 25 for the arterial ulcer.

Patient Example: Callus Treatment

- A diabetic patient presents for treatment of several pre-ulcerative calluses. The podiatrist performs a procedure to remove the calluses.
- While treating the patient, the patient complains of new heel pain.
- In addition to the callus procedure, the podiatrist evaluates the heel and diagnoses and treats the patient for plantar fasciitis.
- The podiatrist reports the callus removal code + E/M with Modifier 25 for the heel pain.

Same Day Services Increase Patient Access to Foot and Ankle Care

The 25 Modifier increases patient access to care by enabling physicians to manage multiple conditions in a single patient visit. This flexibility is particularly important for podiatrists, as most of their patients have two different feet and often present with multiple, unrelated foot conditions at the same time. Patients require less trips to their provider, and physicians are appropriately compensated for performing multiple services in one visit.

CMS Finalized Policy: Reduces Payments for the 25 Modifier

Without clear evidence or empirical support, CMS asserted in the 2027 Medicare Physician Fee Schedule Final Rule that there is overlap when two services are performed on the same day and therefore, physicians will receive a payment reduction when reporting the 25 Modifier.

The agency finalized an **arbitrary 20% cut to unrelated services reported on the same day.** CMS did not specifically identify where duplication occurs or how it came to 20 percent as a justifiable reduction amount.

CMS also failed to recognize that the American Medical Association's (AMA's) Relative Value Scale Update Committee (RUC) **already considers and removes duplication** for many codes where it identifies overlap when two unrelated services are performed. For example, in podiatry, payment was revalued and reduced for CPT code 11755 (biopsy of nail unit) in 2019 and CPT code 29540 (strapping, ankle and/or foot) in 2011. CMS will still apply its reductions to codes that have already been subject to reduced payment by the RUC.

CMS's finalized 20 percent payment reduction will be catastrophic for podiatrists and their patients.

- Podiatrists' payments will not cover the cost of delivering care.
- Podiatrists' ability to provide comprehensive, patient-centered care during a single visit will be reduced.
- Patients may be forced to take multiple trips to their physician for care that could have been provided in a single visit, incurring additional travel and cost-sharing expenses.
- Solo, small, and rural independent podiatry practices will face increased pressure to close or consolidate given additional financial strain.
- Access to podiatry services for patients will decrease.

CONGRESS MUST STEP IN TO PROTECT PATIENT ACCESS TO SAME-DAY FOOT AND ANKLE CARE

We respectfully ask Congress to:

Establish a one-year moratorium on the 20% cut to same-day services reported with 25 modifier.



Require CMS to provide ample data on the policy's consequences for physicians and Medicare beneficiaries.

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