

January 3, 2017

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Director of Practitioner Services  
Center for Medicare and Medicaid Services  
7500 Security Blvd  
Baltimore, MD 21244-1850

**RE: HCPCS G-code to Improve Payment Accuracy for Care of People with Mobility-Related Disabilities**

Dear Director Howe,

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) recognizes that there was no formal comment period for the Medicare Physician Fee Schedule final rule this year. However, we are eager to work with you on some important issues described in the rule. AAPM&R appreciates that CMS considered the numerous comments to the proposed rule our society submitted on behalf of physiatrists. We were pleased with the many modifications made to the policies finalized throughout the rule. Furthermore, we continue to be very interested in working with CMS moving forward on the HCPCS G-code to improve payment accuracy for the care of people with mobility-related disabilities. Please consider the following comments as you determine next steps for this important initiative.

AAPM&R member physicians serve a disproportionate number of individuals with physical disabilities, especially those with mobility impairments. As an Academy, we have long aligned ourselves with the interests of persons with disabilities and chronic conditions, and have promoted policies to increase access, choice and quality of health care services to improve health and function, quality of life and independent living.

AAPM&R agrees that the current reimbursement structure does not account for the additional labor and practice expense costs associated with caring for persons with disabilities. This reimbursement gap has the potential to create access to care issues. We laud any efforts on the part of CMS to more accurately account for the work our members do in caring for individuals who are arguably most in need of quality care.



In our comment letter to the proposed rule dated September 6, 2016, AAPM&R highlighted two key concerns regarding the proposal to improve payment accuracy for care of people with mobility-related disabilities.

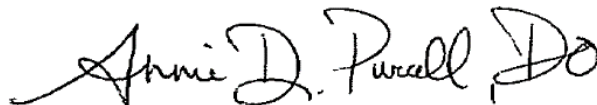
- First, the proposal too narrowly focused on beneficiaries with mobility impairment, by favoring one disability subgroup over another.
- Second, granting a physician the ability to bill the Medicare program for an additional fee in order to provide accessible health care services would impose a higher co-payment on the part of patients with disabilities. AAPM&R strongly opposes any policy that would discriminate against persons with disabilities.

While we were pleased to see that no additional financial burden was added for beneficiaries since no payment was assigned to the established G code for 2017, we continue to be concerned about how this proposal may be implemented in years to come. The Academy continues to urge CMS to consider additional codes to account for additional disabled individuals. We also stress the importance of covering the G code(s) at 100 percent cost-sharing similar to preventive services, thereby eliminating any additional payment obligation on the part of the patient.

AAPM&R wishes to offer our expertise to assist CMS in your efforts to improve payment accuracy for the care of people with disabilities. We recognize that you are looking for information about which providers offer these services and how these services should be appropriately valued. AAPM&R membership is the ideal group for you to work with to address your questions. ***The Academy formally requests the opportunity to meet with CMS representatives to address these issues.***

Please contact Carolyn Winter-Rosenberg at 847-737-6024 or by email at [cwinterrosenberg@aapmr.org](mailto:cwinterrosenberg@aapmr.org) for further information.

Sincerely,



Annie Davidson Purcell, D.O.  
Chair  
Reimbursement and Policy Review Committee