



January 23, 2026

Michael Chernow, PhD
Chair
Medicare Payment Advisory Commission
425 I Street, NW
Suite 701
Washington, DC 20001

Re: Classification of Doctors of Podiatric Medicine

Dear Chair Chernow:

On behalf of the American Podiatric Medical Association and the podiatric physicians, also known as doctors of podiatric medicine or podiatrists, we represent nationwide, we write to formally object to the regular misclassification of podiatrists in a non-physician “other” practitioner category in analyses and reports issued by the Medicare Payment Advisory Commission (MedPAC or Commission). Appendix A provides a sample of instances where this misclassification occurs.

This classification is incorrect as a matter of law. Under Section 1861(r) of the Social Security Act (see Appendix B), doctors of podiatric medicine are explicitly defined as physicians for purposes of the Medicare program. This statutory designation is unambiguous and has governed Medicare payment, coverage, and policy for decades. Podiatrists are licensed physicians who independently diagnose and treat medical conditions and who furnish medically necessary physician services to Medicare beneficiaries.

By categorizing podiatrists outside the physician category, MedPAC’s analyses conflict with Medicare statute and risk producing inaccurate and misleading conclusions regarding physician workforce supply, service utilization, access to care, and payment policy. Podiatric physicians play a critical role in the care of older adults and patients with chronic and complex conditions, including diabetes, vascular disease, and mobility impairments. Excluding them from physician analyses understates physician capacity and misrepresents the composition of the Medicare physician workforce.

MedPAC’s work is highly influential in shaping Medicare policy. As such, it is essential that its analyses accurately reflect statutory definitions and the realities of clinical practice. Continued misclassification of podiatrists risks undermining the validity of MedPAC’s findings and policy recommendations.

Accordingly, APMA urges MedPAC to promptly correct its classification methodology and to ensure that doctors of podiatric medicine are consistently included in the physician category in all current and future reports, analyses, and data products.

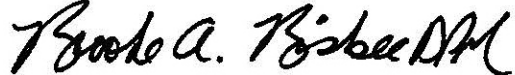
Michael Chernow, PhD

January 22, 2026

Page 2

APMA stands ready to provide technical assistance or additional information as needed to facilitate this correction. We appreciate your prompt attention to this matter and look forward to MedPAC's future work accurately reflecting the physician status of podiatrists under Medicare. Please contact Chad Appel, JD, CAE, Vice President, Advocacy at cappel@apma.org, if you have any questions or would like to discuss this issue further.

Sincerely,

A handwritten signature in black ink that reads "Brooke A. Bisbee DPM". The signature is written in a cursive, flowing style.

Brooke A. Bisbee, DPM
President

C:
Paul B. Masi, MPP Executive Director, MedPAC

Appendix A

Sample of MedPAC Designation of Podiatrists as a Non-Physician Practitioner Type

The excerpts below illustrate how, in its reports and analyses, MedPAC misclassifies podiatrists as non-physician practitioners.

Source: March 2025 Report to Congress

Executive Summary, p. xvi - Physician and other health professional services

Medicare’s physician fee schedule pays for about 9,000 types of medical services—ranging from office visits to surgical procedures, imaging, and tests—that are delivered in physician offices, hospitals, nursing homes, and other settings. The clinicians who are paid to deliver these services include not only physicians, advanced practice registered nurses (APRNs), and physician assistants (PAs) but also chiropractors, podiatrists, physical therapists, psychologists, and other types of health professionals. In 2023, the Medicare program and its beneficiaries paid \$92.4 billion for services billed by about 1.4 million clinicians and delivered to 28.2 million FFS beneficiaries, accounting for just under 17 percent of FFS spending. As described in Chapter 4, most physician payment adequacy indicators have remained stable or improved in 2023 and 2024, but clinicians’ input costs are estimated to have grown faster than the historical trend.

Chapter 4, p. 97 – Chapter summary

In 2023, traditional fee-for-service (FFS) Medicare’s physician fee schedule paid for about 9,000 types of medical services provided across a variety of care settings. These services included office visits, surgical procedures, imaging, and tests delivered in physician offices, hospitals, skilled nursing facilities, and other settings. The clinicians who are paid to deliver these services include not only physicians, advanced practice registered nurses (APRNs), and physician assistants (PAs), but also chiropractors, podiatrists, physical therapists, psychologists, and other types of health professionals. The Medicare program and its beneficiaries paid \$92.4 billion in 2023 for fee schedule services billed by about 1.4 million clinicians and delivered to 28.2 million FFS beneficiaries, accounting for just under 17 percent of spending in FFS Medicare. Spending on clinician services by FFS Medicare and its beneficiaries was \$0.7 billion higher in 2023 than in 2022, representing a 0.7 percent increase in total spending. This increase is largely attributable to a 3.3 percent decrease in the number of beneficiaries enrolled in FFS Medicare and 4.2 percent growth in spending per FFS beneficiary.

Chapter 4, p. 103 – Background

In 2023, just over 1.4 million clinicians, including physicians, advanced practice registered nurses (APRNs), physician assistants (PAs), chiropractors, podiatrists, physical therapists, psychologists, and other types of health professionals, billed the Medicare physician fee schedule for services. The number of clinicians billing the fee schedule in 2023 was higher than the previous year.

Chapter 4, p. 116 – Table 4-1 note

APRN (advanced practice registered nurse), PA (physician assistant). “Primary care specialty” includes family medicine, internal medicine, pediatric medicine, and geriatric medicine, with an adjustment to exclude hospitalists. Hospitalists are counted in “other specialties.” “Other practitioners” includes clinicians such as physical therapists, psychologists, social workers, and podiatrists. This table includes only physicians with a caseload of more than 15 fee-for-service beneficiaries in the year. Beneficiary counts used to calculate clinicians per 1,000 beneficiaries include those enrolled in fee-for-service Medicare Part B. Numbers exclude nonperson providers, such as clinical laboratories and independent diagnostic-testing facilities. Components may not sum to totals due to rounding.

Chapter 4, p. 116-117 – Discussion

While the total number of clinicians billing the fee schedule rose between 2018 and 2023, trends varied by type and specialty of clinician. Since 2018, the number of primary care physicians (which include physicians specializing in family medicine, internal medicine, pediatric medicine, and geriatric medicine, with an adjustment to exclude hospitalists) billing the fee schedule declined from 139,000 to 132,000—a net loss of about 7,000 primary care physicians by 2023 (an average annual decline of 1.0 percent). However, the number of beneficiaries enrolled in FFS Medicare also declined over this period. As a result, the number of primary care physicians per 1,000 FFS Medicare beneficiaries increased over the period from 4.2 to 4.6. The total number of specialist physicians grew from 462,000 to 483,000, and the ratio of specialist physicians to every 1,000 beneficiaries increased from 13.9 to 16.8. Over the same five-year period, the number of APRNs and PAs billing the fee schedule grew rapidly from about 237,000 to 327,000 (an average increase of 6.6 percent per year), or from 7.1 per 1,000 beneficiaries to 11.4 per 1,000 beneficiaries.¹¹ Meanwhile, the number of other practitioners, such as physical therapists and podiatrists, increased, as did the ratio of these practitioners per 1,000 beneficiaries.

Source: July 2025 Data Book

Section 7, p. 78 – Table 7-4 note

FFS (fee-for-service), APRN (advanced practice registered nurse), PA (physician assistant). “Primary care specialties” includes family medicine, internal medicine, pediatric medicine, and geriatric medicine, with an adjustment to exclude hospitalists. Hospitalists are counted in “other specialties.” “Other practitioners” includes clinicians such as physical therapists, psychologists, social workers, and podiatrists. The number of clinicians shown in this table includes only those with a caseload of more than 15 beneficiaries in the year. Beneficiary counts used to calculate clinicians per 1,000 beneficiaries include beneficiaries enrolled in traditional Medicare Part B. Versions of this chart that were published before 2025 used beneficiary counts that included all

beneficiaries enrolled in Part B, including both those in traditional FFS Medicare and Medicare Advantage. Numbers exclude nonperson providers such as clinical laboratories and independent diagnostic testing facilities. Components may not sum to totals due to rounding.

Section 7, p. 78 – Third bullet

Over the 2018 to 2023 period, the number of primary care physicians billing the fee schedule slowly declined—yielding a net loss of about 7,000 primary care physicians by 2023. However, on a per FFS beneficiary basis, the number of primary care physicians grew over the same period. Over the same five-year period, the number of APRNs and PAs billing the fee schedule grew rapidly from about 237,000 to 327,000. The number of specialist physicians and other practitioners, such as physical therapists and podiatrists, who billed the fee schedule increased at a steady pace.

Appendix B Statutory Medicare Definition of “Physician”

[42 U.S.C. 1395x\(r\)](#) – also Section 1861(r) of the Social Security Act – defines “physician” as follows, to include a doctor of podiatric medicine:

(r) Physician

The term "physician", when used in connection with the performance of any function or action, means (1) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action (including a physician within the meaning of [section 1301\(a\)\(7\) of this title](#)), (2) a doctor of dental surgery or of dental medicine who is legally authorized to practice dentistry by the State in which he performs such function and who is acting within the scope of his license when he performs such functions, (3) a doctor of podiatric medicine for the purposes of subsections (k), (m), (p)(1), and (s) of this section and [sections 1395f\(a\), 1395k\(a\)\(2\)\(F\)\(ii\), and 1395n of this title](#) but only with respect to functions which he is legally authorized to perform as such by the State in which he performs them, (4) a doctor of optometry, but only for purposes of subsection (p)(1) and with respect to the provision of items or services described in subsection (s) which he is legally authorized to perform as a doctor of optometry by the State in which he performs them, or (5) a chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards promulgated by the Secretary, but only for the purpose of subsections (s)(1) and (s)(2)(A) and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation) which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided. For the purposes of [section 1395y\(a\)\(4\) of this title](#) and subject to the limitations and conditions provided in the previous sentence, such term includes a doctor of one of the arts, specified in such previous sentence, legally authorized to practice such art in the country in which the inpatient hospital services (referred to in such [section 1395y\(a\)\(4\) of this title](#)) are furnished.