



## **Medicare CY2025 Proposed Rules Released Physician Payment and Hospital Outpatient Prospective Payment System & Ambulatory Surgical Center**

On July 10, 2024, the Centers for Medicare and Medicaid Services (CMS) posted proposed rules for both the Calendar Year (CY) 2025 Medicare Physician Fee Schedule (MPFS), and the CY2025 Hospital Outpatient Prospective Payment System (OPPS) & Ambulatory Surgical Center (ASC). Comments are due no later than September 9, 2024.

The American Society of Echocardiography (ASE) has identified the following key takeaways:

### ***Medicare Physician Fee Schedule (MPFS) Proposed Rule***

**CY2025 MPFS Conversion Factor:** The 2025 Medicare conversion factor is set to decrease for the fifth straight year by approximately 2.80% from \$33.2875 to \$32.3562. This cut is largely the result of the expiration of a 2.93% temporary update to the conversion factor at the end of 2024 and a 0 percent baseline update for 2025 under the Medicare Access and CHIP Reauthorization Act (MACRA).

**Absent Congressional action, CMS proposes to largely end COVID-19 era telehealth flexibilities:** Current COVID-19 telehealth flexibilities are in place until December 31, 2024. CMS is proposing that absent Congressional action, beginning January 1, 2025, the statutory restrictions on geography, site of service, and practitioner type that existed prior to the COVID-19 public health emergency will go back into effect. CMS is proposing to maintain virtual direct supervision to auxiliary personnel when required. CMS is also proposing temporary extensions of virtual supervision for certain services when teaching physicians virtually supervise telehealth services provided by residents in teaching settings. Congress has been debating a temporary 2-year extension of current COVID-19 telehealth flexibilities. If passed, CMS would then update its regulations to reflect current law. ASE supports current telehealth flexibilities, and the Society will continue to monitor these policy discussions.

**CMS rejects new telemedicine office visit codes:** For CY2025, the CPT Editorial Panel created 16 codes (9X075-9X090) to describe telemedicine office visit services, which are patterned after the in-office visit codes, including code 9X091 (Virtual check-in). CMS is proposing not to accept 9X075-9X090 since they do not believe there is a programmatic need for these codes. CMS states that the currently available office visit codes, with appropriate modifiers, could distinguish office visit codes provided virtually from those provided face-to-face. CMS does propose to accept 9X091 with the RUC recommended value of 0.30 work RVUs and it proposes to delete HCPCS code G2012, (Brief communication technology-based service, e.g. virtual check-in) which describes a very similar service.

**Cardiovascular Risk Assessment and Management:** Beginning CY2025, CMS is proposing coding and payment for an Atherosclerotic Cardiovascular Disease (ASCVD) risk assessment service and risk management services. The ASCVD risk assessment would be performed in conjunction with an



Evaluation and Management (E/M) visit when a practitioner identifies a patient who is at risk for cardiovascular disease without a previous diagnosis. ASE will update members on this new addition to E/M services as more details become available.

**CMS allows for expanded reporting of office/outpatient (O/O) Evaluation and Management (E/M) visit complexity add-on code G2211.** CMS established payment for G2211 in CY2024 but excluded payment when Modifier-25 (a separately identifiable service reported on the same day as an E/M service) was reported. For CY2025, CMS is proposing to allow payment for G2211 when the O/O E/M base code is reported by the same practitioner on the same day as an annual wellness visit, vaccine administration, or any Medicare Part B preventive service furnished in the office or outpatient setting.

### *Hospital Outpatient Prospective Payment System (OPPS) & Ambulatory Surgical Center (ASC) Proposed Rule*

**Hospital and ASC payments increase:** CMS proposes updating OPPS and ASC payment rates for hospitals that meet applicable quality reporting requirements by 2.6%. This update is based on the projected hospital market basket percentage increase of 3.0%, reduced by a 0.4% point productivity adjustment.

**Quality:** A number of proposals have been made to update and refine facility quality reporting programs. ASE will comment on the feasibility and associated administrative burden of some proposals.

### *Full Rules, Fact Sheets, and Payment Charts*

ASE will continue to analyze both Medicare rules and will provide updates including specific areas of interest to members. Please watch for additional information and a more detailed analysis in the near future.

[2025 Physician Fee Schedule Proposed Rule](#)

[2025 Physician Fee Schedule Proposed Rule Press Release](#)

[2025 Physician Fee Schedule Proposed Rule Fact Sheet](#)

[Comparison of Final CY2024-Proposed 2025 National MPFS Rates for Echocardiography](#)

[2025 OPPS/ASC Payment System Proposed Rule](#)

[2025 OPPS/ASC Payment System Proposed Rule Fact Sheet](#)

[2025 OPPS/ASC Payment System Proposed Rule Press Release](#)

[Comparison of CY2025 Proposed - CY2024 Final National HOPPS \(APC\) Rates for Echocardiography](#)