

## 2025 CMS Proposed Rule

### Summation Medicare Physician Fee Schedule

#### Overview

On July 10, 2024, the Centers for Medicare & Medicaid Services (CMS) published the proposed Medicare payment rates under the Physician Fee Schedule. There are a few updates that will affect radiation oncology, including:

- Reduction of the payment rate and conversion factor
- Updates to the Complexity E & M code
- A proposed extension of some of the telehealth codes and a change to the definition of “Direct Supervision”
- Changes to payments for Radiopharmaceuticals delivered in the physician office
- Updates and expansion to Colorectal Screening coverage

And while there are no proposed changes to the Principle Illness Navigation (PIN) codes this year, CMS is seeking commentary on potential future updates.

More information on each of these topics can be found below.

**Commenting:** To be assured consideration, comments must be received no later than 5 pm on September 09, 2024. Please refer to file code CMS-1784-P. Commenting electronically is the easiest and can be completed at <https://www.regulations.gov/commenton/CMS-2024-0256-0001>.

**Proposed Payment Rate & Conversion Factor:** In line with legal requirements, the average payment rates under the Physician Fee Schedule (PFS) are proposed to decrease by 2.93% in 2025 compared to most of 2024. This decrease is a result of the expiration of the temporary 2.93% increase for 2024 and minor adjustments for changes in certain service values. Consequently, the proposed PFS conversion factor rate for 2025 is \$32.36, down by \$0.93 (or 2.80%) from the current 2024 rate of \$33.29 (Exhibit A). The proposed reimbursement cuts coincide with an ongoing increase in the cost of practicing medicine. Radiation Oncology impacts are represented in Exhibit B. Of note, while the PFS payments will decrease in 2025, the Medicare Economic Index (MEI), a measure of medical cost inflation, is expected to increase by 3.6% in 2025.

**Exhibit A: Calculation of CY 2025 PFS Conversion Factor**

**TABLE 126: Calculation of the CY 2025 PFS Conversion Factor**

CY 2024 Conversion Factor		33.2875
Conversion Factor without the CAA, 2024 (2.93 Percent Increase for CY 2024)		32.3400
CY 2025 Statutory Update Factor	0.00 percent (1.0000)	
CY 2025 RVU Budget Neutrality Adjustment	0.05 percent (1.0005)	
<b>CY 2025 Conversion Factor</b>		<b>32.3562</b>

**Exhibit B: CY 2025 PFS Estimated impact on the total allowed charges by Specialty**

(A) Specialty	(B) Total: Non-Facility/Facility	(C) Allowed Charges (mil)	(D) Combined Impact
<b>Radiation Oncology and Radiation Therapy Centers</b>	<i>TOTAL</i>	\$1,458	0%
	<i>Non-Facility</i>	\$1,002	-1%
	<i>Facility</i>	\$457	2%

**Evaluation and Management:**

CPT code 99211 involves supervision by clinical staff, typically without a physician's presence, and is usually provided by auxiliary personnel due to its low valuation.

Proposed Changes:

- Direct Supervision: CMS proposes permanently allowing virtual presence for lower-risk services that do not typically require a practitioner's physical presence or extensive direction.
- Extended Virtual Supervision: For other services, CMS proposes extending the use of real-time audio and visual telecommunications as meeting the "immediate availability" requirement through December 31, 2025.
- Regulation Revisions: CMS proposes to revise regulations to include virtual presence via audio/video communications for direct supervision requirements until December 31, 2025, and to continue this for certain services beyond that date.

Medicare's CY 2024 PFS final rule introduced payments for the outpatient E/M visit complexity add-on code (HCPCS code G2211), recognizing the additional effort in managing ongoing patient care. Initially, this add-on code was not payable with CPT Modifier -25, which led to concerns about discouraging same-day preventive services. Early data showed few preventive services billed near E/M visits.

To address this, Medicare now proposes allowing payment for the add-on code when reported on the same day as preventive services, such as annual wellness visits or vaccinations, starting in CY 2025. This change aims to support continuous, comprehensive patient care.

## Telehealth:

The CPT Editorial Panel deleted three codes (99441-99443) for reporting telephone E/M services. CMS notes that CPT codes 99441, 99442, and 99443, each are assigned provisional status on the Medicare telehealth services list and would return to bundled status when the telehealth flexibilities expire on December 31, 2024.

## Proposal to Extend and Redefine "Direct Supervision" with Audio-Video Technology

### Extension Through 2025:

To avoid disruptions in patient care, CMS proposed extending the definition of "direct supervision" to include real-time audio and visual communication until December 31, 2025. The direct supervision by a physician or other practitioner, CMS defines as "immediate availability". This extension is meant to ease the transition from pre-pandemic rules, which required the physical presence of a supervising practitioner. The flexibility to use virtual supervision has been in place since the pandemic and has improved patient access to care. CMS seeks further information regarding any potential patient safety or quality concerns.

### Permanent Changes for Certain Services:

CMS proposes to revise the regulations to permanently allow virtual presence through audio/video real-time communications technology (excluding audio-only) for specific low-risk services, such as those performed entirely by auxiliary personnel. This would include services furnished incident to a physician's service when they are provided by auxiliary personnel employed by the physician and working under his/her direct supervision. This change aims to balance patient safety with improved access to care and efficient use of healthcare workforce resources.

**Radiation Treatment Management (77427): CMS received requests to permanently add the 77427 Weekly Treatment Management to the Medicare Telehealth Service List and received requests to remove it permanently from the list.** Given the safety concerns raised by the practitioner community, CMS believes that this service may not be safely and effectively delivered via telehealth. As a result, CMS is proposing to remove this code from the Medicare Telehealth Services List. CMS continues to invite comments on these quality-of-care concerns.

**Principle Illness Navigation (PIN)** In the CY 2024 PFS final rule, new G-codes were established for Community Health Integration (CHI) and Social Determinants of Health (SDOH) Risk Assessment services. These include:

- G0019: CHI services by trained auxiliary personnel under a physician's direction, 60 minutes per month.
- G0022: Additional 30 minutes of CHI services per month.
- G0136: SDOH Risk Assessment, 5–15 minutes, every 6 months.
- G0023 & G0024: Principal Illness Navigation (PIN) services, 60 minutes, and additional 30 minutes per month, respectively.
- G0140 & G0146: PIN—Peer Support services, 60 minutes, and additional 30 minutes per month, respectively.

These codes recognize the role of certified or trained auxiliary personnel, such as community health workers and peer support specialists, in providing health care navigation and support for patients with serious, high-risk conditions

CMS is not proposing changes to the codes for community health integration, social determinants of health risk assessment, or principal illness navigation services. However, the agency is seeking feedback from stakeholders on potential refinements for future rulemaking. Specifically, CMS is requesting information on factors not adequately captured in current coding and payment, how these services are being provided in collaboration with community-based organizations, and ways to improve their use in rural areas.

#### **Brachytherapy:**

CMS is evaluating payment allocations for portions of the global package when transfer of care modifiers are used, with plans to revise these allocations in future rulemaking. They seek comments on potential approaches to better reflect current medical practices for post-operative follow-up care. CMS found some HCPCS codes (77750, 77761, 77762, 77763) lack assigned percentages for pre-operative, surgical care, and post-operative portions despite being global packages. They seek input on whether these codes should be categorized as 90-day global packages and what the assigned percentages should be if so.

#### **Expanding Colorectal Cancer Screening:**

CMS is proposing to update and expand colorectal cancer (CRC) screening coverage. They plan to remove coverage for barium enema, which is rarely used and no longer recommended as an evidence-based screening method. Coverage will be expanded to include Computed Tomography (CT) Colonography. Additionally, CMS proposes that a positive Medicare-covered blood-based biomarker test or non-invasive stool-based test will be part of the CRC screening continuum, and the follow-up colonoscopy will not incur beneficiary cost-sharing. This proposal aims to improve access to cancer prevention and early detection, particularly benefiting rural communities and communities of color.

**Merit Based Incentive Program:** CMS proposes to keep the MIPS performance threshold at 75 points for all three reporting options: traditional MIPS, MIPS Value Pathways (MVPs), and Alternative Payment Model Performance Pathways (APPs). Clinicians must score more than 75 points to avoid a reimbursement penalty of up to 9%. Additionally, CMS plans to maintain the quality data completeness criteria at 75% through the 2028 performance period.

**TABLE 71: Performance Thresholds for the CY 2017 Performance Period/2019 MIPS Payment Year through the CY 2024 Performance Period/ 2026 MIPS Payment Years**

MIPS Performance Period	2017 MIPS Performance Period	2018 MIPS Performance Period	2019 MIPS Performance Period	2020 MIPS Performance Period	2021 MIPS Performance Period	2022 MIPS Performance Period	2023 MIPS Performance Period	2024 MIPS Performance Period
Year of MIPS	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
Performance Threshold	3 points	15 points	30 points	45 points	60 points	75 points	75 Points	75 Points
Change from prior year	N/A	12 points	15 points	15 points	15 points	15 points	0 points	0 points

Comments or concerns? We encourage our clients and colleagues to provide commentary to CMS on these proposed changes by contacting CMS at <https://www.regulations.gov/commenton/CMS-2024-0256-0001> by 5pm EST on September 9, 2024.

Questions? Contact your RBS team for more information.