Final CY 2025 MEDICARE PHYSICIAN FEE SCHEDULE

FACT SHEET I November 2024

On November 1, 2024, the Centers for Medicare and Medicaid Services (CMS) released the final rule for the 2025 Physician Fee Schedule (PFS). The PFS provides new policy updates for the Medicare program for the following year. Each year, there has typically been some policy proposed that impacts telehealth. While many of the temporary federal telehealth waivers in the Medicare program are set to end this year and would require action by Congress to alter their current expiration date, CMS has made what adjustments it could to preserve some telehealth policies further with this final rule.

The initial proposals were made available for public comment in July 2024, the majority of which appear as an attempt to extend or create a more flexible environment to act further should other policy changes impact the current telehealth landscape, such as passage of legislation by Congress that might again extend the current telehealth waivers beyond the existing end date of December 31, 2024. While CMS has also attempted to mitigate access impacts should no further action be taken to change the current December 31, 2024 waiver end date, they acknowledge in the final rule that there are some items that are beyond the scope of their authority.

Note, for ease in locating specific PFS policies, CCHP has provided the page numbers in the unpublished version of the PFS.

Audio-Only (page 139)

While current temporary telehealth policy in Medicare allows audio-only to be used to provide certain services, permanent telehealth Medicare policy only allows audio-only to be used to provide mental health services. This change was made in 2022 when CMS included audio-only in the definition of an "interactive telecommunication system" when providing mental and behavioral health services. In the final rule for FY 2025 PFS, CMS is changing the definition of "interactive telecommunication system" to now allow audio-only for any telehealth service:

> *May also include two-way, real-time audio-only communication technology for any telehealth service furnished to a beneficiary in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system as defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication, but the patient is not capable of, or does not consent to, the use of video technology.*

This will be a permanent rule change so even if the December 31, 2024 deadline on the waivers occurs without any other extension, audio-only can continue to be used to provide other telehealth delivered services in the home. However, one must note that other permanent Medicare telehealth policies may continue to limit the expansiveness of this new definition. As CMS notes in the final rule under the permanent policies, "the patient's home is a permissible originating site only for services for the diagnosis, evaluation, or treatement of mental health or substance use disorder, and for the monthly ESRD-related clinical assessements described in section 1881(b)(3)(B) of the Act."

For these services, the following modifiers must be used:

- Modifier "93"
- FQHCs & RHCs use the "FQ" modifier

Practitioners can use "FQ" or "93" or both when appropriate and true. No additional documentation beyond the use of the modifier will be required.

Eligible Telehealth Services (page 83)

Each year the public is allowed to submit to CMS proposed service codes to be added to the telehealth eligible services list for Medicare. Last year, CMS changed their process to a five-step assessment in deciding if a code should be added to the list either in a permanent or provisional status and utilized this process for the first time with the 2025 PFS. (See CCHP's Final Rule for CY 2024 PFS for more details on the five-step process). The codes that had been submitted for consideration contained a mix of currently existing codes with provisional status on the eligible telehealth list and codes that were being proposed to be added. All public requests were made for the codes to have a permanent status.

For those provisional codes currently on the telehealth eligible list, CMS opted not to change any code's status to permanent, instead noting that they will do a more comprehensive analysis of all provisional codes at a later date to determine if they should be made permanent or not. Some commentators have raised concerns that certain codes, specifically those related to Therapy/Audiology/Speech Language Pathology (CPT 90901, 97150, 97530, 97537, 97542, 97763 and 98960-98962) would be eliminated from the eligible telehealth services list after December 31, 2024 should no changes be made to the status of the current waivers. However, CMS responds, "We clarify that we will retain these Therapy/Audiology/Speech Language Pathology codes on the Medicare Telehealth Services List with a provisional status after the expiration on December 31, 2024, of current statutory PHE-related telehealth policies that have expanded the scope of practitioners that could furnish and be paid for telehealth services." (page 121).

CPT code 77427 Radiation Tratement Management had been proposed to be removed from the Medicare Telehealth Services List, but after considering comments received from the public, CMS will continue to allow it to be on the list in a provisional status.

For the 2025 PFS, CMS has made it's own proposed addition of service codes to the Medicare Telehealth Services List. One code CMS had proposed to add was HCPCS code G0248 (Home International Normalized Ratio (INR) Monitoring). However, after receiving comments regarding who can bill the service and how this service is commonly billed, CMS decided to not add G0248 to the list stating they needed additional time to consider whether it should be included. The other codes proposed for additional the Medicare Telehealth Services List will be added and can be found in the chart below.

TABLE 1: CMS PROPOSED CODES, DESCRIPTION & PROPOSED STATUS

CODE	DESCRIPTION	PROVISIONAL/ PERMANENT
G0248	Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results	Will not be added
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls], instrumental adls [iadls], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	Provisional

TABLE 1: CMS PROPOSED CODES, DESCRIPTION & PROPOSED STATUS (CONT)

CODE	DESCRIPTION	PROVISIONAL/ PERMANENT
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls], instrumental adls [iadls], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (list separately in addition to code for primary service)	Provisional
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls], instrumental adls [iadls], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	Provisional
96202	Multiple-family group behavior management/modification training for parent(s)/ guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	Provisional
96203	Multiple-family group behavior management/modification training for parent(s)/ guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)	Provisional
G0011	Individual counseling for preexposure prophylaxis (PrEP) by physician or QHP to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15-30 minutes	Permanent
G0013	Individual counseling for preexposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence	Permanent
G0541 (proposed as GCTD1)	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (without the patient present), face-to-face; initial 30 minutes	Provisional
G0542 (proposed as GCTD2)	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (Use GCTD2 in conjunction with GCTD1)	Provisional

TABLE 1: CMS PROPOSED CODES, DESCRIPTION & PROPOSED STATUS (CONT)

CODE	DESCRIPTION	PROVISIONAL/ PERMANENT
G0543 (proposed as GCTD3)	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (without the patient present), face-to-face with multiple sets of caregivers	Provisional
G0539 (proposed as GCTB1)	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	Provisional
G0540 (proposed as GCTB2)	Caregiver training in behavior management/modification for parent(s)/guardian(s)/ caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (Use GCTB2 in conjunction with GCTB1)	Provisional
G0560	Safety planning interventions, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe; (List separately in addition to an E/M visit or psychotherapy)	Permanent

AMA Proposed Telehealth E/M CPT Codes (page 234)

In 2023, the American Medical Association (AMA) CPT Editorial Board added to the Evaluation and Management (E/M) section of the CPT codebook a Telemedicine Services part. These codes are to be strictly used when telehealth is the means in which services are provided. Citing several reasons including the similarity to already existing codes and the current requirement for payment parity with a telehealth delivered service that's equivalent to an in-person delivered service, CMS is not adopting the AMA Telemedicine codes at this time – with one exception. Noting the similarities between Code 98016 and G2012, CMS is proposing deleting G2012 and replacing it with 98016. G2012 however is not a telehealth code in Medicare, but a communication technology-based service (CTBS) code, and thus is not subject to the telehealth statutory requirements.

CPT codes 99441, 99442, and 99443 were deleted by the AMA CPT Panel. CMS writes that these codes will return to a bundled status when the telehealth flexibilities expire on December 31, 2024.

Frequency Limitations on Inpatient Visits, Nursing Facilities, and Critical Care Consults (page 134)

Frequency limitations for inpatient visits, nursing facilities and critical care consults were among the COVID-19 waivers that were extended to the end of 2024. CMS will continue to suspend the frequency limitations through 2025 for the following services:

- Subsequent Inpatient Visits – 99231-99233
- Subsequent Nursing Facility Visits – 99307-99310
- Critical Care Consultations – G0508-G0509

CMS states that they will continue to evaluate patient safety and look to minimizing disruption of services as much as possible.

Direct Supervision Using Live Video (page 146)

CMS will continue to allow use of video to meet direct supervision requirements in specific cases:

- Through December 31, 2025, continue to allow live video to be used by the supervising practitioner to meet "immediate availability" definition.
- Allow live video (audio-only would be excluded) to be used to meet the requirement of the presence of the physician/practitioner for direct supervision in certain incident-to services provided by auxiliary personnel employed by the physician and working under their direct supervision.
- Through December 31, 2025, continue to allow teaching physicians to have a virtual presence for billing purposes when services are furnished by residents in any residency training location but only when the service is furnished via telehealth.
- Continue to allow the current flexibility for federally qualified health centers (FQHCs) and Rural Health Clinics (RHCs) to use live video to meet the "immediately available" requirement for direct supervision to December 31, 2025. (page 871)

Federally Qualified Health Centers (FQHCs) & Rural Health Clinics (RHCs) (page 875)

> CMS will continue to allow on a temporary basis payment to FQHCs and RHCs for non-behavioral health visits that use telecommunications technology…[allowing] non-mental health services to be provided via telehealth by FQHCs and RHCs through 2025 by continuing to use the code G2025 to bill."

CMS will continue to allow on a temporary basis payment to FQHCs and RHCs for non-behavioral health visits that use telecommunications technology. FQHCs and RHCs are already allowed under permanent policy to provide mental and behavioral health services via telecommunications technology due to a prior change CMS made to the definition of a "visit" for these entities. This temporary policy would allow other non-mental health services to be provided via telehealth by FQHCs and RHCs through 2025 by continuing to use the code G2025 to bill. CMS notes that this will help ensure continuation of services if the current telehealth waivers do expire on December 31, 2024. It should be noted that in calculating the amount to be reimbursed for G2025, CMS will be basing it on the average amount for all PFS telehealth services on the telehealth list, weighted by the volume for those services reported under the PFS.

CMS also finalized their proposal to continue to delay the in-person visit requirement for mental health services via communication technology specific to FQHCs/RHCs until January 1, 2026. CMS noted they may consider an additional extension in the future as well.

Opioid Treatment Programs (page 984)

Aligning with recent regulations previously adopted by the Substance Abuse and Mental Health Services Administration (SAMHSA), CMS finalized the following:

- Allow opioid treatment programs (OTPs) to furnish periodic assessments via audio-only on a permanent basis if live video is not available, if certain requirements are met and if they are permitted under applicable SAMHSA and DEA requirements.
- Allow OTP intake add-on code (G2076) to be furnished by live video when it is being billed for the initiation of treatment with methadone.

Other Proposals

- Originating site fee - $31.01 (page 159)
- In response to comments received, CMS clarified that services billed with POS 10 (telehealth provided in the patient's home) will continue to be paid at the non-facility rate in 2025. CMS notes that while this policy was finalized in 2024, it was not limited to only being applicable to 2024. (page 160)
- Distant site providers may continue to use through 2025 their currently enrolled practice location address instead of their home address as the location of where they are providing services via telehealth. (page 145)
- Creation of a newly defined set of Advanced Primary Care Management (APCM) for FQHCs and RHCs. The coding for these services incorporates elements of existing CTBS services. FQHCs and RHCs will be able to receive payment for APCM services separate from their PPS/AIR rate. (page 856)
- New codes that would allow clinical psychologists, clinical social workers, marriage and family therapists, and mental health counselors to bill for interprofessional consultations with other practitioners whose practice is similarly limited, as well as with physicians and practitioners who can bill Medicare for E/M services and would use the current CPT codes to bill for interpersonal consultations. These new G codes for behavioral health services were finalized: G0546-G0551. Patient consent must be obtained in advance of the services. (page 604)

Discussion

When the PFS proposals were first released in July of this year, CCHP noted that CMS recognized the impending impacts of the current December 31, 2024 expiration of the telehealth temporary waivers and appeared to try to mitigate those effects with the PFS proposals should that existing deadline hold true. For the final rule, the majority of the items proposed back in July remain intact. One notable exception was the removal of adding CPT code G0248 to the Medicare Telehealth Services List. This was originally a proposal CMS had made, but due to comments they received, they removed that proposal and G0248 will not be on the Medicare Telehealth Services List.

While the proposals do not have the sweeping impact of continuing to suspend statutory telehealth restrictions, such as geographic requirements limiting telehealth use to rural healthcare settings, as that is not within CMS' power to do, there are some interesting and not-so-insignificant changes that we will see in 2025. For instance, should the December 31, 2024 deadline hold fast and Medicare policy reverts back to permanent telehealth policy with all of it's restrictions, at least on January 1, 2025 FQHCs and RHCs will still be able to provide services via telecommunications technology through the use of code G2025.

CMS based their reasoning to take this step with FQHCs and RHCs on previous actions they had taken related to treatment of opioid use disorder and OTPs. As was written in the final rule, CMS notes that the telehealth requirements in statute do not apply to OTP services because they are not furnished by a physician/practitioner but by an OTP and payment is made to the OTP, not to the physician/practitioner. CMS applied similar reasoning to FQHCs and RHCs in 2022 when allowing telecommunications technology to be used to provide mental health services and reapplied it here. It is an interesting insight into CMS' thinking and may perhaps offer an additional pathway for some telehealth expansion without having to wait for Congress to act regarding statutory telehealth restrictions.

At the time this fact sheet is being written, there still has not been any definitive movement by Congress to extend the telehealth waivers. However, policymakers do have until the end of the year to

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This fact sheet was made possible by Grant #U6743496 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.