

Proposed Rule Summary: CY 2024 Physician Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) released the CY2025 Medicare Physician Fee Schedule (PFS) [proposed rule](#). This annual rule sets payment rates for health care services under Medicare. The rule proposes a -2.93% payment update, new behavioral and telehealth services, new primary care codes and Medicare overpayment changes. To view the CMS Summary, click [here](#). **Comments must be submitted by September 9, 2024.**

Payment Updates (Pg. 1559)

Average payment rates under the PFS are proposed to decrease by 2.93% compared to CY 2024. As required by statute, the update to the PFS conversion factor for CY 2024 is 0.00 percent before applying other adjustments. After accounting for this update, the expiration of the 2.93 percent increase in payment for CY 2024 required by statute, and the budget neutrality adjustment, the proposed conversion factor for CY 2025 is \$32.36, a decrease of \$0.93 (or 2.80 percent) from the current CY 2024 conversion factor of \$33.29.

To view the CY 2025 PFS Estimated Impact on Total Allowed Charges by Setting table, click [here](#).

Additional proposed payment policies include:

- Establishing new coding and payments for:
 - **Caregiver training** for direct care services and supports and for caregiver behavior management and modification training.
 - A new set of **Advanced Primary Care Management (APCM)** services. The proposed APCM services would incorporate elements of several existing care management and communication technology-based services into a bundle of services reflective of advanced primary care.
 - **Atherosclerotic Cardiovascular Disease (ASCVD)** risk assessment service and risk management services.
- **Expanding the use of add-on code G2211**, which is used to indicate added complexity for office evaluation and management (E/M) visits. CMS proposes that G2211 be allowed when the E/M base code is reported by the provider on the same day as an

annual wellness visit, vaccine administration, or “any Part B preventative service furnished in the office or outpatient setting.”

- Supporting access to behavioral health services by establishing:
 - Separate coding and payment describing **safety planning interventions** for patients in crisis.
 - Payment for **digital mental health treatment devices** furnished for professional behavioral health services used with ongoing behavioral health care treatment under a behavioral health treatment plan of care.

Supervision: Therapy Services (Pg. 356)

- Allow for general supervision of physical therapist assistants and occupational therapy assistants by physical therapists and occupational therapists in private practice for all applicable physical and occupational therapy services.
- Continue defining “immediate availability” to include real-time audio and video through December 31, 2025.

CMS requests comment on the best way to, if appropriate, expand services included under the primary care exception for supervision.

Telehealth Services (Pg. 75)

Note: Since Congress has not yet acted on a telehealth waiver extension, CMS is operating under the assumption that COVID-19 Public Health Emergency (PHE) telehealth flexibility waivers will expire on December 31, 2024. The Agency maintains that it does not have the statutory authority to extend many of these flexibilities.

However, CMS is proposing to:

- Add several services to the Medicare Telehealth Services List on a provisional basis.
- Add PrEP for HIV services to the Medicare Telehealth List on a permanent basis.
- Continue the suspension of frequency limitations for subsequent inpatient visits, subsequent nursing facility visits and critical care consultations for CY 2025.
- Permit audio-only telehealth services in-home if the patient is unable or does not consent to using video technology.

- Continue to permit a distant site practitioner to use their currently enrolled practice location instead of their home address through CY 2025.
- Permanently allowing supervising practitioners to fulfill requirements virtually for a subset of services.
- Continue the current policy allowing teaching physicians to have a virtual presence for all teaching settings through CY 2025.

Quality Payment Program (Pg. 1175)

Under the Merit-based Incentive System (MIPS), clinicians have three available reporting options:

- Traditional MIPS
- MIPS Value Pathways (MVPs)
- Alternative Payment Model (APM) Performance Pathway (APP)

For performance year 2025, CMS proposes changes to the:

MIPS Performance Threshold: Proposes to maintain the current performance threshold at 75 points for the CY 2025 performance period/2027 MIPS payment year and to maintain the data completeness threshold at 75 percent through the 2028 performance period. In the proposed rule, the Agency indicates its continued interest in moving MIPS reporting towards MIPS MVPs by 2029.

MIPS: Proposes updates to measures and scoring methodologies, including inclusion of additional episode-based cost measures, revisions to cost measure scoring methodology and establishing minimum criteria for a qualifying data submission.

MVPs: For the 2025 performance year, proposes six new MVPs related to ophthalmology, dermatology, gastroenterology, pulmonology, urology and surgical care. CMS also proposes limited modifications to the currently finalized MVPs, including the consolidation of two neurology-focused MVPs into a single neurological MVP. Finally, CMS seeks feedback on clinicians' readiness to report MVPs, clarifying that it is *not* proposing to sunset MIPS in the 2029 performance period.

APP: CMS proposes to establish the APP Plus quality measure set in alignment with the Adult Universal Foundation quality measures. Under this proposal, CMS would gradually increase the number of measures under the APP to include five additional measures, bringing the total number of measures to 11 by the 2028 performance period/2030 payment year.

Behavioral Health (Pg. 377)

Proposes Medicare payments to billing practitioners for Digital Mental Health Treatment (DMHT) devices that are essential to professional behavioral health services and used in conjunction with ongoing treatment under a behavioral health treatment plan. CMS would introduce three new HCPCS codes for DMHT devices.

Opioid Treatment Programs (OTPs)

- Make permanent the current flexibility for furnishing periodic assessments via audio-only telecommunications beginning January 1, 2025, so long as all other applicable requirements are met.
- Allow the OTP intake add-on code to be furnished via two-way audio-video communications technology when billed for the initiation of treatment with methadone (using HCPCS code G2076) if the OTP determines that an adequate evaluation of the patient can be accomplished via an audio-visual telehealth platform.
- Update payment for intake activities furnished by OTPs to include payment for social determinants of health risk assessments to adequately reflect additional effort for OTPs to identify a patient's unmet health-related social needs or the need and interest for harm reduction interventions and recovery support services that are critical to the treatment of an OUD.
- Establish payment for new opioid agonist and antagonist medications approved by the FDA.