Lunch and Learn -

Medicare Changes in 2025

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Better Way BILLING

Disclaimer

- Information contained here is based on CPT, ICD-10-CM, and CMS rules and regulations. However, application of the information in this text does not guarantee claims payment. Payers' interpretation may vary from those found in this text. Please note that the laws, applicable regulations, payers' instruction, interpretations, enforcment, etc. may change at any time. Therefore, it is crucial to stay current with all local and national regulations and policies.
- Presentation given from the perspective of a biller and refers to how changes affect reimbursement, not quality of care.
- Presentation is Medicare specific for Metropolitan areas (does not include changes to Rural Health Clinics and Federally Qualified Health Center).

Introduction

- Who we are:
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Agenda

- Introduction
- Telehealth
- Caregiver Training
- Physical Therapy
- Cardiovascular Risk Assessment and Management
- Evaluation and Management (E/M)
- Behavioral Health
- Advanced Primary Care Management (APCM)
- Global Surgery Payment
- Time Changes and New Codes
- Dental and Oral Health
- Q & A

Telehealth

Significant updates and considerations

1. Revised Criteria
2. Originating Site
3. Revisions
4. Teaching Physician
5. Supervision
6. Added Services

Telehealth cont'd
1. Revised Criteria

- 5-Step process for adding, deleting, and modifying services on the Medicare Telehealth Services List, replacing the previous Category 1, 2, and 3 classifications to Permanent or Provisional.
- https://www.cms.gov/medicare/coverage/telehealth/list-services

- Q-code interruption

Telehealth cont'd
2. Originating site

- A patient's home is considered a permissible site for the following telehealth services
  - Mental Health Disorders (including substance abuse disorders)
  - End-Stage Renal Disease (ESRD)
  - Symptoms of Stroke
  - Diabetes Self-Management

Telehealth cont'd
3. Revisions

- Provider location
  - Providers can use their currently enrolled practice locations instead of their home addresses
- Suspending frequency limitations
  - Subsequent inpatient visits
  - Subsequent facility visits
  - Critical care consultations
- Direct supervision
  - Allows the supervising physician or practitioner to provide supervision through a virtual presence using real-time audio and visual interactive telecommunications
- Allowing for patient to be audio only if patient is not capable or does not consent to video technology, but provider must be able to do both (can be billed telehealth)

Telehealth cont'd
4. Teaching physicians

- We’re finalizing a policy to continue to allow teaching physicians to have virtual presence for billing for services provided involving residents in all teaching settings, but only in clinical situations when the service is provided virtually (for example, a 3-way telehealth visit with the patient, resident, and teaching physician in different locations) through December 31, 2025. This virtual presence will continue to meet the requirement that the teaching physician be present for the key portion of the service.

www.cms.gov/files/document/mm13887-medicare-physician-fee-schedule-final-rule-summary-cy-2025.pdf

Telehealth cont'd
5. Supervision definition

- Permanently adopting the direct supervision definition that allows the supervising physician or practitioner to provide supervision through a virtual presence using real-time audio and visual interactive telecommunications

Telehealth cont'd
5. Supervision

Permanently allowing the supervising physician or practitioner to provide virtual direct supervision:

- For services provided incident to a physician or other practitioner's professional service when provided by auxiliary personnel employed by the billing physician or supervising practitioner and working under their direct supervision and for which the underlying HCPCS code has been assigned a Professional Component/Technical Component (PC/TC) indicator of "5" and services described by CPT code 99211
- For office or other outpatient (O/O) visits for the E/M of an established patient who may not require the presence of a physician or qualified health care professional

For all other services provided incident to that require direct supervision, we're finalizing to continue to permit you to provide direct supervision through real-time audio and visual interactive telecommunications technology only through December 31, 2025.

https://www.cms.gov/files/document/mm13887-medicare-physician-fee-schedule-final-rule-summary-cy-2025.pdf

Telehealth cont'd

6. Added Services

- Pre-Exposure Prophylaxis (PrEP) counseling and safety planning interventions, which we're adding on a permanent basis
  - G0011 Individual counseling for pre-exposure prophylaxis (PrEP) by physician or QHP to prevent human immunodeficiency virus (HIV)
  - G0013 Individual counseling for pre-exposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV),
  - G0560 Safety planning interventions, including assisting the patient in the identification of the personalized elements of a safety plan:
    - “Continue to use a definition of direct supervision that allows "immediate availability” of the supervising practitioner using real-time audio and video interactive telecommunications.”
- Caregiver Training Services

Caregiver Training Services

Medicare Part B (Medical Insurance)

covers caregiver training services for caregivers involved in the treatment of Medicare patients if both of these conditions apply:

The training focuses on helping the patient meet the health and treatment goals they set with their doctor or other health care provider.

The patient needs a caregiver's help for their treatment to succeed.

If the patient's healthcare provider determines that caregiver training is appropriate for the patient's treatment plan, the caregiver can get individual or group training sessions from the provider without the patient present.

https://www.medicare.gov/coverage/caregiver-training-services

Caregiver Training Services

G0541 – G0543 - Direct care caregiver training services

G0539 - G0540 - Individual behavior management/modification caregiver training services

97550 – 97552 - Caregiver training services

96202 – 96203 - Caregiver behavior management training

https://www.medicare.gov/coverage/caregiver-training-services

Physical Therapy

Supervision Policy for Physical Therapists (PTs) and Occupational Therapists (OTs) in Private Practice

- For CY 2025, we're finalizing a regulatory change to allow for **general** supervision of Physical Therapy Assistants (PTAs) and Occupational Therapy Assistants (OTAs) by PTs in Private Practice (PTPPs) and OTs in Private Practice (OTPPs) for all applicable PT and OT services.

Physical Therapy cont'd

Certification of Therapy Plans of Care with a Physician or NPP Order

- For CY 2025, we're finalizing amendments to provide an exception to the physician and NPP signature requirement on the therapist-established treatment plan for the initial certification in cases where:
  - A written order or referral from the patient's physician or NPP is on file
  - The therapist has documented evidence they transmitted the treatment plan to the physician or NPP within 30 days of the initial evaluation
  - For cases meeting the exception to the signature requirement policy, we'll pay for therapy services provided before the physician or NPP-modified treatment plan that meet all other payment requirements, including medical necessity.

Physical Therapy cont'd

- KX Modifier Thresholds The KX modifier threshold amounts for CY 2025 are:
  - $2,410 for OT services
  - $2,410 for PT and speech-language pathology services combined

Cardiovascular Risk Assessment and Management

G0537

Covers the administration of an ASCVD risk assessment tool such as ACC's ASCVD Risk Estimator or the American Heart Association's PREVENT Tool. The assessment should be done on a patient that does not currently have a cardiovascular disease diagnosis or history of heart attack or stroke and has at least one predisposing condition that would put them at risk for future ASCVD diagnosis. Examples of such conditions include obesity, family history of cardiovascular disease, history of high blood pressure, history of high cholesterol, history of smoking/alcohol/drug use, pre-diabetes or diabetes.

G0538

Reimbursable on patients found to have intermediate, medium or high risk for cardiovascular disease as determined by the ASCVD risk assessment and would include medication management, blood pressure management, cholesterol management and smoking cessation.

Tip: Search "ASCVD Risk Estimator Plus" in your app store to download the app for free, from ACC.

https://www.acc.org/latest-in-cardiology/articles/2024/11/07/14/52/2025-medicare-physician-fee-schedule-final-rule-deep-dive

E/M Visits – G2211

- CMS will allow payment for the evaluation and management (E/M) visit complexity add-on code when the base E/M code is reported on the same day by the same practitioner as an annual wellness visit, vaccine administration or any Medicare Part B preventative service is performed. This was previously prohibited as G2211 was not allowed to be paid on any claim that used the -25 modifier
- Patient cost-share does apply

https://www.acc.org/latest-in-cardiology/articles/2024/11/07/14/52/2025-medicare-physician-fee-schedule-final-rule-deep-dive

G0545

- "(Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases consultant, including disease transmission risk assessment and mitigation, public health investigation, analysis, and testing, and complex antimicrobial therapy counseling and treatment. (add-on code, list separately in addition to hospital inpatient or observation evaluation and management visit, initial, same day discharge, or subsequent). We anticipate that HCPCS code G0545 would be reported by physicians with specialized infectious disease training."

G0545 Similar to G2211 – but for Infectious Disease Providers

Behavioral Health

- Separate coding and payment under the PFS describing safety planning interventions for patients in crisis, such as those with suicidal ideation or at risk of suicide or overdose, including:
  - HCPCS code G0560, for safety planning interventions performed by the billing provider in a variety of settings, billed in 20-minute increments
  - Monthly billing code, HCPCS code G0544, when you use specific protocols to provide post-discharge follow-up contact with a patient discharged from the emergency department for a crisis encounter, billed as a bundled service describing 4 calls in a month

Behavioral Health cont'd

- 3 new HCPCS codes (G0552, G0553, and G0554) for approved digital mental health treatment devices provided incident to professional behavioral health services used with ongoing behavioral health treatment under a plan of care.

Behavioral Health cont'd

6 new HCPCS codes (G0546–G0551) for interprofessional consultation by practitioners in the following specialties that mirror current interprofessional consultation CPT codes used by practitioners who are eligible to bill E/M visits. These specialties are statutorily limited to services for the diagnosis and treatment of mental illness:

- Clinical Psychologist
- Clinical Social Worker
- Marriage and Family Therapist
- Mental Health Counselor

TABLE 27: Final APCM Bundled Codes and Valuation

Code	Short Descriptor	Reference Codes	CMS Work RVU	Approximate National Non-Facility Rate
G0556	APCM for patients with up to one chronic condition	99490	0.25	$15
G0557	APCM for patients with multiple (two or more) chronic conditions	99490, 99439, 99487, 99489	0.77	$50
G0558	APCM for QMBs enrollees with multiple chronic conditions	Calculated as a relative increase from G0557	1.67	$110

Advanced Primary Care Management

Three new HCPCS codes (billed once per month)

- G0556 – One chronic condition
- G0557 – Two or more chronic conditions
- G0558 – QMB patients with multiple (two or more) chronic conditions
- 99490 still exists in 2025 ($62.58)

Global Surgery Payment

Modifier 54

- "Modifier -54 is required for all 90-day global surgical packages in any case when a practitioner plans to furnish only the surgical procedure portion of the global package (including both formal and other transfers of care).

Modifiers -55 and -56 will continue to be billed exclusively in cases where there is a documented formal transfer of care.

G0559

- "Follow up post-operative care by a practitioner who did not perform the surgical procedure"

We expect that this code will be billed once during the global period when the patient is seen for an office/outpatient (O/O) evaluation and management (E/M) visit that is related to the recent surgical procedure. We believe that this code will be billed by a physician or other practitioner (other than the proceduralist or another practitioner in the same practice) who is seeing the patient for a visit during the post-operative period and did not furnish the surgical procedure."

Time Changes

- G0442: Annual alcohol misuse screening, 15 min.
- G0443: Brief face-to-face behavioral counseling for alcohol misuse, 15 min.
- G0444: Depression Screening, 15 min.

Reverted from 5 min. minimum to 15-minute code (7.5 minute minimum)

G0534 - G0536

- Opioid Use Disorder (OUD) Treatment Services Furnished by Opioid Treatment Programs (OTPs) “Permanently allow periodic assessments to be furnished via audio-only communication when two-way audio-video communications technology is not available to the beneficiary”
  - G0534: add-on code for coordinated care and referral services
  - G0535: patient navigational services
  - G0536: peer recovery support services

99459 – Chaperone code (New code 1/1/2024)

- Definition per AAPC: Pelvic examination (List separately in addition to code for primary procedure).
  - (Use 99459 in conjunction with 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397)
  - CPT 99459 is a work expense only add-on code. It's for four minutes of clinical time chaperoning a pelvic exam as well as the supply pack. If a pelvic exam or pap/pelvic is provided, these services are bundled into the service. This code would be used when the patient is receiving an E/M level service and the physician feels it is necessary to do a pelvic exam as part of the service that day. The office/other outpatient E/M codes are the only services on this list billable to Medicare.
  - CPT has clearly defined this add-on code can only be billed with 99202-99205, 99212-99215, 99242-99245, 99383-99387, 99393-99397.
  - CPT 99383-99387 and 99393-99397 are actual examination services and are appropriate for this add-on code for payers other than Medicare.
  - This service would not be an add-on code for a Medicare annual wellness visit because it's not a medical examination or procedure, therefore, add-on guidelines would not apply.

https://www.ngsmedicare.com/web/ngs/news-article-details?lob=96664&state=96736&rgion=93624&selectedArticleId=11186526

Dental and Oral Health

For CY 2025, we're completing the list of clinical scenarios under which Fee-for-Service Medicare may pay for dental services inextricably linked to covered services. We've added the following scenarios, when performed before or concurrently with Medicare-covered dialysis services for treating ESRD:

- Dental or oral exam in the inpatient or outpatient setting
- Medically necessary diagnostic and treatment services to eliminate an oral or dental infectional

Questions & Answers

Resources

- Medicare Claims Processing Manual - https://public-inspection.federalregister.gov/2024-25382.pdf
- List of telehealth services - https://www.cms.gov/medicare/coverage/telehealth/list-services
- https://www.cms.gov/files/document/mm13887-medicare-physician-fee-schedule-final-rule-summary-cy-2025.pdf
- https://www.acc.org/latest-in-cardiology/articles/2024/11/07/14/52/2025-medicare-physician-fee-schedule-final-rule-deep-dive
- https://www.acc.org/latest-in-cardiology/articles/2024/11/07/14/52/2025-medicare-physician-fee-schedule-final-rule-deep-dive
- https://www.ngsmedicare.com/web/ngs/news-article-details?lob=96664&state=96736&rgion=93624&selectedArticleId=11186526