



Medicare Physician Fee Schedule Final Rule Summary: CY 2025

Related CR Release Date: November 21, 2024	MLN Matters Number: MM13887
Effective Date: January 1, 2025	Related Change Request (CR) Number: CR 13887
Implementation Date: January 6, 2025	Related CR Transmittal Number: R12975CP
Related CR Title: Summary of Policies in the Calendar Year (CY) 2025 Medicare Physician Fee Schedule (MPFS) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, CT Modifier Reduction List, and Preventive Services List	

Affected Providers

- Physicians
- Hospitals
- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for Medicare services paid under the Physician Fee Schedule (PFS)

CPT codes, descriptions, and other data only are copyright 2023 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Action Needed

Make sure your billing staff knows about changes to these services:

- Telehealth
- Caregiver training
- Therapy
- Cardiovascular risk assessment and management
- Evaluation and management (E/M)
- Behavioral health
- Advanced primary care management (APCM)
- Global surgery payment
- Dental and oral health

Background

CMS issued a [final rule](#) that updates payment policies and Medicare payment rates for services provided by physicians and nonphysician practitioners (NPPs) that are paid under the PFS in CY 2025. These changes apply to services you provide in 2025.

Telehealth Services

Absent Congressional action, starting January 1, 2025, the statutory limitations that were in place for Medicare telehealth services before the COVID-19 public health emergency will retake effect for most telehealth services. These include:

- Geographic restrictions
- Location restrictions on where you can provide services
- Limitations on the scope of practitioners who can provide telehealth services

For CY 2025, we're finalizing our proposal to add several services to the [Medicare Telehealth Services List](#), including:

- Caregiver training services, which we're adding on a provisional basis
- Pre-Exposure Prophylaxis (PrEP) counseling and safety planning interventions, which we're adding on a permanent basis

Through CY 2025, we're finalizing to continue:

- Suspending frequency limitations for:
 - Subsequent inpatient visits
 - Subsequent facility visits
 - Critical care consultations
- Permitting distant site providers to use their currently enrolled practice locations instead of their home addresses

We're also finalizing:

- Starting January 1, 2025, an interactive telecommunications system may include two-way, real-time, audio-only communication technology for any telehealth service provided to a patient in their home if the distant site provider is technically capable of using an audio-video telehealth system, but the patient isn't capable of, or doesn't consent to, using video technology
- 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
- 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.

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.

CPT only copyright 2023 American Medical Association. All Rights Reserved.

Telehealth Origination Site Facility Fee Payment Update

The Medicare Economic Index increase for 2025 is 3.5%. For CY 2025, the payment amount for HCPCS code Q3014 (Telehealth originating site facility fee) is 80% of the lesser of the actual charge, or \$31.01. The patient is responsible for any unmet deductible amount and Medicare coinsurance.

Caregiver Training Services

For CY 2025, we're finalizing our proposal to:

- Establish new coding and payment for caregiver training for direct care services and supports (HCPCS codes G0541–G0543). The topics of trainings could include, but aren't limited to:
 - Techniques to prevent decubitus ulcer formation
 - Wound care
 - Infection control
- Establish new coding and payment for caregiver behavior management and modification training that you could provide to the caregivers of an individual patient (HCPCS codes G0539–G0540).
- Allow you to provide caregiver training services via telehealth.

Therapy Services

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.

This change aligns with general supervision policy of PTAs and OTAs by PTs and OTs who work in institutional providers and gives more flexibility to PTPPs and OTPPs in:

- Meeting the needs of patients
- Safeguarding patients access to medically necessary therapy services, especially in rural and underserved areas

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.

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

Starting in CY 2025, we're finalizing coding and payment for Atherosclerotic Cardiovascular Disease (ASCVD) risk assessment and risk management services. You'll perform the ASCVD risk assessment in conjunction with an E/M visit after identifying a patient at risk for CVD who doesn't have a diagnosis of CVD. The standardized, evidence-based risk assessment tool includes:

- Demographic data (for example, age & sex)
- Modifiable risk factors for CVD, for example:
 - Blood pressure and cholesterol control
 - Smoking status and history
 - Alcohol and other drug use
 - Physical activity and nutrition
 - Obesity
- Possible risk enhancers (for example, pre-eclampsia)
- Laboratory data (lipid panel)
- An output that includes a 10-year estimate of the patient's ASCVD risk

We're also finalizing coding and payment for ASCVD risk management services that include the following service elements related to the ABCs of CVD risk reduction for patients at intermediate, medium, or high risk in the next 10 years for CVD:

- Aspirin
- Blood pressure management
- Cholesterol management
- Smoking cessation

E/M Visits

Complexity Add-on HCPCS Code G2211

For CY 2025, we're finalizing payment starting January 1, 2025, for the O/O E/M visit complexity add-on HCPCS code G2211 when the same practitioner reports the O/O E/M base code on the same day as an:

- Annual Wellness Visit (AWV)
- Vaccine administration
- Any Part B preventive service

Behavioral Health Services

For CY 2025, we're finalizing actions to support access to behavioral health, in line with the CMS Behavioral Health Strategy:

- 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
- 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.
- 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

APCM Services

For CY 2025, we're finalizing new coding and payment for APCM services that incorporate elements of several existing care management and communication technology-based services into a bundle that reflects the essential elements of advanced primary care.

The 3 new HCPCS codes (G0556, G0557, and G0558) are:

- Leveled based on patient medical and social complexity
- Intended to reduce administrative burden and don't have time-based thresholds

Strategies for Improving Global Surgery Payment Accuracy

In CY 2025, we're broadening how the transfer of care modifier 54 applies for all 90-day global surgical packages in any case when a practitioner expects to provide only the surgical procedure portion of the global package, including, but not limited to, when there's:

- A formal, documented transfer of care (as under current policy)
- An informal, non-documented but expected transfer of care

We're also finalizing a new add-on code (HCPCS code G0559) for post-operative care services provided by a practitioner other than the one who performed the surgical procedure (or another practitioner in the same group practice). This add-on code will more accurately reflect the time and resources involved in the post-operative follow-up visits by practitioners who weren't involved in providing the surgical procedure.

Dental and Oral Health Services

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 infection

More Information

We issued CR 13887 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#) or contact medicarephysicianfeeschedule@cms.hhs.gov for questions related to these policies.

Document History

Date of Change	Description
November 25, 2024	Initial article released.

View the [Medicare Learning Network® Content Disclaimer and Department of Health & Human Services Disclosure](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).