

## In This Issue

- 2025 CPT Code Changes
- 2025 CMS Medicare Physician Fee Schedule - Final Rule
- Telehealth Services under the 2025 MPFS



# Revenue Cycle Management

A UPA Billing Office Newsletter



Jennifer Bright, CPC, CPB, CPPM  
Director, Quality & Education  
jtbright@utmck.edu  
865.670.6700

## 2025 CPT Code Changes

For January 2025, there will be 270 new, 38 revised codes, and 112 deletions CPT & HCPCS codes.

Notable changes surround telemedicine codes for 2025. There will be 17 new codes to indicate patient status and specificity of the service performed. CMS has not yet verified if these codes will be reimbursed on the Medicare Physician Fee Schedule for 2025.

Based on current information provided in the CMS Medicare Physicians Fee Schedule Final Rule for 2025, beginning January 1, 2025, the statutory limitations that were in place for Medicare telehealth services prior to the COVID-19 PHE will retake effect for most telehealth services.

At this time, the healthcare industry expects this will be addressed by congress prior to the lapse of extended COVID-19 Public Health Emergency provisions. Please stay abreast of the latest industry news for updates on this subject. UPA will share any changes to the telehealth guidelines for 2025, as updates are made available.

- 99441-99443 Telephone Visits will be deleted
- New Audio-video codes 98000-98003 (time based) for new patients
- New Audio- video codes 98004-98007 (time based) for established patients
- New Audio-only codes 98008-98011 for new patients
- New Audio-only codes 98012-98015 for established patients
- G2012 will be deleted and replaced with 98016

Remote Therapeutic Monitoring codes will be revised to add more specificity.

- 98975: Revised to add a mention of digital therapeutic intervention.
- 98976: Revised to add a mention of device supply for data access or data transmissions to support RTM.
- 98977: Revised to add a mention add a mention of device supply for data access or data transmissions to support RTM.
- 98978: Revised to add a mention add a mention of device supply for data access or data transmissions to support RTM.

Be sure that your office staff is up to date on any changes that may impact your practice. You can see more details on the code changes on the AMA website:

[AMA releases CPT 2025 code set | American Medical Association](#)





## **2025 CMS Medicare Physician Fee Schedule - Final Rule**

On Friday, November 1, 2024, CMS released the 2025 Medicare Physician Fee Schedule (MPFS) for publication. Highlights of the changes are outlined in this article, however, please see the link to the full press release from CMS for more information.

[Calendar Year \(CY\) 2025 Medicare Physician Fee Schedule Final Rule | CMS](#)

### **CY 2025 Medicare Physician Fee Schedule (MPFS) Conversion Factor**

The average payment rates under the MPFS will be reduced by 2.93% in 2025 from 2024 rates. This amounts to an estimated 2025 PFS conversion factor of \$32.35, a decrease of \$0.94 from the current 2024 conversion factor of \$33.29.

### **Outpatient E/M Visit Complexity Add-On Code:**

For 2025, CMS intends to allow payment of the E/M visit complexity add-on code, HCPCS code G2211, when the E/M base CPT (codes 99202-99205, 99211-99215) is reported by the same practitioner on the same day as an annual wellness visit (AWV), vaccine administration, or any Medicare Part B preventive service, including the Initial Preventive Physical Examination (IPPE), furnished in the office or outpatient setting.

### **Telehealth Services under the 2025 MPFS:**

For 2025, CMS is finalizing a proposal to add several services to the Medicare Telehealth Services List, including caregiver training services on a provisional basis and PrEP counseling and safety planning interventions on a permanent basis. We are finalizing to continue the suspension of frequency limitations for subsequent inpatient visits, subsequent nursing facility visits, and critical care consultations for 2025.

Also beginning January 1, 2025, an interactive telecommunications system may include two-way, real-time, audio-only communication technology for any Medicare 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, but the patient is not capable of, or does not consent to, the use of video technology.

Distant site practitioners will continue to be allowed to use their currently enrolled practice locations instead of their home addresses when providing telehealth services from their home.

CMS is finalizing, for a certain subset of services that are required to be furnished under the direct supervision of a physician or other supervising practitioner, to permanently adopt a definition of direct supervision that allows the supervising physician or practitioner to provide such supervision via a virtual presence through real-time audio and visual interactive telecommunications.

CMS proposes to continue to allow teaching physicians to have a virtual presence for purposes of billing for services furnished involving residents in all teaching settings, but only in clinical instances when the service is furnished virtually (for example, a three-way telehealth visit, with the patient, resident, and teaching physician in separate 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.

**Advanced Primary Care Management Services (APCM):**

For 2025, CMS plans to establish coding and payment under the MPFS for a new set of APCM services described by three new HCPCS G-codes (G0556, G0557, G0558). The finalized APCM services incorporate elements of several existing care management and communication technology-based services into a bundle of services that reflects the essential elements of the delivery of advanced primary care, including Principal Care Management, Transitional Care Management, and Chronic Care Management. However, unlike existing care management codes, there are no time-based thresholds included in the service elements, which is intended to reduce the administrative burden associated with current coding and billing. Instead, the new APCM codes are stratified into three levels based on an individual's number of chronic conditions and status as a Qualified Medicare Beneficiary, reflecting the patient's medical and social complexity.

Level 1 (G0556) is for persons with one chronic condition;  
Level 2 (G0557) is for persons with two or more chronic conditions  
Level 3 (G0558) is for persons with two or more chronic conditions

**Hospital Inpatient or Observation E/M Add-On for Infectious Diseases**

For 2025, a new HCPCS add-on code G0545 is created to describe the intensity and complexity inherent to hospital inpatient or observation care, associated with a confirmed or suspected infectious disease, performed by a practitioner with specialized training in infectious diseases. The new HCPCS add-on code describes service elements, including disease transmission risk assessment and mitigation, public health investigation, analysis, and testing, and complex antimicrobial therapy counseling and treatment.

**Social Determinants of Health (SDoH) & AWW Updates:**

As of October 8, 2024, CMS has updated their Annual Wellness Visit policy to include separate reimbursement for G0136, Social Determinants of Health (SDoH) risk assessment.

Reminder G0136 is only covered by Medicare when reported with an appropriate ICD-10 code.

See full policy details here: [MM13486 - Annual Wellness Visit: Social Determinants of Health Risk Assessment \(cms.gov\)](#).

**Traditional Medicare Prolonged Preventive Services:**

- G0513 & G0514 – defining the substantive portion

For additional details, see the CMS Preventive Services Chart here: [MLN006559 – Medicare Preventive Services \(cms.gov\)](#).

**RSV Vaccine “Beyfortus” Coding:**

The vaccine brand “Beyfortus” for respiratory syncytial virus (RSV) requires specific administration and diagnosis codes for reimbursement.

Administration CPT codes 96380 & 96381 should be reported for Beyfortus administration. CPT 96380 is for intramuscular administration with counseling and CPT 96381 is for administration without counseling.

ICD-10 code Z29.11 Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV) should be reported for Beyfortus brand vaccines only.

