


Advances in Vascular Imaging and Diagnosis



Session 20: Reimbursement Update: Is There Any Good News?

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4:00-4:10



Disclosures

- None financial
- Compliance Officer

Final Rule for 2025

- Published November 1, 2024 in the Federal Register
- “Finalized” Medicare payment policy changes
- **Focus on the impact on noninvasive vascular testing during this presentation, but impact is felt across all payments**

CALENDAR Nov 01, 2024

Calendar Year (CY) 2025 Medicare Physician Fee Schedule Final Rule

Medicare Parts A & B

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On November 1, 2024, the Centers for Medicare & Medicaid Services (CMS) issued a rule finalizing changes to Medicare payments under the PFS and other Medicare Part B policies, effective on or after January 1, 2025.

The CY 2025 PFS final rule is one of several final rules that reflect a broader Administration-wide strategy to create a more equitable health care system that results in better accessibility, quality, affordability, improvement, and innovation for all Medicare beneficiaries.

Background on the Physician Fee Schedule



Since 1982, Medicare payment has been made under the PFS for the services of physicians and other billing professionals. Physician services paid under the PFS are furnished in a variety of settings, including physician offices, hospitals, ambulatory surgical centers (ASCs), skilled nursing facilities and other post-acute care settings, hospices, qualified diagnostic facilities, clinical laboratories, and telehealth services. Payment is also made to several types of suppliers for technical services, most often in settings for which no traditional payment is made.

For most services furnished in an office setting, Medicare makes payments to physicians and other practitioners at a single rate based on the full range of resources involved in furnishing the service. In contrast, PFS rates paid to physicians and other billing practitioners in facility settings, such as a hospital outpatient department (HOPD) or an ASC, reflect only the portion of the resources typically incurred by the practitioner while furnishing the service.



2025 Final Rule


- Fifth consecutive year of cuts to the conversion factor for Medicare Physician Fee Schedule (MPFS) rates **decrease 2.8%**
- 2025 Hospital Outpatient Prospective Payment System (HOPPS) rates **increase by 2.9%**
- **Outpatient studies are paid the lesser of the PFS or OPFS**

Medicare Physician Fee Schedule (MPFS) vs. Hospital Outpatient Prospective Payment System (HOPPS)



- Under Part B Medicare, practices get paid the lesser of the Physician Fee Schedule (MPFS) or the Hospital Outpatient Prospective Payment System (HOPPS) rate

CPT	Description	MPFS	HOPPS
93880	Extracranial bilat study	\$199.33	\$274.43
93882	Extracranial uni/ftd study	\$130.47	\$136.00
93886	Intracranial complete study	\$279.96	\$281.69
93888	Intracranial limited study	\$166.80	\$197.04
93890	Tcd vasoreactivity study	\$285.50	\$285.85
93892	Tcd emboli detect w/oi inj	\$326.34	\$171.30
93893	Tcd emboli detect w/inj	\$404.89	\$171.99
93922	Upr/lxtr artery art 2 levels	\$84.29	NA
93923	Upr/lxtr art study 3+ lvs	\$132.89	NA
93924	Lwr str vasc study bilat	\$164.03	NA
93925	Lower extremity study	\$252.28	\$272.74
93926	Lower extremity study	\$145.15	\$134.06
93930	Upper extremity study	\$204.52	\$274.08
93931	Upper extremity study	\$129.43	\$135.31
93970	Extremity study	\$195.87	\$269.24
93971	Extremity study	\$124.24	\$132.80
93975	Vascular study	\$276.85	\$291.38
93976	Vascular study	\$164.38	\$150.19
93976	Vascular study	\$188.00	\$274.08
93979	Vascular study	\$122.16	\$134.06
93980	Penile vascular study	\$118.70	\$170.96
93981	Penile vascular study	\$71.64	\$132.20
93985	Dupl-scan hemo compl bi std	\$262.29	\$272.74
93986	Dupl-scan hemo compl uni std	\$155.38	\$136.00
93990	Doppler flow testing	\$153.65	\$136.66



Glossary of Terms

- Relative Value Scale Update Committee (RUC)
- Relative value unit (RVU)
 - Work expense RVU
 - Practice expense RVU
 - Malpractice RVU
- Conversion factor (CF)

2025 RVU Conversion Factor (CF)

2020	2021	2022	2023	2024	2025
36.09	34.89	34.6	33.89	33.29	32.35
	-3%	-0.8%	-2.1%	-1.8%	-2.8%

The 2024 Conversion Factor was raised from \$32.74



2024 to 2025 Projection** Vascular Lab Reimbursement

HCPCS	DESCRIPTION	Work RVU	Practice Expense RVU	Majorpractice RVU	TOTAL RVUs	2024 CF	2024 Global	2025 CF	2025 Global	% Diff In 2025
93880	Extracranial biplan study	0.8	4.82	0.11	5.73	\$33.29	\$190.75	\$32.35	\$186.37	(\$5.39)
93922	Extremity Arterial 2 levels	0.25	2.15	0.06	2.46	\$33.29	\$81.89	\$32.35	\$79.58	(\$2.31)
93923	Extremity Arterial 3+ lvs	0.45	3.31	0.06	3.86	\$33.29	\$127.83	\$32.35	\$124.22	(\$3.61)
93925	Lower extremity arterial duplex	0.8	6.3	0.1	7.2	\$33.29	\$239.69	\$32.35	\$232.92	(\$6.77)
93956	Lower extremity arterial uni	0.5	3.72	0.06	4.28	\$33.29	\$142.48	\$32.35	\$138.46	(\$4.02)
93970	Extremity venous duplex	0.7	4.85	0.1	5.65	\$33.29	\$189.09	\$32.35	\$182.78	(\$6.31)
93971	Extremity venous duplex uni	0.45	3.07	0.06	3.58	\$33.29	\$119.18	\$32.35	\$115.81	(\$3.37)
93979	Visceral vascular	1.16	6.68	0.14	7.98	\$33.29	\$268.65	\$32.35	\$258.15	(\$7.50)
93978	Aortic/bi-iliac duplex	0.8	4.47	0.14	5.41	\$33.29	\$180.10	\$32.35	\$175.01	(\$5.09)
93985	Pre-Dialysis Mapping	0.8	6.48	0.16	7.44	\$33.29	\$247.68	\$32.35	\$240.68	(\$6.99)
93990	Dialysis access duplex	0.5	3.79	0.1	4.39	\$33.29	\$146.14	\$32.35	\$142.02	(\$4.13)

No change in RVU values for most vascular CPT codes **except for TCD



2025 Proposed Rule

- July 2024 Proposed Rule in Federal Register
 - Restructure Transcranial Doppler CPT codes
 - Base code and add-on codes for procedures that already have CPT codes
- Comment period allowed SVU and other Societies to formulate a response



Transcranial Doppler (TCD) New Codes

- Current CPT Codes**
- 93886** (Transcranial Doppler study of the intracranial arteries; complete study)
 - 93888** (TCD study of the intracranial arteries; limited study)
 - 93892** (TCD study of the intracranial arteries; emboli detection without intravenous microbubble injection)
 - 93893** (TCD study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection)
 - 93890** (TCD study of the intracranial arteries; vasoreactivity study)
- RUC proposed a new code structure for TCD, with CPT code 93890 being deleted.**
- CMS also accepted the RUC-recommended work RVUs for all seven codes in this family without retirement.
- Three new add-on codes were created to report when additional studies are performed on the same date of services as a complete transcranial Doppler study.**
- 93934** (Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete)
 - 93935** (Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete)
 - 93936** (Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete)
- These three new add-on codes should be used in conjunction with CPT code 93886, and that the other codes should not be bundled.**
- Add-ons only used if a complete TCD is being performed and billed the same day**



Society for Vascular Ultrasound (SVU) Response to CMS

- SVU counsel suggested a member survey to assess the utilization of TCD in actual clinical settings.
- 191 participants from SVU, SDMS, and ASN members
- Summary of Results:
 - The time respondents spent performing TCD studies did not correspond with CMS' estimates.
 - CMS systematically overcounted time at the PAC station and undercounted time in the ultrasound room.
 - TCD can be quite heterogenous depending on patient compliance, competing studies/patient activities, difficulties in obtaining intravenous access, among other factors.
 - We also found that many centers do not perform the add-on procedures.



TCD Projected Reimbursement

HCPCS Code	Short Description	2024 Work RVU	Practice Expense RVU	Majorpractice RVU	Total RVUs	2024 CF	2024 Global	2025 CF	2025 Global
93886	Intracranial complete study	0.91	7.34	0.08	8.33	\$	\$275.96	\$	\$265.02
93888	Intracranial limited study	0.5	4.24	0.05	4.79	\$	\$159.46	\$	\$152.40
93890	Tcd vasoreactivity study	1	7.44	0.06	8.52	\$	\$283.61	\$	\$273.88
93892	Tcd emboli detect w/inj	1.15	8.97	0.1	9.62	\$	\$329.88	\$	\$317.69
93893	Tcd emboli detect w/rt	1.15	10.82	0.12	12.09	\$	\$402.45	\$	\$381.11

HCPCS Code	Short Description	2025 Work RVU	Practice Expense RVU	Majorpractice RVU	Total RVUs	2025 CF	2025 Global
93886	Intracranial complete study	0.9	7.34	0.08	8.32	\$	\$265.02
93888	Intracranial limited study	0.73	4.24	0.05	5.02	\$	\$152.40
93892	Tcd emboli detect w/inj	1.15	8.97	0.1	9.62	\$	\$317.69
93893	Tcd emboli detect w/rt	1.15	10.82	0.12	12.09	\$	\$381.11

To be used when 93886 performed the same day

HCPCS Code	Short Description	2025 Work RVU	Practice Expense RVU	Majorpractice RVU	Total RVUs	2025 CF	2025 Global
93934	Vasoreactivity study with TCD	0.81			0.81	\$	\$265.12
93935	Emboli detection w/o v bubbles	0.73			0.73	\$	\$265.03
93936	Venous-arterial detection with v bubbles	0.85			0.85	\$	\$265.41



Decreased Time = Decreased Reimbursement

- Insurers will decrease reimbursement further if study times are truly reduced
- Some exams take longer than others; some are shorter
- Depends on the patient, the circumstances, etc.



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Is There Good News?

- 2.8% decrease in conversion factor for 2025 **but they did decrease the cut in 2024**
- New TCD add-on codes created but work RVU's/reimbursement decreased
- 2.9% increase in HOPPS rates! Good news for hospitals
- If time is taken away, reimbursement will be taken away

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Thank you!

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