

Disclosures

- None financial
- Compliance Officer



NAVIX

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



NAVIX

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 OPPS

NAVIX

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 Outpationt Prospective Payment System (HOPPS) rate

| CPT | Description | MPFS | HOPPS |
|-------|-----------------------------|----------|----------|
| 93880 | Extracranial bilat study | \$199.33 | \$274.43 |
| 93882 | Extracranial uni/Itd study | \$130.47 | \$136.00 |
| 93886 | Intracranial complete study | \$279.96 | \$281.69 |
| 93888 | Intracranial limited study | \$166.80 | \$137.04 |
| 93890 | Tcd vasore activity study | \$285.50 | \$285.85 |
| 93892 | Tcd emboli detect w/o inj | \$326.34 | \$171.30 |
| 93893 | Tcd emboli detect w/inj | \$404.89 | \$171.99 |
| 93922 | Upr/l xtremity art 2 levels | \$84.79 | NA |
| 93923 | Upr/lxtr art stdy 3+ IvIs | \$132.89 | NA |
| 93924 | Lwr xtr vasc stdy bilat | \$164.03 | NA |
| 93925 | Lower extremity study | \$252.28 | \$273.74 |
| 93926 | Lower extremity study | \$149.15 | \$134.96 |
| 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 | \$132.89 |
| 93975 | Vascular study | \$276.85 | \$291.38 |
| 93976 | Vascular study | \$164.38 | \$150.19 |
| 93978 | Vascular study | \$188.60 | \$274.08 |
| 93979 | Vascular study | \$122.16 | \$134.96 |
| 93980 | Penile vascular study | \$118.70 | \$170.96 |
| 93981 | Penile vascular study | \$71.64 | \$132.20 |
| 93985 | Dup-scan hemo compl bi std | \$261.28 | \$273.74 |
| 93986 | Dup-scan hemo compl uni std | \$155.38 | \$136.00 |
| 93990 | Doppler flow testing | \$153.65 | \$135.66 |
| | | | |

Glossary of Terms



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

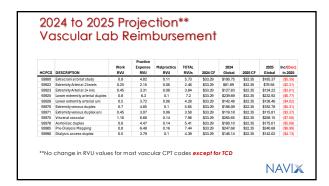
NAVIX

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

NAVIX



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

NAVIX

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)
- 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 refinement.

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.

- 93X94 (Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete)
- 93X95 (Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete)
- 93X96 (Venous-arterial shunt detection with intravehous 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

NAVIX

Society for Vascular Ultrasound (SVU) Response to CMS Summary of Results: The time respondents spent performing TCD studies did not correspond with CMS' estimates.

- SVU counsel suggested a member survey to assess the utilization of TCD in actual clinical settings.
- 191 participants from SVU, SDMS, and ASN members





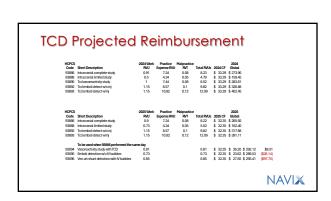






CMS systematically overcounted time at the PAC station and undercounted time in the ultrasound room. TCD can be quite heterogenous depending on patient compliance, competing studies/patient activities, difficulties in obtaining intravenous access, among other factors. We also found that many centers do not perform the add-on procedures.





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.



NAVIX

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

NAVIX

