



## Forecast of Venous Reimbursement 2025

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## Disclosures

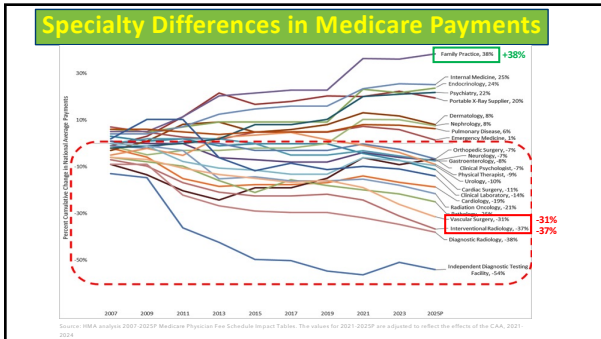
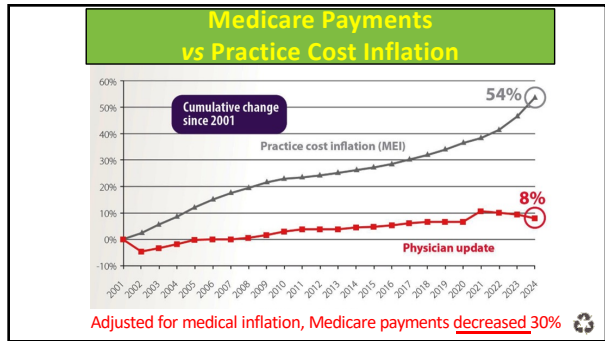
No financial disclosures

### Recent CMS Physician Cuts

	2022	2023	2024
Clinical Labor Update costs	-1%	-1%	-1%
Conversion Factor Decrease	-0.75%	-2%	-2.1*
Sequestration	-2%		
<b>TOTAL</b>	<b>-3.75%</b>	<b>-3%</b>	<b>-3.1%</b>

**Over three years: -9.9%**  
 Superimposed on cumulative 15% medical inflation rate

\* Jan 1 – March 8, 2024: - 3.37% (\$32.74); March 9 – Dec 31, 2024: -1.77%; (\$33.29) vs 2023 CF:\$33.89  
<https://www.ama-assn.org/system/files/cf-history.pdf>



### Venous Specific Effects

Decreases for Office Venous Procedures

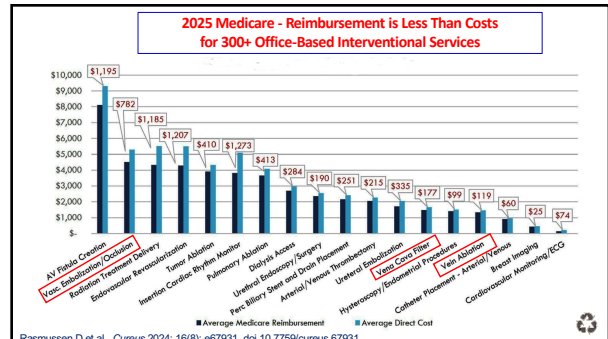
	2022	2023	2024	TOTAL
RFA 1 <sup>st</sup> vein (36475)	-14%	-5%	-6%	-25%
Laser 1 <sup>st</sup> vein (36478)	-7%	-6%	-5%	-18%
MOCA 1 <sup>st</sup> vein (36473)	-11%	-6%	-6%	-23%
Adhesive 1 <sup>st</sup> vein (36482)	-9%	-5%	-6%	-20%
Varithena 1 <sup>st</sup> vein (36465)	-11%	-5%	-7%	-23%
Phlebectomy 10-20 (37765)	-4%	-4%	-4%	-12%
Stent, venous (37238)	-8%	-6%	-6%	-20%

### CMS Rule for 2025 All Physicians

**Conversion Factor** (decrease \$0.94 to \$32.35) **-2.83%**  
**Clinical Labor Update costs (Year 4 of 4)** **-1%**  
**2025 TOTAL -3.83%**

Superimposed on expected 3.5% Medical Economic Index (inflation)  
**Hospitals/ASCs** – increased payments of 2.9%

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2025-medicare-physician-fee-schedule-final-rule>  
<https://www.cms.gov/newsroom/fact-sheets/cy-2025-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-0>



### Venous Specific Effects

#### 2025 Decreases for Office Venous Procedures without Congressional Action

	2022-24	2025
RFA 1 <sup>st</sup> vein (36475)	-25%	-6.2%
Laser 1 <sup>st</sup> vein (36478)	-18%	-5.3%
MOCA 1 <sup>st</sup> vein (36473)	-23%	-7.6%
Adhesive 1 <sup>st</sup> vein (36482)	-20%	-6.7%
Varithena 1 <sup>st</sup> vein (36465)	-23%	-7.0%
Phlebectomy 10-20 (37765)	-12%	-4.8%
Stent, venous (37238)	-20%	-7.0%

**What effects on physicians?**

**Expected changes in physician outpatient interventional practices as a result of coronavirus disease 2019 and recent changes in Medicare physician fee schedule**

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**21 question electronic survey – February 2022 (n=166)**  
 American Vein and Lymphatic Society  
 Outpatient Endovascular and Interventional Society

**Follow-up survey – February 2023 (n=696)**  
 Outpatient Endovascular and Interventional Society  
 American Vein and Lymphatic Society  
 Society for Interventional Radiology  
 Society for Cardiovascular Angiography and Interventions  
 Society for Vascular Surgery  
 American Venous Forum

<https://authors.elsevier.com/a/1g3cWcKok2EOT>

### Effects of Medicare Cuts

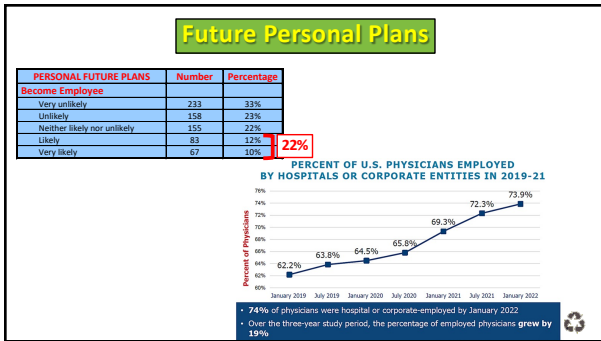
Terminated Medicare participation	<b>2%</b>
Retired	<b>2%</b>
Closed practice	<b>3%</b>
Sold practice	<b>3%</b>
Migrated part practice to ASC	<b>11%</b>
Migrated part practice to hospital	<b>18%</b>

### Future Plans – 2 Years

PERSONAL FUTURE PLANS	Number	Percentage
<b>Retire</b>		
Very unlikely	307	44%
Unlikely	176	25%
Neither likely nor unlikely	96	14%
Likely	74	11%
Very likely	43	6%
		<b>17%</b>

PERSONAL FUTURE PLANS	Number	Percentage
<b>Self Practice</b>		
Very unlikely	206	30%
Unlikely	162	23%
Neither likely nor unlikely	184	26%
Likely	91	13%
Very likely	53	8%
		<b>21%</b>



### Question

**What should physicians do now?**

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<https://istart-library.com/images/food8838T.png>

### Congressional Action Needed

**HR 10073 – Medicare Patient Access and Practice Stabilization Act of 2024 (Oct 29, 2024)**  
Rep Greg Murphy, MD (R-NC) and Jimmy Panetta (D-CA)

Stops budget neutrality mandated payment cuts (2.83%)  
Provides for ½ of annual medical inflation (MEI) (1.9%)  
**Increase of 4.73%**

**Expensive - multiple billions of dollars**

### Conclusions

- Medicare physician payments for venous and office-based specialists will likely continue to decrease
- Lack of inflation adjustment for physician payments, and budget neutrality requirement, is not tenable if independent private practice to survive in U.S.
- Congressional action is needed