

Session 124:

## THE EVOLVING HEALTHCARE ENVIRONMENT: IMPACT ON PAYMENT, POLICY, LAB MANAGEMENT AND SVU UPDATES

*Current Critical Issues for the Vascular Professional*

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## An Overview of CMS Final Rule: 2025

Historical Perspective-

- The Balanced Budget Act of 1997 granted authority to CMS to establish a prospective payment system for hospital outpatient services. Further modifications were granted under the Balanced Budget Refinement Act of 1999 and other legislation.
- The main intent was to provide CMS with a system to better predict and manage program expenditures by assigning fixed payment amounts to groups of services similarly to the inpatient prospective payment system (based on Diagnosis-Related Groups). This information is available on the [CMS.gov](https://www.cms.gov) website.

## An Overview of CMS Final Rule: 2025

Historical Perspective-

- The hospital outpatient prospective payment system (OPPS) in place today classifies all hospital outpatient services into Ambulatory Payment Classifications (APCs). Healthcare Common Procedure Coding System codes (HCPCS codes) are assigned to APCs by CMS, and these assignments are updated at least annually.
- In contrast, free standing clinics and imaging centers are paid through the Physician Fee Schedule (PFS). This system is closer to the traditional fee-for-service system, where each code is assigned a reimbursement. However, CMS is increasingly bundling payments or capping payments under the PFS as well.
- So this is where we are today.

## An Overview of CMS Final Rule: 2025

Historical Perspective-

- In July 2024, CMS published *Proposed Rules* updating the PFS and OPPS in the Federal Register. These proposed rules modify existing regulations, propose entirely new regulations, or announce new policies.
- They also propose payment rates for the upcoming calendar year. Once published, public comments are solicited.

## An Overview of CMS Final Rule: 2025

SVU Advocacy Committee Response:

- Under the direction of our Regulatory Legal Counsel at Sidley Austin, SVU Advocacy Committee Members met by conference call to discuss our concerns over the Proposed Rule.
- This year, the most significant impact to SVU members was the change to the body of Transcranial Doppler codes: JP Hughes will present that data

## SVU Action in Response to Proposed Rule:

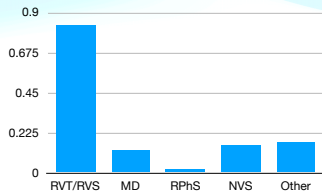
Survey TCD Providers:

- CMS had accepted results from the AMA RUC concerning TCD use and applications. It was suggested that SVU conduct a member survey to assess utilization of TCD in actual clinical settings.
- 192 of you participated in this robust and informative survey that served as a basis for our rebuttal to CMS. In addition to our SVU members, the survey was distributed to TCD providers within the SDMS and ASN. We are grateful for their support and participation.

### Survey Results: What Credentials do you hold?

Select all that apply-192 Responses

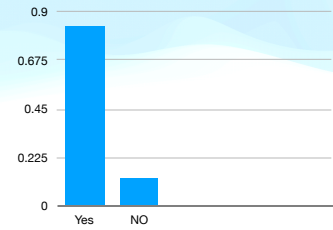
- RVT/RVS: 83%
- MD: 12.5%
- RPhs: 2.08%
- NVS 15.6%
- Other: 16.6%



### Survey Results: SVU Membership?

Select all that apply-192 Responses

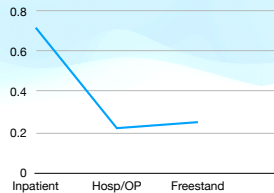
- YES- 59.9%
- NO- 40.1%



### What % of Time Spent in These Settings:

177 Responses-

- Hospital- Inpatient: 72%
- Freestanding Hosp/OP: 22%
- Freestanding Clinic: 25%



### What % of Time are Additional Studies Completed?

Along with TCD 93886:

- No additional Studies: Only 93886 > 80%
- Vasoreactivity Study: 72% completed <20% of time
- Emboli detection without Microbubble Injection: 61% completed <20%
- Venous arterial shunt detection w/Microbubble: 66% completed < 20%

### Summary of Findings:

#### Many centers do not perform the Add-on Procedures

- The time respondents spent performing TCD studies did not concord with CMS' estimates: CMS systematically overcounted time at the PAC station and undercounted time in the ultrasound room
- CMS adopted the proposed changes to the codes from the AMA, **not** SVU
- CMS finalized rates that reduce base study payments-the study most frequently performed by our Members
- Time to revisit the utilization of "add on" codes

### Next Steps: We are not Done

#### Now is a great time to join SVU and donate to Advocacy....

- Congress must address certain funding bills when they return to Washington this year before funding expires.
- Will they pass a strict *Continuing Resolution* to cover the next few months with no additional bills or policies
- Or will that potentially be expanded? Could these payment rates be adjusted? We will simply have to monitor closely, and act as needed.
- SVU will revisit the issue by the end of CY 2024 or Q1 2025

**Who Knows what will happen to CMS & DHSS 2025**



Thank you for your attention:  
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