

Alliance of Wound Care Stakeholders Summaries of CY 2025 CMS Final Rules: Physician Fee Schedule, Hospital Outpatient PPS, Home Health PPS- Updated Nov 6 2024

UPDATED – While the Alliance is working on providing our members with a more detailed summary of these final rules, we wanted to provide this update as a result of incorrect information being placed in the original November 1, 2024 summary. The bolded language is new.

All of the CY 2025 final Medicare payment rules were issued late in the afternoon on November 1. Below we have provided a brief summary of the some of the wound care provisions.

Physician Fee Schedule

1. Autologous Blood Derived Products

- a. CMS finalized a national payment rate for G0465.
- b. The supply code in the non-facility setting is \$770.83**
- c. In the non-facility setting, CMS finalized a national non-facility payment of \$890.18.
- d. Recognized that the proposed payment of \$678.57 was too low.
- e. Debridement is included in the rate.
- f. In the facility setting, the payment rate (professional fee) will be on par with the rate for CTP applications.**

So, what does this mean?

There is now a nationally published payment rate for autologous blood derived products - it will no longer be contractor priced beginning January 1, 2025.

2. CTPs

- a. Payment in physician offices is status quo. No changes
- b. CTPs will not be counted for purposes of identifying refundable drugs for calendar quarters in 2025.
- c. CMS stated they still have the intention to move forward with a future proposal to achieve a consistent payment mechanism for all CTPs.

3. Caregiver Training

- a. CMS is moving ahead with the creation of new codes along with payment for caregiver training.
- b. CMS stated that when a product -like a surgical dressing -is provided by a DME supplier, the supplier is responsible and will get paid for the caregiver training so as to not duplicate what is in the DMEPOS benefit requirements.
- c. CMS did not change the term decubitus ulcer as they stated it is in the code descriptor and encompasses pressure injury.

- d. With respect to certain wound care terminology used in the code descriptor, CMS decided to change the language. Now instead of the example of “wound dressing” changes they simply state “wound care”. Specifically, the new and finalized code descriptors for caregiver training services state the following:
 - G0541 (*Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes*);
 - G0542 (*Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (Use G0542 in conjunction with G0541)*); and
 - G0543 (*Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers*)).
4. Recell Autologous Cell Harvesting Device
 - a. The product will continue to be contractor priced as CMS did not agree with the RUC valuation.
 - b. CMS will review these codes again after reconsideration of the coding structure and re-survey is complete.
5. Physical Therapy Supervision
 - a. CMS finalized their proposal to allow remote therapeutic monitoring (RTM) services to be furnished by occupational therapy assistants (OTAs) and physical therapy assistants (PTAs) under the general supervision of occupational therapists (OTs) and physical therapists (PTs) in private practice
 - b. CMS is finalizing their proposal to provide an exception to the physician/NPP signature requirement on the therapist-established treatment plan for purposes of the initial certification in cases where a written order or referral from the patient’s physician/NPP is on file and the therapist has documented evidence that the treatment plan was transmitted to the physician/NPP within 30 days of the initial evaluation and will replace the term “plan of care” with “plan of treatment.”

Hospital Outpatient PPS

1. CTPs
 - a. Payment methodology for CTPs is status quo in the hospital outpatient setting.
 - b. CMS did not adopt any of the Hospital Advisory Panel (HAP) recommendations

- c. CMS will continue to assign any skin substitute product that is assigned a code in the HCPCS A2XXX series to the high-cost skin substitute group, including new products without pricing information.
 - d. New skin substitutes without pricing information that are not assigned a code in the HCPCS A2XXX series would be assigned to the low-cost category until pricing information is available to compare to the CY 2024 MUC and PDC thresholds.
 - a. The final MUC threshold will be \$50 per cm2 (rounded to the nearest \$1
 - b. The final PDC threshold will be \$833 (rounded to the nearest \$1)
- 2. Total Contact Cast (TCC)
 - a. CMS acknowledged the HAP recommendation regarding the separate payment for a TCC when performed on the same date of services as a debridement or application of a CTP. They did not make any changes in this rulemaking but stated, “we will take commenters’ suggestions into consideration for future rulemaking”.
- 3. Blood Derived Products
 - a. CMS finalized its payment methodology to make separate payments for blood and blood products through APCs rather than packaging payment for them into payments for the procedures with which they are administered.
 - b. **The rate for G0465 went up from \$1739 to \$1829.**
- 4. Prior Authorization
 - a. CMS finalized its proposal to reduce the review timeframe for standard prior authorization requests for certain covered outpatient department services paid under the OPps from 10-business days to 7-calendar days.
- 5. Omeza
 - a. Applied for a new device category for transitional pass-through payment status. CMS did not approve their application because it felt that while OMEZA did meet some of the necessary requirements it did not meet the substantial clinical improvement criterion.

Home Health PPS

- 1. Disposable Negative Pressure Wound Therapy (dNPWT)
 - a. CMS finalized the payment rate for dNPWT. The rate for CY 2025 will be \$276.57. The CY 2024 rate was \$270.09.