

Summary of CY 2025 Hospital Outpatient Prospective Payment System and Ambulatory Surgery Center Payment System Final Rule

On Nov. 1, 2024, the Centers for Medicare and Medicaid Services released [the Calendar Year 2025 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems final rule](#). Details about provisions relevant to infectious diseases can be found below. The provisions listed below will take effect beginning Jan. 1, 2025. Please send comments or questions to Yasmin Rafiq, IDSA regulatory and reimbursement policy manager, at yrafiq@idsociety.org.

OPPS Conversion Factor Update

The final OPPS conversion factor for CY 2025 is \$89.169, which is an increase of 2.6% from the prior year. IDSA had conveyed support for this increase in our comment letter in response to the proposed rule.

OPPS Payment Provisions

Virtual Direct Supervision of Diagnostic Services Furnished to Hospital Outpatients

As described in the proposed rule, CMS proposed this extension based on the concern that an immediate reversion to the pre-public health emergency definition of direct supervision would prohibit virtual direct supervision, which may present a barrier to access to many services that have been facilitated by the PHE-related policy over the past several years; and that physicians and other practitioners need time to reorganize their practice patterns established during the PHE to reimplement the pre-PHE approach to direct supervision without the use of audio/video technology. CMS finalized its proposal to allow for the direct supervision of diagnostic services via audio-video real-time communications technology through December 2025.

Request for Comment on Payment Adjustments Under the IPPS and OPPS for Domestic Personal Protective Equipment

CMS had solicited feedback on potential modifications to previously finalized payment adjustments in support of domestically produced surgical N95 respirators, which have had fairly limited uptake. In response to commenters, CMS notes that it intends to propose a new payment methodology, “such as one that no longer relies on exclusively hospital-specific data,” as part of 2026 rulemaking. CMS also signaled future plans to explore expanding the policy to include other types of PPE and medical products and publicly posting a list of qualifying surgical N95s.

Payment for HIV Pre-Exposure Prophylaxis in Hospital Outpatient Departments

CMS finalized its proposals for payment of HIV PrEP drugs and related services under the OPPS as preventive services in accordance with the final national coverage determination effective Sept. 30, 2024. CMS finalized as proposed with modifications to pricing policies for brand and generic drugs (consistent with the Physician Fee Schedule (PFS) final policy): for multisource Drugs Covered as Additional Preventative Services (DCAPS) drugs, CMS will set the price based on the lower of either the median generic price or the lowest brand price. CMS finalized payment for HIV PrEP services furnished in hospital outpatient departments, consistent with the rates and approach for services provided in physician offices. CMS refined status indicators for pharmacy supply and dispensing fees, assigning status indicator “M” for better billing clarity.