Pain Medicine in 2025: Surviving Insurance & Billing Challenges Group Discussion

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Discolsures

- No relative financial relationships to disclose

Discussion Points

1. 2025: Lower Rates, Higher Scrutiny
2. Hospital vs Office - Site Neutral
3. More Hoops, Fewer Approvals
4. WISeR: CMS AI-Driven Prior Auth Pilot
5. MIPS 2025: What's New and What Matters
6. MIPS Value Pathway (MVP): The Future of Physician Scoring
7. Billing & Coding Hot Spots

2025: Lower Rates, Higher Scrutiny

- 2025 Medicare PFS: ≈ –2.9 % overall cut
- Procedure-heavy specialties hit hardest
- Inflation + staff + supply costs up
- Commercial payers mirroring CMS
- AI-driven audits increasing

2025 Fee Schedule/Sequestration

- 2.9% cut for 2025
- 5 years of consecutive cuts
- Approximately 10% overall in last 5 years
- Conversion factor $34.89 to $32.34
- No inflation adjustment

RVU

RVU x Conversion Factor = Payment

- **RVU:** The total RVU is the sum of three components:
  - Work RVUs (physician's effort)
  - Practice Expense (PE) RVUs (overhead costs)
  - Malpractice (MP) RVUs (malpractice insurance costs)
- **Calculation:** The formula is applied as follows:
- **Payment = (Total RVU) x (Conversion Factor)**
- **With GPCI adjustments:**
  A more comprehensive formula also includes Geographic Practice Cost Indices (GPCI) to account for regional cost differences:
- Payment = [(Work RVUs x Work GPCI) + (PE RVUs x PE GPCI) + (Malpractice RVUs x Malpractice GPCI)] x CF

Inflation Pressure

2020 - 1.23%
2021 - 4.70%
2022 - 8%
2023 - 4.12%

Average annual inflation - 4.59%

In other words $1 in 2020 is the equivalent of $1.25

Commercial Plans

- Update their fee schedules 3 - 6 months after CMS
- Auto-downward adjustments - rate drops automatically!
- Must check your contracts regularly

AI Driven Audits

- Predictive claim scoring - pattern review
- “Pattern inconsistent with peer utilization”
- Best defense - functional improvements!
- A1 then Nurse then Physician of any specialty
- Documentation must tell a story!
- Function, Safety, Progression

- Where have you felt the biggest squeeze — Reimbursements, delays, or denials?

Hospital vs Office Site Neutral

- CMS pushing site-neutral payment: hospital outpatient rates falling
- ASC / office settings favored for cost efficiency
- Physicians paid less for HOPD procedures
- Shift feasible cases to ASC or office to protect margins

- Have you seen payers discourage hospital -based cases or reduce those rates?

- Would this practice re -shape your current practice?

More Hoops, Fewer Approvals

- CMS PA Rule (2026): 72 hr urgent / 7-day routine deadline
- Texas Gold Card law offers PA exemption for high-approval providers
- Payers adding AI triage and peer reviews
- Documentation burden up 20–30 %

- Has anyone successfully leveraged the Gold Card exemption yet?

WISeR: CMS AI-Driven Prior Auth Pilot — Texas Included

- Launch Jan 1 2026 – Dec 31 2031 (TX, AZ, OK, OH, NJ, WA)
- Applies only to Original Medicare FFS (not Medicare Advantage)
- Two paths: pre-service PA or post-service pre-payment review
- High affirmation → Gold Card status inside model
- Medicare Advantage (MA) plans have separate PA rules but must follow Medicare coverage policies

WISeR Targeted Procedures for Pain Medicine

- Epidural Steroid Injections (non-facet)
- Spinal Cord & Peripheral Nerve Stimulator implants/trials
- Percutaneous Vertebral Augmentation (kypho/vertebroplasty)
- Image-Guided Lumbar Decompression for stenosis
- Neuroablative / Lesion procedures (RF tract lesions)

- Which of these do you perform most often?
  - Is your documentation audit-proof?

MIPS 2025: What's New and What Matters

- Performance threshold = 75 points (–9% penalty, small bonuses)
- Quality 30%| Cost 30%| PI 25%| IA 15%
- Data completeness = 75%
- MVPs expanding — pain physicians urged to migrate before 2027
- EHR Cures Update 2023 required for PI
- Cost measures now include spine & imaging episodes

- Who's still in traditional MIPS?
- Anyone testing an MVP?
- How much has reporting changed?

MIPS Value Pathway (MVP): The Future of Physician Scoring

- CMS's new specialty-focused version of MIPS
- Bundles Quality, Cost, IA, PI into one cohesive pathway
- Compares you to peers in your specialty, not all clinicians
- Fewer, more relevant measures; less admin burden
- Pain-relevant MVPs: Musculoskeletal

- Who’s planning to test an MVP in 2025?
- This will define how pain specialists are measured and paid — for years ahead!

Billing & Coding Hot Spots

- Facet Joint LCD L38803 + Article A58405 (1/1/25) tightening criteria
- Must document failed conservative care + functional improvement
- Modifiers 25 & 59 under audit
- Telehealth E/M: confirm POS + time accuracy

- What coding issues or payer audits are costing you time this year?