

Access Final Rule (CMS 2442-F)
Comparative Payment Rate Analysis
CY 2025 Evaluation and Management (E/M) Code List

Introduction:

In the May 10, 2024, edition of the *Federal Register*, CMS published the “[Ensuring Access to Medicaid Services \(CMS-2442-F\)](#)” (Access Final Rule, CMS 2442-F). The comparative payment rate analysis regulatory requirement finalized at 42 CFR 447.203(b)(2) and (3) requires states to compare their FFS Medicaid payment rates for certain evaluation and management (E/M) Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes for primary care, obstetrical and gynecological care, and outpatient mental health and substance use disorder services to corresponding Medicare rates, and publish the analysis every two years. In July 2024, CMS published sub-regulatory guidance for the fee-for-service provisions of the Access Final Rule in the [Ensuring Access to Medicaid Services – A Guide for States to the Fee-For-Service Provisions of the Final Rule](#) (Access Rule Companion Guide), including an example list in Appendix A that defined the services that would be subject to the comparative payment rate analysis through the identification of specific E/M CPT/HCPCS codes in effect for calendar year (CY) 2023 that would have been subject to the comparative payment rate analysis if it were in effect for CY 2023. We are now releasing the official E/M code set for CY 2025, which can be found at [Medicaid.gov](#) on the “Documentation of Access to Care and Service Payment Rates” webpage. This document explains how we identified the codes included on the CY 2025 Code List and the differences from the previously published example list described above.

As described in the Access Final Rule, E/M CPT/HCPCS codes to be included in the comparative payment rate analysis are based on the following criteria:

1. Code is effective for the same time period of the comparative payment rate analysis;
2. Code is classified as an E/M CPT/HCPCS code by the American Medical Association (AMA) CPT Editorial Panel;
3. Code is included on the Berenson-Eggers Type of Service (BETOS)¹ code list effective for the same time period as the comparative payment rate analysis and falls into the E/M family grouping and families and subfamilies for primary care services, obstetrics and gynecological services, and outpatient mental health and substance use disorder services; and
4. Code has an A (Active), N (Non-Covered), R (Restricted), or T (Injections) code status on the Medicare Physician Fee Schedule (PFS) with a Medicare established relative value unit (RVU) and payment amount for the same time period of the comparative payment rate analysis

We stated in the Access Final Rule that we would publish the initial list of E/M CPT/HCPCS

¹ BETOS refers to the [Restructured BETOS Classification System](#). BETOS is updated annually in October of each year to incorporate the previous years’ data in the dataset (note: 5 years of data is included in the dataset). Due to the misalignment of the publication of BETOS data and when CMS intends to publish the E/M Code List, we will utilize the most recent currently available BETOS dataset, which will not be effective for the same time period as the E/M Code List (e.g., CY 2025 E/M Code List uses the 2024 BETOS dataset).

codes subject to the comparative payment rate analysis no later than June 30, 2025, to provide states one full calendar year between the issuance of the CMS-published list of E/M CPT/HCPCS codes and the due date of the comparative payment rate analysis on July 1, 2026. We acknowledge a minor delay in publishing this first list but believe states will have sufficient time to develop and publish the analysis by July 1, 2026.

Identifying the CY 2025 Code List:

As CMS methodologically applied the above criteria to develop the CY 2025 list of E/M CPT/HCPCS codes subject to the comparative payment rate analysis (henceforth called "CY 2025 E/M Code List"), we identified differences between the codes that were included in Appendix A of the Access Rule Companion Guide and the CY 2025 E/M Code List.

To ensure transparency of CMS processes in developing the CY 2025 E/M Code List, we explain the differences between Appendix A and the CY 2025 E/M Code List below. Appendix A contained 165 distinct codes.² The CY 2025 E/M Code List contains 68 distinct codes and is located in PDF and Excel format on [Medicaid.gov](https://www.Medicaid.gov) on the "Documentation of Access to Care and Service Payment Rates" webpage.

First, we identified 61 codes that remained the same between Appendix A and CY 2025 E/M Code List; however, 39 of these codes were reclassified into different categories of services (i.e., they moved between primary care services, obstetrics and gynecological services, and outpatient mental health and substance use disorder services). For 2025, we categorized each code that met the above criteria into one or more categories of service by analyzing CY 2024 T-MSIS data and public coding resources from medical societies, health insurers, and State Medicaid Agencies.

Second, we identified 104 CPT/HCPCS codes that appeared in Appendix A and do not appear on the CY 2025 E/M Code List for the following reasons:

1. Code was included in the January 2023 release of the Medicare Physician Fee Schedule but was removed from the January 2025 release.
2. Code did not meet one of the above criteria as described in the final rule:
 - a. Code does not have a positive (greater than 0) Medicare established relative value unit (RVU) (i.e. codes with \$0 RVU were erroneously included in Appendix A)
 - b. Code is not classified as an E/M CPT/HCPCS code by the AMA CPT Editorial Panel (i.e. codes that the AMA does not classify as E/M were erroneously included in Appendix A)
 - c. Code is not included on the BETOS code list and does not fall into the E/M family grouping and families and subfamilies for primary care services, obstetrics and gynecological services, and outpatient mental health and substance use disorder services (i.e. codes included in the BETOS code list that are not classified as E/M were erroneously included in Appendix A)

Lastly, we identified 7 CPT/HCPCS codes that are new to the CY 2025 E/M Code List and did not appear in Appendix A. When we developed the example list in Appendix A, these E/M codes were initially excluded because the codes did not fall into the E/M family grouping and families and subfamilies that aligned with the categories of services subject to the comparative payment

² Thirteen codes were duplicated in Appendix A for a total of 178 codes.

rate analysis. However, as we developed the CY 2025 E/M Code List, we determined that the E/M family grouping and families and subfamilies of these codes did fall into the primary care category of service subject to the comparative payment rate analysis.

For questions or comments on the process described in this document, or the comparative payment rate analysis requirements, please contact MedicaidAccessToCare@cms.hhs.gov.