

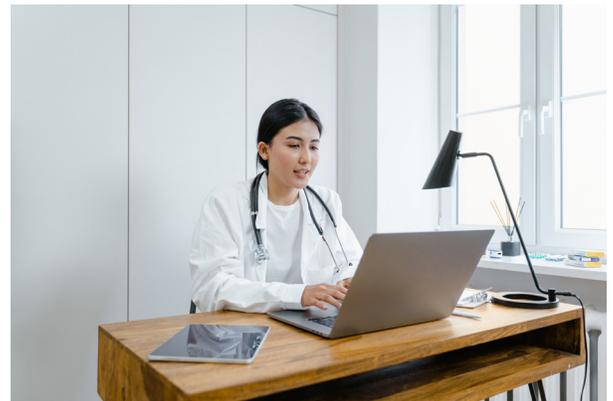
# Healthcare Banking Bulletin

Issue 17 - August 3, 2023

## Proposed Physician Fee Schedule Changes for 2024

It's that time of year again! A new proposed rule dropped this month from the Centers for Medicare & Medicaid Services (CMS) regarding physician fee schedules and Medicare shared savings for Calendar Year (CY) 2024.

As always, the proposed rule is merely an indication of what may be finalized in November. That said, the changes between proposed rules and final rules are often minimal so we can use the proposed rule to inform a lot of what we should anticipate will be finalized for CY2024.



This article focuses on a high-level review of some of the most impactful proposals including:

- A decrease in the conversion factor rate
- New add-on code G2211
- Split/Shared E/M documentation updates
- Telehealth updates
- Changes to behavioral health services
- And more...

So, let's dig in!

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## *Proposed Physician Fee Schedule Changes for 2024*

### **Conversion Factor (CF) Update**

The proposed CF rate for CY2024 is \$32.75, a decrease of just over 3% from the current CF rate. As a reminder, CMS is required to maintain budget neutrality so whenever new codes are added or RVUs are changed there is a correlating impact on the conversion factor.

### **New HCPCS add-on Code for G2211**

CMS proposed to implement a new and separate add-on payment for G2211. The goal is to more appropriately reimburse expenses associated with E/M visits for complex patients.

### **Caregiver Training Code**

CMS is proposing to create a new code and make payments when physicians or non-physician providers (NPPs) support caregivers in how they can support patients with treatment plans.

### **Split/Shared E/M Visits**

The change to split (or shared) E/M visits that were proposed and finalized during the PHE have not yet been implemented due to the complexity of tracking the information required. In this proposal, CMS suggests that the industry maintain the current definition of “substantive portion” as one of the three key components (History, Exam, or MDM) or more than half of the total time spent to determine who bills the visit.

### **Telehealth Updates**

There were several telehealth updates proposed for CY 2024:

- To add health and well-being coaching services to the Telehealth List on a temporary basis.
- To add Social Determinants of Health (SDOH) risk assessments on a permanent basis.
- To temporarily expand the scope of originating sites to include any site in the U.S. where the patient is located at the time of the telehealth service.
- To include occupational therapists, physical therapists, speech-language pathologists, and qualified audiologists as telehealth practitioners.
- To continue coverage and payment of services on the Medicare Telehealth Services list through December 31, 2024.
- To reimburse telehealth services furnished in patients' homes at the non-facility PFS rate.
- To continue to define direct supervision to permit as permitted through real-time audio and video interactive telecommunications through December 31, 2024.
- To allow teaching physicians to use audio/video real-time communications technology when the resident furnishes Medicare telehealth services in all residency training locations through the end of CY 2024.
- To extend payment allowance for RHCs and FQHCs performing telehealth services through December 31, 2024.

### **Behavioral Health Services**

CMS proposed changes to allow for coverage and payment under the PFS for Marriage and Family Therapist (MFT) services. They also proposed to allow addiction counselors who meet the criteria of an MHC to enroll in Medicare as an MHC. The changes for MFTs and MHCs would take place after the final rule is published with an effective date of January 1.



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CMS also proposed the creation and payment of new psychotherapy crisis services when furnished in specific sites of service in accordance with the Consolidated Appropriations Act (CAA) of 2023.

In addition, CMS proposed to modify requirements for the hospice Conditions of Participation (CoPs) to allow social workers, MHCs, or MFTs to serve as members of the interdisciplinary group (IDG).

It's important to note that there is a lot more in this final rule related to opioid use programs, clinical laboratory fee schedules, federally qualified health centers, rural health centers, vaccine administration fees, provider, and supplier enrollment, and more.

As always, we highly encourage that you dig into the topics and details addressed in this proposed rule.

### Resources:

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-proposed-rule>

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-proposed-rule-medicare-shared-savings-program>

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