Centers for Medicare and Medicaid Services
Calendar Year (CY) 2024 Medicare Physician Fee Schedule (PFS)
Final Rule

Summary of Major Provisions

Estimated NP Reimbursement

- Based on the fee schedule updates to the pool of total relative value units (RVUs), CMS estimates nurse practitioners will see a 2% within the pool of total RVUs for CY 2024. This reflects an increase relative to other providers.
- This is primarily related to the inclusion of a proposed complexity add-on code (G2211).
- This CMS calculation is unrelated to the 85% statutorily mandated reimbursement rate for NPs, and any other statutorily mandated reimbursement changes within the fee schedule.
- The finalized CY 2024 PFS conversion factor is $32.74, a decrease of $1.15, or 3.4%, from CY 2023.

Pulmonary, Cardiac and Intensive Cardiac Rehabilitation Services

- CMS is expanding the providers authorized to supervise pulmonary rehabilitation, cardiac rehabilitation, and intensive cardiac rehabilitation services by adding NPs (and PAs and CNSs) as practitioners authorized to supervise these services.
- This provision will fulfill the statutory requirement to implement the changes made in section 51008 of the Bipartisan Budget Act of 2018 (Pub. L. 115-123, enacted February 9, 2018) (BBA of 2018) effective January 1, 2024.

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

- CMS is expanding the definition of NPs practicing in RHCs and FQHCs, removing an outdated definition which required an NP to be certified in primary care.
- According to a CMS analysis, removing the certification requirement for NPs will allow approximately 60,000 additional NPs to be eligible to provide care in RHCs and FQHCs.

Promoting Access to Accountable Care

- CMS is revising the Medicare Shared Savings Program (MSSP) beneficiary assignment methodology. The MSSP is the largest Accountable Care Organization (ACO) program in the country.
- Modifications to the window for assignment, and new definitions, will allow more opportunities for beneficiaries to be assigned based on their receipt of primary care services provided by nurse practitioners.
- There are remaining statutory limitations CMS could not address within this proposed rule which require Congressional action.

Split Shared Billing Revisions For CY 2024

- For CY 2024, CMS is finalizing a revision to the definition of "substantive portion" of a split (or shared) visit to include the revisions to the Current Procedural Terminology (CPT) guidelines.

- For Medicare billing purposes, the "substantive portion" will mean more than half of the total time spent by the physician or nonphysician practitioner performing the split (or shared) visit, or a substantive part of the medical decision making.

Evaluation and Management Visits

- CMS is finalizing implementation of a separate add-on payment for healthcare common procedure coding system (HCPCS) code G2211. This add-on code will better recognize the resource costs associated with evaluation and management visits for primary care and longitudinal care of complex patients.
- Generally, it will be applicable for outpatient office visits as an additional payment, recognizing the inherent costs clinicians may incur when longitudinally treating a patient's single, serious, or complex chronic condition.
- CMS finalized that the add-on code cannot be billed with an office or outpatient evaluation and management visit that is itself focused on a procedure or other service instead of being focused on longitudinal care for all needed healthcare services, or a single, serious, or complex condition.
- CMS finalized provisions to pay separately for Community Health Integration, Social Determinants of Health (SDOH) Risk Assessment, and Principal Illness Navigation services to account for resources when clinicians involve community health workers, care navigators, and peer support specialists in furnishing medically necessary care.

Preventive Vaccine Administration Services

- CMS is maintaining the additional payment for the administration of the COVID-19 vaccine in the home, and extending this payment to the other three Part B covered preventative vaccines (pneumococcal, influenza, and hepatitis B), effective January 1, 2024.
- This additional payment amount will be updated annually using the percentage increase in the Medicare Economic Index and adjusted to reflect geographic cost variations.
- CMS is finalizing the limitation of the additional payment to one payment per home visit, even if multiple vaccines are administered during the same home visit. Every vaccine dose furnished during a home visit will still receive its own unique vaccine administration payment.

Caregiver Training Services

- CMS is finalizing its proposal to make payment when practitioners train caregivers to support patients with certain diseases or illnesses in carrying out a treatment plan.
- Medicare will pay for these services when furnished by NPs (or other providers) as part of the patient's individualized treatment plan or therapy plan of care.

Telehealth

- Through CY 2024 CMS will continue to permit a distant site practitioner to use their currently enrolled practice location instead of their home address when providing telehealth services from their home.
- CMS is finalizing the implementation of several telehealth-related provisions of the Consolidated Appropriations Act (CAA), 2023. Provisions that will be in effect until the end of 2024, include:

- the temporary expansion of telehealth originating sites for services furnished via telehealth to include any site in the United States where the beneficiary is located at the time of the telehealth service, including an individual's home;
- the continued payment for telehealth services furnished by RHCs and FQHCs using the methodology established for those telehealth services during the PHE;
- delaying the requirement for an in-person visit within six months prior to initiating mental health telehealth services, and again at subsequent intervals as the Secretary determines appropriate, as well as similar requirements for RHCs and FQHCs; and
- the continued coverage and payment of telehealth services included on the Medicare Telehealth Services List (as of March 15, 2020) until December 31, 2024.

- CMS is extending current flexibilities in opioid treatment programs (OTPs) for periodic assessments that are furnished via audio-only telecommunications through the end of CY 2024.
- Beginning in CY 2024, telehealth services furnished to people in their homes will be paid at the non-facility PFS rate to protect access to mental health and other telehealth services by aligning with telehealth-related flexibilities that were extended via the CAA, 2023.

Modernizing Coverage for Behavioral Health Services

- CMS is implementing Section 4121 of the CAA, 2023, which provides for Medicare Part B coverage and payment under the PFS for the services of marriage and family therapists (MFTs) and mental health counselors (MHCs) when billed by these professionals, and CMS is adding addiction counselors, as well as drug and alcohol counselors, who meet the applicable requirements, as MHCs able to enroll in Medicare.
- CMS is also implementing Section 4123 of the CAA, 2023, which requires the Secretary to establish new HCPCS codes under the PFS for psychotherapy for crisis services that are furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting, including the home or a mobile unit) furnished on or after January 1, 2024. Section 4123 specifies that the payment amount for these psychotherapy for crisis services (HCPCS Codes 90839, 90840 and any succeeding codes) shall be equal to 150% of the fee schedule amount for non-facility sites of service for each year for the services identified (as of January 1, 2022).

Payment for Dental Services that are Integral to Covered Medical Services

- CMS is codifying the previously finalized payment policy for dental services prior to, or during, head and neck cancer treatments, whether primary or metastatic. Additionally, CMS is permitting payment for certain dental services inextricably linked to other covered services used to treat cancer — chemotherapy services, Chimeric Antigen Receptor T- (CAR-T) Cell therapy, and the use of high-dose bone modifying agents (antiresorptive therapy).
- In February 2024, CMS will accept and consider public submissions for potentially analogous clinical scenarios under which Medicare payment could be made for dental

services. These submissions will help inform future rulemaking.

Quality Payment Program

- Implemented five new MIPS Value Pathways for 2024: Focus on Women's Health, Quality Care for the Treatment of Ear, Nose, and Throat Disorders, Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV, Quality Care in Mental Health and Substance Use Disorders, and Rehabilitative Support for Musculoskeletal Care.
- CMS did not finalize any policies that would result in an increase to the performance threshold. The performance threshold will remain 75 points for the 2024 performance period.
- CMS did not finalize an increase to the data completeness threshold for the 2027 performance period.