

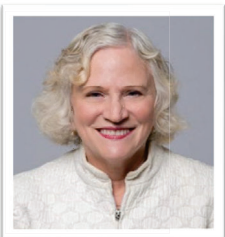
2024 Medicare Physician Fee Schedule: Get an Inside Look at CMS' Proposed Policy Updates

A WEBINAR PRESENTED ON AUGUST 24, 2023

decisionhealth

decisionhealth

Presented By



- **Betsy Nicoletti, CPC**, is a speaker, writer, and consultant with expertise in physician coding and compliance for medical practices. Her latest resource, CodingIntel.com, is an online library providing education and resources for coders and medical practices. She's written for Physicians Practice, Family Practice Management, Medscape, and the *Journal of Practice Management*, and writes a popular blog, NicolettiNotes.

Our Agenda Today: Review Proposal

- Fee update
- Telehealth flexibilities until 12/31/24
- E/M updates (G2211, split/shared)
- New benefit category: Marriage and Family Therapists, Mental Health Counselors
- Intensive outpatient therapy (behavioral health)
- Caregiver training services, principal illness navigation, assessment SDoH
- RHC & FQHC update

©2023 Betsy Nicoletti

3

Proposed to Final

- Proposed rule released annually at the end of June/early July (this year, July 13)
- Comment period this year until 5:00 p.m. 9/11/23
- Final rule expected around November 1, 2023
- Policies effective at the start of the year
- In this Proposed Rule: actions CMS is mandated to take by law Congress passed at the end of December 2023

©2023 Betsy Nicoletti

4

Budget Neutrality

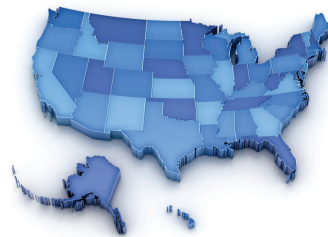
- Spending on Part B Medicare must be “budget neutral” from year to year
- When changes in coding and valuation would result in an overall increase of >\$20 million, the budget neutrality process is used
- This means: adding new services, increasing RVUs in one section will result in a decrease to the conversion factor to maintain budget neutrality

©2023 Betsy Nicoletti

5

How Fees Are Set

- $(\text{Work RVUs} + \text{Practice Expense RVUs} + \text{Malpractice Expense RVUs}) * \text{conversion factor} = \text{fee}$
- Payment varies by location:
Geographic Practice Cost Indices,
assigned by CMS
- $((\text{Work RVUs} * \text{Work GPCI}) + (\text{Practice Expense RVUs} * \text{Practice Expense GPCI}) + (\text{Malpractice Expense RVUs} * \text{Malpractice Expense GPCI})) * \text{conversion factor} = \text{fee}$



©2023 Betsy Nicoletti

6

Conversion Factors

	2024 PROPOSED	2023
Physician fee schedule conversion factor	\$32.7476	\$33.8872
Anesthesia conversion factor	\$20.4370	\$21.1249

©2023 Betsy Nicoletti

7

Placeholder Codes in the Rule!

- CMS uses placeholder HCPCS codes for the new HCPCS codes it is suggesting
- CMS uses placeholder CPT codes for the new CPT codes that will be released for 2024
- We don't have the final codes yet!

©2023 Betsy Nicoletti

8

Telehealth After the End of the PHE

- PHE ended May 11, 2023

But

- Congress passed the Consolidated Appropriations Act (CAA) of 2023, that continued some telehealth flexibilities until Dec 31, 2024, & CMS on its own is relaxing others

Also: CMS is revamping the process used to evaluate new services for telehealth list

Telehealth Flexibilities Extended Until 12/31/2024

- Expansion which allows telehealth services to be provided in any site in the U.S. where the beneficiary is located, including the patient's home
- Audio-only services may continue to be performed during this period
- Payment for telehealth services furnished by FQHCs and RHCs continues

Telehealth Flexibilities Extended Until 12/31/2024

- The CAA 2023 delays the implementation of the requirement for an in person visit with a physician or practitioner within six months prior to initiating mental telehealth services. This delay applies to FQHCs and RHC, as well. Effectively, this means that until the end of 2024 all behavioral health services can be performed for Medicare patients via telehealth.
- Continued coverage and payment of services included on the Medicare telehealth services list as of March 15, 2020, until December 31, 2024.

Telehealth Flexibilities Extended Until 12/31/2024

Frequency limitations will be extended

- During the PHE, frequency limits on telehealth subsequent hospital visits (once every 3 days), nursing facility visits (once every 14 days) and critical care consultations (once per day) were lifted.

Telephone codes

- CMS will continue to pay for 99441-99443, and for 98966-98968

Telehealth Flexibilities Extended Until 12/31/2024

- **Direct supervision** means the supervising clinician is in the suite of offices when the service is performed, immediately available to provide assistance
- Required for some diagnostic tests and incident-to services
- Will continue to be allowed via two-way, A/V equipment

Telehealth: Eligible Providers

- Qualified occupational therapists, qualified physical therapists, qualified speech language pathologists, and qualified audiologists may continue to be telehealth providers
- The CAA also mandated coverage for marriage and family therapists (MFT) and mental health counselors (MHC), effective January 1, 2024. These providers will be able to perform their services via telehealth.

Telehealth in Teaching Settings

- Proposing that teaching physicians may use audio/video real-time communications technology when the resident provides telehealth services in all residency training locations through the end of CY 2024
- Virtual presence through two-way, A/V technology by teaching physician during key portions of the service would meet teaching physician supervision requirements

E/M G2211

G2211 Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)

- Delayed by Congress for 3 years, until 2024
- Budget neutrality provision means this will be controversial, again

E/M G2211

- G2211 is an add-on code to office and other outpatient services, 99202–99215.
- CMS believes it will be used by primary care and other specialties who treat a single, serious condition or a complex condition with a consistency and continuity over a long period of time.
- For 2024, CMS is proposing that it may not be reported when modifier 25 is used on the E/M service on a day of a minor procedure.

Split/Shared Services

- Split/shared services are evaluation and management services performed in a facility jointly between a physician and a non-physician practitioner
- They are reported under the provider number of the practitioner who performed the substantive portion of the visit
- The substantive portion in 2023 (and proposed for 2024):
 - Use time: the practitioner who spends >50% of the time
- Or
 - One of the “key components:” Performing and documenting one of these in its entirety – history, exam or medical decision-making

Split/Shared

- In the 2022 final rule, CMS said that 2023 would be a transition year, and that the substantive portion must be based on time in 2024
- After listening to comments, they are extending the provisions for 2023 into 2024
- Use modifier **FS** on the claim

Split/Shared

- Groups can continue to determine the substantive portion based on either the practitioner who spent more than 50% of the time, or the practitioner who documented one of the key components and its entirety
- Note: This makes no sense: the E/M services are not determined by the key components of history and exam anymore
 - My opinion: Use time or MDM

Behavioral Health Provisions of the CAA 2023

- Congress mandated that Medicare provide payment for Marriage and Family Therapists (MFT) and Mental Health Counselors (MHC), effective 1/1/24
- Professionals must possess a master's or doctor's degree which qualifies in their state for licensure or certification
- Is licensed or certified in their state
- After obtaining the degree, performance of at least two years or 3,000 hours of post-master's degree clinically supervised experience in marriage and family therapy in an appropriate setting such as a hospital, SNF, private practice or clinic
- Enrolls in Medicare

©2023 Betsy Nicoletti

21

MFTs, MHCs

- The statutory benefits are defined as for the diagnosis and treatment of mental illness.
- The payment rate will be set at 75% of the amount determined for payment of a psychologist. (Psychologists paid at 100% of fee schedule amount.)
- In addition, services by these professionals will be added to the definition of visits for RHCs and FQHCs.

©2023 Betsy Nicoletti

22

MFTs, MHCs

- Medicare is also proposing to add MFTs and MHCs to the list of providers eligible to bill for telehealth services.
- They're proposing to allow addiction counselors, who meet all of the applicable requirements (above) and are certified as an MHC to also perform these services.
- MFTs and MHCs may report code G0323, general behavioral health integration services.
- The description for code G0323 will add them as billing clinicians.

Intensive Outpatient Behavioral Therapy

- New benefit
- CMS believes that there is unmet need for behavioral health services. They are proposing to allow hospitals, community mental health centers, FQHCs and RHCs to provide Intensive Outpatient Programs. This revises CMS's partial hospitalization benefit (PHP) to provide outpatient services for a minimum of 9 hours/week (compared to 20 hours for PHP).

Community Health Integration (CHI)

- Proposal: two new HCPCS codes to describe community health integration (CHI) services done by certified/trained auxiliary personnel
- These would require general supervision by billing provider
- Require an initiating E/M visit, typically an office visit
- CHI would be furnished monthly (if medically necessary) when the practitioner identifies the presence of **Social Determinants of Health (SDoH) needs**

CHI Placeholder Code

- **GXXX1** – Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting ability to diagnose or treat problem(s) addressed in an initiating E/M visit
- **GXXX2** – Community health integration services, each additional 30 minutes per calendar month (List separately in addition to GXXX1).

Principal Illness Navigation (PIN)

PIN services would address a serious, high-risk condition/illness/disease with the following characteristics:

- *“ • One serious, high-risk condition expected to last at least 3 months and that places the patient at significant risk of hospitalization, nursing home placement, acute exacerbation/decompensation, functional decline, or death;*
- *The condition requires development, monitoring, or revision of a disease-specific care plan, and may require frequent adjustment in the medication or treatment regimen, or substantial assistance from a caregiver.”*

©2023 Betsy Nicoletti

27

Principal Illness Navigation (PIN)

- Requires an initiating E/M visit
- Practitioner establishes the plan of care
- Reported under the NPI of this practitioner
- General (not direct) supervision

©2023 Betsy Nicoletti

28

Principal Illness Navigation (PIN)

Service may be performed by a third party, under contract, but CMS says there must be:

“sufficient clinical integration between the third party and the billing practitioner in order for the services to be fully provided, and the connection between the patient, auxiliary personnel, and the billing practitioner must be maintained.”

Principal Illness Navigation (PIN)

GXXX3 – Principal Illness Navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator or certified peer specialist; 60 minutes per calendar month, in the following activities

GXXX4 – Principal Illness Navigation services, additional 30 minutes per calendar month (List separately in addition to GXXX3)

- Note: placeholder codes
- See handout for complete definition/list of activities

Social Determinants of Health (SDoH)

GXXX5 – is defined as administration of a standardized evidence-based social determinants of health risk assessment, 5-15 minutes, not more often than every six months.

- Placeholder code
- CMS defines SDoH as broad groups: “economic stability, education access and quality, neighborhood and built environment, and social and community context, which include factors like how soon, food and nutrition access, and transportation needs.”
- Represented by ICD-10-CM codes Z55–Z65

©2023 Betsy Nicoletti

31

Caregiver Training Services (CTS)

- CMS’ 2024 proposal: recognize and pay two existing CPT® codes (now bundled) and three new CPT codes
- These will allow physicians and other qualified health care professionals to provide training for caregivers of patients
- 96202, 96203: group training in behavior management/modification of patients with a mental or physical health diagnosis; currently bundled
- Group training for caregivers caring for different patients

©2023 Betsy Nicoletti

32

Caregiver Training Services (CTS)

- Three new CPT codes; Codes in the rule are PLACEHOLDER CODES
- 9X015 and 9X016 describe training for caregivers of an individual patient to facilitate the patient's functional performance in their home and community relating to Activities of Daily Living (ADL)
- 9X015 and 9X016 are timed codes, 30 minutes and 15 minutes
- 9X017 is group training of multiple sets of caregivers (who are caring for different patients). Not a time based code.

©2023 Betsy Nicoletti

33

RHC and FQHC Proposals

- Marriage and Family Therapists and Mental Health Counselors will be eligible providers starting 1/1/2024 (see prior slides)
 - A service with one of those professionals counts as a visit
 - Supervision for behavioral services would be defined as “general,” not direct
 - RPM and RTM currently not payable; would be added to definition of G0511
- G0511 HCPCS Code for Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month G0511**

©2023 Betsy Nicoletti

34

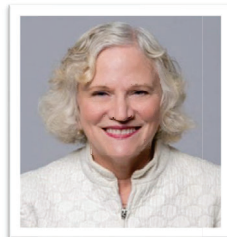
Registered Dieticians and Nutrition Professionals

- These clinicians must personally perform Medical Nutrition Therapy services
- Proposing that these enrolled professionals, when acting on behalf of a Diabetic Self-Management Therapy (DSMT) entity, may bill for, or on behalf of, the entire DSMT entity, regardless of which professional personally delivers each aspect of the services.

©2023 Betsy Nicoletti

35

Questions & Answers



Betsy Nicoletti, CPC

*Speaker | Auditor | Physician Coding Educator |
Compliance Expert
Springfield, VT*

To Submit a Question: Go to the chat pod located in the lower left corner of your screen. Type your question in the text box, then click on the “Send” button.

36

Thank you for attending!

Continuing education credits are available for this program.

Please visit the materials download page for the CE information, which includes a list of the credits available, their expiration dates, and the link to the program evaluation.

You must complete the evaluation within 14 days of the live program date in order to receive your credits or a general certificate of attendance:

<http://events.hcpro.com/materialspub.cgi?YMPDA082423A>

We kindly request that this link be forwarded to everyone in your group who attended the program.

This concludes today's program.

Be sure to pre-order our upcoming book release:

E/M Office Visit Reference Guide, Third Edition

Available December 2023

<https://www.codingbooks.com/2024-em-office-visit>

Copyright Information

- Copyright ©2023 DecisionHealth, an HCPro brand (a division of Simplify Compliance LLC) and the associated program speaker(s).
- The **"2024 Medicare Physician Fee Schedule: Get an Inside Look at CMS' Proposed Policy Updates"** webinar materials package is published by DecisionHealth.
- Attendance at the webinar is restricted to employees, consultants, and members of the medical staff of the Licensee. The webinar materials are intended solely for use in conjunction with the associated DecisionHealth webinar. The Licensee may make copies of these materials for internal use by attendees of the webinar only. All such copies must bear the following legend: Dissemination of any information in these materials or the webinar to any party other than the Licensee or its employees is strictly prohibited.
- In our materials, we strive to provide our audience with useful and timely information. The live webinar will follow the enclosed agenda. Occasionally, our speakers will refer to the enclosed materials. We have noticed that non-DecisionHealth webinar materials often follow the speakers' presentations bullet by bullet and page by page. However, because our presentations are less rigid and rely more on speaker interaction, we do not include each speaker's entire presentation. The enclosed materials contain helpful resources, forms, crosswalks, policies, charts, and graphs. We hope that you will find this information useful in the future.
- Although every precaution has been taken in the preparation of these materials, the publisher and speaker assume no responsibility for errors or omissions, or for damages resulting from the use of the information contained herein. Advice given is general, and attendees and readers of the materials should consult professional counsel for specific legal, ethical, or clinical questions.
- DecisionHealth is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks; the Accreditation Council for Graduate Medical Education, which owns the ACGME trademark; or the Accreditation Association for Ambulatory Health Care (AAAHC).
- Magnet™, Magnet Recognition Program®, and ANCC Magnet Recognition® are trademarks of the American Nurses Credentialing Center (ANCC). The products and services of DecisionHealth are neither sponsored nor endorsed by the ANCC. The acronym MRP is not a trademark of DecisionHealth or its parent company.
- Current Procedural Terminology (CPT) is Copyright ©2022 American Medical Association (AMA). All rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.
- For more information, please contact us at:

DecisionHealth, an HCPro brand, 5511 Virginia Way, Suite 150, Brentwood, TN 37027

Phone: 855-225-5341 Email: customer@decisionhealth.com

DecisionHealth Home Care Website: store.decisionhealth.com DecisionHealth Medical Coding & Billing Website: www.codingbooks.com