

The Centers for Medicare & Medicaid Release CY 2024 Medicare Physician Fee Schedule Proposed Rule

On July 13, the Centers for Medicare & Medicaid Services (CMS) released the CY 2024 Medicare Physician Fee Schedule [proposed rule](#) and [fact sheet](#). The Endocrine Society will be developing comments on the proposed rule, which are due September 11.

2024 Conversion Factor

The conversion factor for 2024 is set to decrease by approximately **3.36% from \$33.8872 to \$32.7476**. The proposed conversion factor is the result of a statutory 0% update scheduled for the physician fee schedule in 2024, a negative 2.17% RVU budget neutrality adjustment, and the expiration of a funding patch Congress passed at the end of 2022 through the [Consolidated Appropriations Act of 2023](#), that partially mitigated a cut to the 2023 conversion factor.

Impact to the Specialty of Endocrinology

Table 104, *CY 2024 PFS Estimated Impact on Total Allowed Charges by Specialty* outlines the changes to payments for specialties and shows that endocrinology is projected to see an increase of 3% in overall Medicare payments. The impact table includes the effect of rate-setting and RVU changes within the budget neutral system, including the impact of updated proposals to the complexity add-on code G2211. Also note that the impact on group practices and individual physicians varies based on practice type, mix of patients and the types of services provided to those patients. The proposed reimbursement for services commonly billed by endocrinologists can be found in [this chart](#).

Evaluation and Management (E/M) Services

Request for Comment Evaluating E/M Services and the AMA RUC Process

After years of receiving input and comments from stakeholders requesting improved payment for E/M services, the agency has finally released a request for comment in this year's proposed rule. Specifically, the agency would like to understand how it can improve the accuracy of services' valuations and is particularly interested in how E/M services might be evaluated with greater specificity, more regularly and comprehensively.

Office/Outpatient (O/O) E/M Visit Complexity Add-on Implementation

CMS is implementing a separate add-on payment for healthcare common procedure coding system (HCPCS) code G2211 to recognize the resource costs associated with evaluation and management visits for primary care and longitudinal care of complex patients. This code will generally be applicable for outpatient visits as an additional payment that recognizes the costs that clinicians incur when treating a patient's single, serious, or complex chronic condition. Endocrinologists should be able to bill this add-on code with the majority of their E/M visits.

CMS had originally finalized this policy in the CY 2021 MPFS final rule. However, Congress intervened and prohibited the policy from being implemented before January 1, 2024. CMS is proposing refinements to the policy, specifically that the add-on code would not be billed with a modifier that denotes an office and outpatient E/M visit that is unbundled from another service. The agency also modified the utilization estimates for the code, which lowered the overall impact on the conversion factor in a budget neutral system.

Telehealth

CMS continues to support the use of telehealth, as such has proposed changes to allow for greater access to these services. The agency is proposing a refined process to analyze requests received for services to be added to the Medicare Telehealth Services List, including whether the service should be added temporarily or permanently.

CMS is also proposing to implement several telehealth-related provisions of the Consolidated Appropriations Act of 2023, including the temporary expansion of the scope 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, and the continued coverage and payment of telehealth services included on the Medicare Telehealth Services List until December 31, 2024.

CMS is proposing that telehealth services provided to people in their homes be paid at the non-facility PFS rate. This proposal aligns with telehealth flexibilities that were included in the Consolidated Appropriations Act of 2023.

The agency has also proposed to allow direct supervision through real-time audio and video interactive communications through December 31, 2024.

Diabetes

The proposed rule includes several policies affecting care for patients with diabetes. The agency proposes to change how the services included in the Medicare Diabetes Prevention Program are reimbursed, moving towards a fee for service payment since the attendance-based performance payments are incentivizing patient retention in the program. Additionally, CMS proposes to expand the definitions of diabetes screening and diabetes to expand and simplify coverage for diabetes screening services. For Diabetes Self-Management Training services, CMS proposes to amend its regulations to clarify that registered dietitians and nutrition professionals must personally perform the services to bill for them and to allow the full 10 hours of these services to be provided via telehealth.