

# Medicare Reimbursement in 2024 Announced



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On November 2, the Centers for Medicare & Medicaid Services (CMS) released the final rule for the Medical Physician Fee Schedule (PFS). The PFS conversion factor for 2024 is \$32.74, a 3.4% decrease from the 2023 conversion factor of \$33.89. The overall payment rate will be reduced by 1.25% based on requirements for budget neutrality. By contrast, hospitals will enjoy a 3.1% increase, based on the [market basket reimbursement methodology](#) that CMS applies to facilities.

The following physician specialties received an overall estimated 3% increase, reflecting the agency's continued boost to office-based evaluation and management services: family medicine, endocrinology, and hematology/oncology. Reductions will be felt by interventional radiology, nuclear medicine, and vascular surgery with estimated 4%, 3%, and 3% declines, respectively. A decrease of 3% is also projected for physical/occupational therapy. All other specialties, according to [CMS's projections](#) in Table 118, are expected to fall between -2% and 2%.

The Medicare PFS final rule presents some novel reimbursement opportunities for medical practices. Starting January 1, 2024, physicians and advanced practice providers can be reimbursed for [training caregivers](#) to support their loved ones with certain diseases or illnesses. Clinical psychologists and therapists are also eligible to render these services. For arranging services that extend to the community, practices can be paid for Community Health Integration (CHI) with new codes G0019 and G0022.

Additional payment for the so-named "cognitive load" of building a relationship with a patient for delivering primary and longitudinal care is finalized for the coming year. The code - G2211 - was proposed years ago, but subsequently shelved over financial concerns for the Medicare program. The federal agency resurrected the code declaring that its former budgetary estimates were misguided. The description for the new add-on code is: "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." The assigned work RVUs associated with the new visit complexity add-on code are 0.33.

Social Determinants of Health (SDOH) Risk Assessment will be reimbursed, including a distinct, additional payment when rendered during the annual wellness visit. No cost-sharing will be due from the patient when the examination is performed with the visit. The new code is G0136, with the description: "administration of a standardized, evidence-based Social Determinants of Health Risk Assessment tool, 5-15 minutes." There is no standard screening requirement, although CMS suggests several, [including PRAPARE](#). 0.18 work RVUs are allocated for the assessment.

Care navigation receives payment through new "Principal Illness Navigation" codes, designed for managing patients with high-risk conditions (cancer and dementia, for example). Billable services include identifying and connecting patients with appropriate support resources. The new codes are G0023, G0024, G0140, and G0146.

Immunization administration increased by 2%. The rate in the office setting went from \$19.84 to \$20.30, based on the national payment amount. Importantly, the [additional in-home administration payment \(M0201\)](#) -- \$38.55 in 2024 - is made permanent, although it is limited to one pay-out per home visit.

Payment for evaluation and management (E/M) office visits, as well as select mental

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health, medical nutrition therapy, and ESRD services, via telemedicine is made permanent in 2024; many other services are denoted as provisional.

Place of service is critical for telemedicine claims; for 2024, claims billed with POS 10 (Telehealth Provided in Patient's Home) will be paid at the non-facility (higher) rate. Claims billed with POS 02 (Telehealth Provided Other than in Patient's Home) will continue to be paid at the facility rate, which is normally 40% lower.

As of January 1, 2024, eligibility to perform services and bill Medicare is extended to marriage and family therapists (MFTs) and mental health counselors (MHCs), including addiction or drug and alcohol counselors who meet requirements to be considered as such. This extension applies to community health centers, including federally qualified health centers and rural health clinics. These counselors, along with clinical social workers, can render and be paid for Health Behavior Assessment and Intervention (HBAI) services.

The 2,709-page [document can be viewed at this link](#), although it will be inserted into the official Federal Register on November 16.

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