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# 2024 Final Medicare Payment Rules

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**SCOS/NCOA 2024 Joint Conference**

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# Agenda

1. Conversion Factor
2. Specialty Impact
3. Evaluation and Management
4. New Codes to Address Health Equity
5. Telehealth
6. Dental Coverage
7. Other Policy Updates
8. Quality Payment Program
9. Outpatient Prospective Payment System



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# 1

## Conversion Factor

# Conversion Factor Update

- 2024 Final Conversion Factor: **-3.37%**
- \$32.7442 in 2024 compared to \$33.8872 in 2023
  - **Budget Neutrality Adjustment: -2.18%**
  - Statutory Update: 0%
  - Congressional bump: 1.25% (down 1.25% from last year)

- **CY 2021, CF -3% , +3.75%**
- **CY 2022, CF -1%, +3%**
- **CY 2023, CF -2%, +2.5%**
- **CY 2024, CF -3%, +1.25%**

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# 2

## Specialty Impact

# Specialty Impact

## CMS Estimates:

- Hematology/Oncology: +2%
- Radiation Oncology: -2%

## ASCO Estimates:

- Hematology/Oncology: -0.2%
- Radiation Oncology: -3.6%

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# Evaluation and Management

# E/M Add-on Code for Complexity: G2211

- CMS finalized complex add-on code G2211
  - Billed with office/outpatient E/M for new or established patients (99202-99215)
  - Relationship between physician and patient
  - Can't bill with modifier 25 (drug admin and E/M on same day)
  - Reimbursement: \$16.04

# Split/Shared Visits

- CMS changes definition of split/shared visits
  - In a facility setting, the physician or NPP bills the service
  - aligning with CPT® guidelines
  - Time or MDM
  - Seemingly permanent

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**New Codes to Address Health  
Equity**

# Social Determinants of Health Risk Assessment

- CMS finalized 1 new service code: G0136
  - Any standardized, evidence-based tool may be used
  - 5-15 minutes once every 6 months per practitioner/beneficiary
  - Encouraged (but not required) to document with Z-codes (ICD-10)
  - Cost sharing applies (except with AWW)
  - Added to the Medicare Telehealth Services List
  - \$18.67

# Community Health Integration

- G0019: first 60 minutes; G0022 each additional 30 minutes
- E/M or annual wellness visit to initiate CHI services
- Activities performed by trained/certified CHW under direction of a physician or other practitioner to address SDOH related needs
- Verbal or written consent to be obtained
- Patient cost sharing applies
- Cannot bill when a patient has a home health plan of care
- Reimbursement:
  - G0019 \$78.92
  - G0022 \$49.45

# Principal Illness Navigation

- G0023: first 60 minutes; G0024: each additional 30 minutes
- Navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner
- Serious/high-risk condition expected to last 3 months or longer
- E/M or annual wellness visit to initiate PIN services
- Annual verbal/written consent
- SDOH needs not necessary but may be present
- Can be provided more than once per month per practitioner
- Reimbursement:
  - G0023 \$78.92
  - G0024 \$49.45

# What is included in a CHI/PIN Service?

- Person-centered assessment
- Practitioner, Home-, and Community-Based Care Coordination
- Patient education
- Self-advocacy
- Health care access/navigation
- Facilitating behavior change
- Social and emotional support
- **Identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services**

# Summary of Reporting Requirements

Community Health Integration	Principal Illness Navigation	SDOH Risk Assessment
<ul style="list-style-type: none"> <li>✓ Initiating visit to identify SDOH needs that significantly limit ability to treat problem and establishing treatment plan.</li> <li>✓ SDOH needs recorded in the patient record.</li> <li>✓ Time spent furnishing services addressing SDOH.</li> <li>✓ Description of activities performed.</li> <li>✓ Consent obtained.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Initiating visit to identify medical necessity for navigation services and establish a treatment plan for identified problem.</li> <li>✓ Identification of SDOH needs, if present.</li> <li>✓ Time spent in relationship to the serious, high-risk illness</li> <li>✓ Description of activities performed in relation to the treatment plan.</li> <li>✓ Consent obtained.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Identification of SDOH needs documented in patient record.</li> </ul>

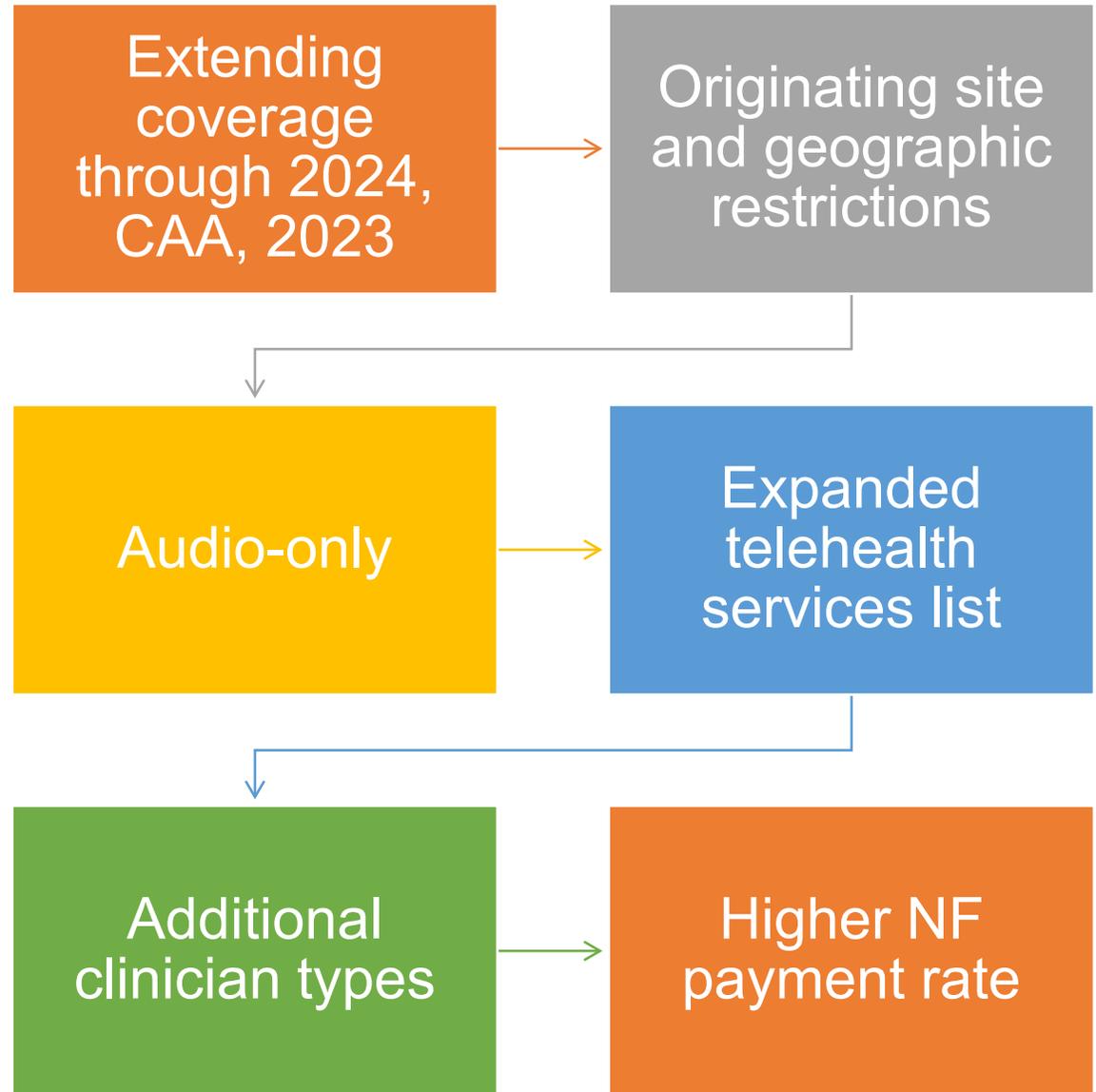
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## Telehealth

# Telehealth



# Telehealth

- 2024 Telehealth POS for payment – facility/non-facility payment
  - POS 2: telehealth patient not at home – facility
  - POS 10: telehealth patient at home – non-facility
- Home address reporting delayed through 2024
- Medicare Telehealth List structure changes
  - Permanent
  - Provisional

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## Dental Coverage

# Medicare Dental Coverage

- Expand coverage for dental services inextricably linked to covered services
  - Before chemotherapy
  - CAR-T
  - Bone-modifying agents (osteonecrosis of the jaw)
  - Head and neck cancers

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## Other Policy Updates

# Other Policy Updates



Additional payment for COVID-19, pneumococcal, influenza, and hepatitis B vaccines when provided in the home.

*Bill once regardless of # of vaccines given*



Permanent pause on Appropriate Use Criteria



Electronic Prescribing of Controlled Substances – delay penalties for non-compliance

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# Quality Payment Program

# Quality Payment Program

## MIPS Performance Threshold

- 75 (not 82 as proposed)
- Reduces estimated % of clinicians receiving a penalty from ~54% to ~22%

## QP Determinations

- APM-entity (not individual as proposed)

## QP Thresholds

- Payment: 75%
- Patients: 50%

## APM Incentive Payment

- 2023 performance year – 3.5%
- 2024 performance year – 0.0% (without Congressional action)

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# Outpatient Prospective Payment System 2024

# 2024 HOPPS Policy Updates

## Payment

- 3.1% increase

## Essential Medicines

- Not finalized, will address in future rulemaking

## 340B

- Reimbursement: remains at ASP + %6
- Beginning in 2026 a %0.5 reduction to the CF

# Resources

- **ASCO Practice Central**

- **Coding and Billing Resources**

- **Visit Complexity Add On Code Resource**
    - **Care Management and SDOH G Code Comparison**
    - **Split/Share E/M Services**

- **ASCO in Action**

- **Navigation Resources**