



CHARGEASSIST®

CY 2024 MEDICARE CORRECTIONS: PART II - PHYSICIAN FEE SCHEDULE FINAL RULE

Overview of CMS Corrections



CMS released a recent Federal Register (FR) Physician Fee Schedule (MPFS) Final Rule corrections document with an official publication date of February 12, 2024. The document corrects technical and typographical errors in the original November 16, 2023 publication.

This article is Part II of our summary of recent CMS payment system documentation corrections. The following update highlights select narrative corrections for Revenue Integrity and Practice

Management teams.

Considerations

- Corrections identify errors in narrative FR documentation and do not necessarily represent data updates performed through a separate CMS update method.
- CMS provides page numbers, columns, line numbers, and revised verbiage within the November 2023 Final Rule document.
- Some corrections were added to CMS' original release of 2024 data, while other corrections will be released in April 2024 payment system masterfile updates.
- The ChargeAssist® document library includes Federal Register Display Copy (double-spaced versions) for early release and ease of reading. Page numbers in the Corrections FR version will differ from the three-column published Federal Register documents that CMS refers to in the corrections.

References for CMS Narrative Corrections

- MPFS Correction Federal Register Source Document
 - CMS-1784-F2
- Document Title
 - Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program; Corrections
- Document Publication
 - This document was published in the Federal Register on 02/12/2024 and is available online at <https://federalregister.gov/d/2024-02705>
- CMS website links:
 - <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1784-f2-cn>
 - Original published Federal Register version of the Rule (that correction Final Rule is referencing) <https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicare-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>
- Document Effective date
 - Corrections are effective retroactive 1/1/24.
 - Most corrections for this Rule are publication errors and have proven not to be CMS data errors.

Summary of Corrections in the Preamble

The Corrections document includes an important Conversion Factor table update. This revision requires an update to page 26 of the ChargeAssist® CDM Updates Educational Program Manual developed in November 2023.

CMS Final Rule corrections: Item 24. On page 79467 (page 1948-1949 of the Display Copy), TABLE 116: Calculation of the CY 2024 PFS Conversion Factor, was listed in the original CMS Federal Register documentation as noted below:

CY 2023 Conversion Factor		33.8872
Conversion Factor without the CAA, 2023 (2.5 Percent Increase for CY 2023)		33.0607
CY 2024 RVU Budget Neutrality Adjustment	-2.20 percent (0.9780)	
CY 2024 1.25 Percent Increase Provided by the CAA, 2023	1.25 percent (1.0125)	
CY 2024 Conversion Factor		32.7375

Revised Table:

CY 2023 Conversion Factor		33.8872
Conversion Factor without the CAA, 2023 (2.5 Percent Increase for CY 2023)		33.0607
CY 2024 RVU Budget Neutrality Adjustment	-2.18 percent (0.9782)	
CY 2024 1.25 Percent Increase Provided by the CAA, 2023	1.25 percent (1.0125)	
CY 2024 Conversion Factor		32.7442

Summary of Correction:

The updated table values revise the -2.20 percent RVU Budget Neutrality Adjustment to read -2.18 percent. The resultant final Conversion Factor was 32.7442 (reflected in ChargeAssist®). As noted in the introduction, this update was only a publication error. CMS confirmed that MPFS rates released in late 2023 utilized the correct conversion factor.

CMS Final Rule corrections: Item 1. On page 78867, “TABLE 11: CY 2024 Medicare Telehealth Services List” is corrected to insert four additional services.

HCPCS	Short Descriptor	Audio-Only?	Category
0591T	Hlth&wb coaching indiv 1st	Yes	provisional
0592T	Hlth&wb coaching indiv f-up	Yes	provisional
0593T	Hlth&wb coaching indiv group	Yes	provisional
77427	Radiation tx management x5	No	provisional

Summary of Correction:

These four codes were added to the CMS telehealth services list.

<https://www.cms.gov/medicare/coverage/telehealth/list-services>

CMS Final Rule corrections: Item 3. On page 78918, third column, second full paragraph, second sentence reads “If caregivers are trained in a group, practitioners would not bill individually for each caregiver” is corrected to read: “If caregivers for the same beneficiary are trained in a group, practitioners would not bill individually for each caregiver”.

Federal Register original language:

To bill for CTS, practitioners should select the appropriate group code (CPT code 96202, 96203, or 97552) if more than one caregiver is trained at the same time, or individual code (CPT code 97550, 97551) if one individual caregiver is trained. If caregivers are trained in a group, practitioners would not bill individually for each caregiver. More than one caregiver trained at the same time must be billed under the group code, as the treating practitioner’s time and effort should not be counted multiple times.

Summary of Correction:

These narrative corrections make code use more specific but do not change CPT-4® code descriptors.

CMS Final Rule corrections: Item 7-9. The code descriptors listed for HCPCS G0019, G0022, G0023, and G0140 in “TABLE 14: CY 2024 Work RVUs for New, Revised, and Potentially Misvalued Codes” were not updated to reflect the final code descriptors as stated in the preamble text. The descriptions are replaced in their entirety and appear in the table starting on page 78956 end on page 78960.

Summary of Correction:

These narrative corrections to Table 14 do not change actual CPT-4® code descriptors or coding guidance.

CMS Final Rule corrections: Item 10. On page 78975, first column, first full paragraph, line 26, the phrase that reads “this policy is implemented.” is corrected to read, “this policy is implemented. We are finalizing as proposed that payment will not be made for the inherent complexity add-on code (G2211) when billed with an O/O E/M service reported with modifier -25.”

Summary of Correction:

These narrative corrections add CMS guidance for G2211 billed with a O/O E/M service and modifier -25. CMS clarifies in the corrections language that the scenario is not paid. ChargeAssist® users can review the MLN article MM13473 and related transmittal R12461CP reflecting this specific guidance by accessing Document Search or the Document Center.

CMS Final Rule corrections: Item 11. On page 79075, third column, first full paragraph, line 19 that reads “G0022, G0023, and G0024 respectively” is corrected to read “G0022, G0023, G0024, G0140 and G0146, respectively.”

Federal Register original language:

After consideration of public comments and in an effort to be consistent with the new services finalized in section I.E.4. of this final rule for practitioners billing under the PFS, we are finalizing as proposed to include CHI and PIN services in the general care management HCPCS code G0511 when these services are provided by RHCs and FQHCs. We are also clarifying that RHCs and FQHCs may bill HCPCS code G0511 multiple times in a calendar month, as long as all of the requirements for each service are met. Finally, we note that the placeholder HCPCS codes GXXX1 through GXXX4 that describe CHI and PIN services are replaced with HCPCS codes G0019, G0022, G0023, and G0024 respectively.

Summary of Correction:

These narrative corrections add G0140 and G0146 to the guidance of CHI and PIN services in the general care management code G0511 when provided by RHCs and FQHCs.

CMS Final Rule corrections: Item 19. On page 79172, third column, second full paragraph, lines 10 through 14, that reads “furnished by an ACO professional who is a physician (as defined in

section 1861(r)(1)) of the Act), or a practitioner that is a PA, NP, CNS (as defined in section 1842(b)(18)(C)(i) of the Act).” is corrected to read “furnished by an ACO professional who is a physician.”

Federal Register original language:

Response: We agree that HCPCS code G0323 is a BHI service; however, this code describes general BHI that a clinical psychologist or clinical social worker performs to account for monthly care integration.²⁴⁷ Under section 1899(c)(1)(A) of the Act, beneficiaries must be assigned to an ACO based on their receipt of primary care services furnished by an ACO professional who is a physician (as defined in section 1861(r)(1)) of the Act), or a practitioner that is a PA, NP, CNS (as defined in section 1842(b)(18)(C)(i) of the Act). We continue to believe that assigning beneficiaries to ACOs based on their receipt of primary care services furnished by an ACO professional who is a physician, and in addition, based on their receipt of primary care services furnished by a PA, NP, or CNS, consistent with the definition in § 425.20 of an ACO professional, is consistent with requirements of the Act. Section 1899 of the Act does not specifically allow for assignment of beneficiaries to an ACO based on their receipt of primary care services from clinical social workers or clinical psychologists (as defined in sections

Summary of Correction:

These narrative corrections remove the PA, NP and CNS from the reference in the narrative.

CMS Final Rule corrections:

Item 20. On page 79189:

- The third column, first full paragraph, line 1 the phrase that reads “Tables 41 and 42” is corrected to read “Tables 42 and 43”.
- The third column, first full paragraph, line 8, the phrase that reads “Tables 39 and 40” is corrected to read “Tables 40 and 41”.

Item 21. On page 79240, the first column, first paragraph, lines 8 and 9 the phrase that reads “as displayed in Tables 46A and 46B” is deleted.

Summary of Correction:

These corrections above revise the references to tables in the Rule and should not impact data or CDM management.

Summary

The most critical update uncovered in our review of the MPFS FR Corrections is the update of the Conversion Factor table in the ChargeAssist® educational program manual.

We have summarized only select publication corrections within this article. See the complete Final Rule narrative for a full listing of other CMS Federal Register publication errors.