

## CMS ISSUES 2024 MEDICARE PHYSICIAN FEE SCHEDULE PROPOSED RULE

The Centers for Medicare and Medicaid Services (CMS) released the 2024 Medicare Physician Fee Schedule (MPFS) proposed rule. The MPFS specifies payment rates to physicians and other providers, including freestanding cancer centers.

Key proposals:

- CMS estimates a 2.0 percent overall payment reduction to radiation oncology services for 2024. The projected 2024 conversion factor is \$32.75, a 3.3 percent decrease of \$1.14 to the 2023 conversion factor of \$33.89.
- Calendar year (CY) 2024 marks the third year of the four-year phase-in of the Clinical Labor Price update. While this update increases labor prices for Medical Physicists, Dosimetrists, and Radiation Therapists, budget neutrality requirements lead to reduced payments for equipment-intensive codes, resulting in an overall reduction in radiation oncology reimbursement.
- CMS proposes to implement a separate add-on payment for HCPCS code G2211 Visit complexity inherent to evaluation and management. This add-on code will better recognize the resource costs associated with evaluation and management (E/M) visits for primary care and longitudinal care of complex patients. If finalized, CMS expects that payment for this add-on code would have redistributive impacts for all other 2024 payments due to budget neutrality requirements.
- CMS proposes to pause efforts to implement the Appropriate Use Criteria (AUC) program for reevaluation and to rescind the current AUC program regulations. CMS is not proposing a time frame within which implementation efforts may recommence.

The reduction to the 2024 conversion factor, in conjunction with the clinical labor pricing, medical equipment updates and expansion of evaluation and management services will result in payment reductions to most radiation oncology services in 2024.