

CMS Releases 2024 Physician Fee Schedule (PFS) and Hospital Outpatient Prospective Payment (OPPS) Final Rules

On November 2, 2023, the Centers for Medicare and Medicaid Services (CMS) released the 2024 PFS and OPPS final rules and rates. This article summarizes the provisions of these rules of greatest significance to ASTS members.

Medicare Physician Fee Schedule Changes for 2024

The Relative Value Units (RVUs) for transplant procedures will remain essentially the same in 2024 or will increase by 1% in 2024. (See accompanying chart). However, primarily due to CMS' proposal to implement a new Evaluation and Management (E&M) add-on code (G2211) (whose implementation had been delayed by Congress) and to the application of a Medicare budget neutrality adjustment to compensate for the projected costs of the new add-on code, the PFS conversion factor is projected to decrease by approximately 3.37% (\$33.8872 to \$32.7442) in 2024. The ASTS is strongly supporting legislation that would mitigate the reduction; however, in the absence of Congressional action or a CMS policy reversal, the proposed 3.37% decrease will go into effect next year.

While it might seem cold comfort, there is some good news for ASTS members: CMS decided to postpone implementation of new Medicare Economic Index (MEI) weights that were finalized last year until the results of the AMA's ongoing practice expense survey can be considered. Implementation of these new weights would result in significant additional reductions for physicians and surgeons (including but limited to transplant surgeons) whose PFS payments are primarily comprised of work RVUs (W-RVUs).

CMS also finalized new codes and payment for services provided by certified or trained auxiliary personnel under the direction of a billing practitioner, including navigator services provided by a patient navigator or certified peer specialist as part of the treatment plan. Payment for navigator services is limited to patients who have a serious, high-risk disease expected to last at least 3 months, that places the patient at significant risk of hospitalization or nursing home placement, acute exacerbation/decompensation, functional decline, or death. In the preamble to the 2024 PFS Final Rule, CMS acknowledges that ESRD may be among the conditions for which patient navigation services may be allowed for certain patients. ASTS comments had requested CMS to publicly acknowledge that patient navigation services may be appropriate for ESRD patients.

CMS also finalized a number of other policy changes supported by ASTS, including changes that extend the availability of coverage for telehealth services through 2024; provisions that continue to allow remote supervision of diagnostic tests and supervision of residents through 2024; and provisions that facilitate the collection of data on health care disparities.

CPT¹/ HCPCS	Description	Final RVUs 2023	Final RVUs 2024	% Diff RVUs
32851	Lung transplant, single	96.00	96.48	0%
32852	Lung transplant with bypass	103.63	103.79	0%
32853	Lung transplant, double	134.01	134.77	-1%
32854	Lung transplant with bypass	141.96	142.66	0%
33935	Transplantation, heart/lung	144.00	144.16	
33945	Transplantation of heart	142.43	142.83	0%
47122	Extensive removal of liver	101.80	102.17	0%
47125	Partial removal of liver	91.53	91.87	0%
47130	Partial removal of liver	98.31	98.63	0%
47135	Transplantation of liver	160.44	161.52	1%
47140	Partial removal, donor liver	106.33	107.03	1%
47141	Partial removal, donor liver	127.07	127.84	1%
47142	Partial removal, donor liver	139.48	140.71	1%
47146	Prep donor liver/venous	9.70	9.71	0%
47147	Prep donor liver/arterial	11.30	11.34	0%
48552	Prep donor pancreas/venous	6.97	6.99	0%
48554	Transpl allograft pancreas	78.08	79.11	1%
50320	Remove kidney, living donor	45.49	45.95	1%
50327	Prep renal graft/venous	6.41	6.42	0%
50328	Prep renal graft/arterial	5.60	5.63	1%
50329	Prep renal graft/ureteral	5.33	5.33	0%
50340	Removal of kidney	28.72	29.01	1%
50360	Transplantation of kidney	72.52	73.11	1%
50365	Transplantation of kidney	86.40	87.30	1%
50370	Remove transplanted kidney	36.29	36.66	1%
50380	Reimplantation of kidney	60.95	61.53	1%

Hospital Outpatient Prospective Payment System Changes for 2024

In the 2024 HOPPS Final Rule, CMS announced that Hospital Outpatient Prospective Payment System (HOPPS) rates overall will increase by a factor of 3.1 percent in 2024. Based on this update, CMS estimates that total payments to HOPPS providers (including beneficiary cost sharing and estimated changes in enrollment, utilization, and case mix) for 2024 will be approximately \$88.9 billion, an increase of approximately \$6.0 billion compared to estimated CY 2023 HOPPS payments.

Effective this year, CMS expanded coverage of dental services payable under Medicare Parts A and B, finalizing a rule that allowed Medicare coverage for certain dental services inextricably linked to Medicare-covered organ transplantation and selected other procedures. For 2024, CMS finalized payment rates for hospital outpatients and ambulatory surgical centers (ASC) whose operating rooms and other facilities may be necessary to provide these dental services safely. As requested by ASTS in its comments, the 2024 HOPPS Final Rule increases Medicare payment for certain commonly performed dental services over the amounts that had been proposed earlier this year. It is anticipated that this change will help ensure access to hospital and ASC operating rooms for transplant candidates who require dental evaluation and treatment to facilitate organ transplantation.