

2024 Medicare Physician Fee Schedule Final Rule SGO Comment Comparison

SGO's Comment	Final Rule Provision
Commented on the lack of updates to conversion factor, recognizing that CMS cannot update the conversion factor without Congressional intervention.	CMS did not address any specific comments in the final rule but was appreciative of comments from all stakeholders.
Commented on CMS' comment solicitation on strategies for updates to practice expense (PE) data collection. Specifically, said that the agency should wait for the results of the AMA's PPIS before implementing any changes or updates to PE inputs and recommended that PE data be updated on a more regular basis.	CMS will delay any changes to PE data, specifically, the MEI methodology, while the agency waits for updated PE data from the AMA.
Commented on the valuation of the following services: Pelvic exam – supported the PE values as proposed Hyperthermic intraperitoneal chemotherapy (HIPEC) – supported the HIPEC procedure being priced at carrier level	CMS finalized valuation of the following services: Pelvic exam – PE-only code to capture the additional PE of performing pelvic exams. The code is valued with a practice expense RVU of 0.68 and captures four minutes of clinical staff when chaperoning a pelvic exam. HIPEC – Due to issues with the AMA RUC survey, HIPEC will be priced at the carrier level
Opposed the implementation and payment for HCPCS code G2211.	CMS finalized implementation and payment for HCPCS code G2211.
Provided input on the request for comment on valuing E/M services more regularly and comprehensively. Supported the work of the AMA RUC and stated that it is the entity best suited for valuing physician services.	The agency did not make any changes to payment policy for valuation policy for E/M services. The agency noted that it will take comments received into consideration should it undertake rulemaking on this topic.
Supported CMS' intent to finalize separate coding and payment for several new services to advance health equity and caregiver support, including caregiver training services, community health integration, principal illness navigation, and social determinants of health (SDOH) risk assessment. SGO asked for clarification in regard to billing parameters for SDOH code. We also urged caution as these services are implemented into the payment system.	CMS finalized coverage and payment for these new services. CMS finalized frequency parameters for the new HCPCS code for SDOH risk assessment. The code may be billed once every six months per patient, per provider.
Supported telehealth policies of the Consolidated Appropriations Act (CCA) of 2023 including the allowing the beneficiaries' home as an originating site.	CMS finalized the policies as required by the CCA, 2023.
Supported coverage and payment for dental services inextricably linked to other covered services including chemotherapy.	CMS finalized coverage and payment for certain dental services when inextricably linked to the provision of services related to chemotherapy.
Provided feedback in response to the agency's request for information (RFI) to modify and improve the quality payment program (QPP).	CMS did not finalize any policy in response to the RFI. The agency will consider SGO and other stakeholders' comments and use it to inform future rulemaking.