

Medicare Updates



PALMETTO GBA®

A CELERIAN GROUP COMPANY

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Introduction

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2024 PFS Final Rule

- Overall payment rates for the PFS are reduced by 1.25% when compared to 2023.
- There are significant increases in the payment for primary care and other kinds of direct patient care. (G2211)
- The final 2024 Conversion Factor is \$32.74 (changed from 2023, \$33.89). This is a decrease of \$1.15, -3.4%.



Health Related Social Needs

- Patient centered care involving a multidisciplinary team of clinical staff and auxiliary personnel.
- Community Health Integrated Services (CHI)
- Social Determination of Health (SDOH) Risk Assessment.
- Principles of Illness Navigation (PIN) Services. Health and Human Services (HHS) Social Determinant of Health Action Plan Biden-Harris Cancer Moonshot Goal: every American with Cancer has access to personal navigation services, including community health workers, care navigators, peer support specialists.





Social Determinates of Health (SDoH)

Person centered assessment to:

- Understand a patient's life story
- Care Coordinate
- Contextualize Health Education
- Build patient Self-Advocacy Skills
- Health System Navigation
- Facilitate Behavioral Change
- Provide Social and Emotional Support
- Facilitate access to Community-based social services to address SDOH





Community Health Integration (CHI)

- Addresses unmet SDOH needs that affect diagnosis and treatment of medical issues



Principal Illness Navigation (PIN)

Services to help those with high-risk medical conditions.

Dementia

Mental Illness

HIV/Aids

Substance Abuse

Cancer

Identify and connect with the appropriate clinical and support resources





G2211

- An add on code to better recognize resource costs associated with E/M visits for Primary Care and Longitudinal Care.
- Additional payment to the provider recognizing inherent costs when the primary provider is the focal point for all needed services for either a single serious condition or ongoing complex conditions in outpatient and office visits.
- This add on code is for primary or longitudinal care for a single serious or complex situation
- This code cannot be used in an outpatient or office visit that is focused on performance of a procedure.



Telehealth

- Temporarily Adding:
 - Health and well-being coaching services.
- Permanently Adding:
 - Social Determinations of Health Risk Assessment
- Looking into the temporary expansion of the telehealth scope of telehealth originating sites of service to include the site of the beneficiary's location at the time of the telehealth service. For example:
 - An individual's home (these services will be paid at the non-facility PFS rate)
 - Occupational therapist
 - Physical therapist
 - Speech Language Pathologist
 - Audiologist
- Continuing Covid 19 requirements in delaying the 6 month in person visit with a provider prior to initiating mental health telehealth services until after December 31, 2024.



In-home vaccines

- As of June 2021, an additional payment has been added for in-home Covid vaccines.
- This will be continued. The addition of in-home administration of the pneumococcal vaccine, the influenza vaccine, and the Hepatitis B vaccine have been added to the list of vaccines that qualify for additional payments when administered in the home.
- The reimbursement rate for all vaccine types is equivalent.
- The amount will be updated annually using the Medicare Economic Index and a geographic cost variation will be applied.
- The additional payment will be per home visit and not per vaccine administered.



Dental

- Historically Medicare has paid for dental services only if those services were inextricably linked to the clinical success of a specifically covered medical service.
- As of CY 2023, Medicare Part A or B can cover dental services when furnished in an inpatient or outpatient setting only under specific circumstances.
- Inextricably linked to other covered medical services. (eg: prior to organ transplant , stem cell or bone marrow transplant, cardiac valve replacement, valvuloplasty).
- Review process to consider analogous clinical scenarios.
- Dental exam/treatment prior to the commencement of head and neck cancer treatment (primary or metastatic).

The logo consists of three stylized, overlapping shapes: a yellow diamond at the top, a green rounded rectangle on the left, and a green rounded rectangle on the right. The word "Dental" is written in a brown, sans-serif font to the right of the logo.

Dental

- Dental/oral exam as part of a comprehensive work up prior to diagnostic and treatment services; to eliminate oral/dental infections prior to or during treatment services, post-radiation, chemotherapy and/or surgical oral/dental complications when treating head and neck cancers.
- Certain dental services linked to other covered services prior to or during chemotherapy, Chimeric Antigen Receptor T (CAR-T) Cell therapy or the use of high-dose bone modifying agents (antiresorptive therapy).
- The additions of these policies is to improve the success of the cancer related treatments and to improve access to dental care in specific circumstances.
- This month, February 2024, CMS is accepting public submissions for potential clinical scenarios that Medicare would pay for specific dental services.



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