

# 2024 Updates to the Medicare Physician Fee Schedule & Radiology Reimbursement Impact

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# Erin Stephens, CPC, CIRCC

## Senior Client Manager, Education



**Erin Stephens** is a Certified Professional Coder with a specialized credential as a Certified Interventional Radiology Cardiovascular Coder through the American Academy of Professional Coders. Erin has 26 years of experience in diagnostic and interventional radiology coding and professional billing. She has been a Healthcare Administrative Partner team member for 24 years. Erin's experience as a coder has awarded her the opportunity to move through the Health Information Services division to leadership roles as Coding Quality Manager, MIPS Coding Coordinator, and Coding Client Manager.

# Sandy Coffta

## Vice President, Client Services



**Sandy Coffta** – As Vice President of Client Services, Sandy oversees the team responsible for achieving and maintaining the company’s consistently high retention and referral rates. Ms. Coffta has nearly 25 years of experience in client relationship management, including reimbursement analysis, workflow optimization, and compliance education. She specializes in business intelligence and reporting development, is a subject matter expert in radiology practice billing, and has deep expertise in resolving payer disputes and contract issues.

# Agenda

- Radiology CPT Changes
- Evaluation and Management (E&M) Updates
- Telemedicine Updates
- MIPS Updates
- Revenue Impact

# Surgery – Genitourinary System

## New Code 52284

### Replaces Category III code 0499T

- Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed

# Surgery – Genitourinary System

## New Code 58580

### Replaces Category III code 0404T

- Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency

# Radiology

## New Code 75580

Replaces Category III codes 0501T, 0502T, 0503T & 0504T

- Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional

# Radiology

## New Code 76984

- Ultrasound, intraoperative thoracic aorta (e.g., epiaortic), diagnostic



# Radiology

## New Code Set – 76987, 76988, and 76989

- **76987** Intraoperative epicardial cardiac ultrasound (i.e., echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report
- **76988** imaging acquisition only
- **76989** interpretation and report only

# Office or Other Outpatient Visits New Patient

Code	Total Time Spent on Date of Service/ Medical Decision Making
99202	<b>15 minutes</b> must be met or exceeded/Straightforward MDM
99203	<b>30 minutes</b> must be met or exceeded/Low MDM
99204	<b>45 minutes</b> must be met or exceeded/Moderate MDM
99205	<b>60 minutes</b> must be met or exceeded/High MDM

# Office or Other Outpatient Visits Established Patient

Code	Total Time Spent on Date of Service/ Medical Decision Making
99212	<b>10 minutes</b> must be met or exceeded/Straightforward MDM
99213	<b>20 minutes</b> must be met or exceeded/Low MDM
99214	<b>30 minutes</b> must be met or exceeded/Moderate MDM
99215	<b>40 minutes</b> must be met or exceeded/High MDM

# Split/Shared Visits

- Patient encounter with an attending physician and a non-physician practitioner (physician assistant, nurse practitioner) from same group
- Encounter performed in a hospital facility or skilled nursing facility
- Modifier FS is required
- Billing NPI on the claim based on two (2) criteria:
  - NPI who spent more than half the total time  
or
  - NPI who performed the most substantive medical decision making

# Telehealth

- Waivers and flexibilities for services added during the Public Health Emergency (PHE) will continue through 2024.
- Provisional status-temporary codes added during the PHE.
- Permanent status-meets requirements to remain on list.
- [List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth](#)
- Do not forget to use the appropriate modifier 95 when a hospital provider is servicing a patient in the home when you would normally bill a POS location 19 or 22.
- CMS is still looking for Place of Service indicator 02 Telehealth provided other than in the patient's home (facility patient).

# Medicare NCCI Policy Manual Chapter IX

- Inclusionary bundling of add on service +76937
- Page 18, Bullet 12 of the policy manual:
  - Radiological supervision and interpretation codes include all radiological services necessary to complete the service. CPT codes for fluoroscopy/fluoroscopic guidance (e.g. 76000, 77002, 77003) or ultrasound/ultrasound guidance (e.g. 76942, 76998, **76937**) shall not be reported separately.
- This has been repealed until 2025.
- Continue to bill +76937 with interventional radiology services for 2024.
- Reconcile January 2024 missed revenue with corrected claims.

# ICD-10-CM Updates Radiology

- R92.311 Mammographic fatty tissue density, right breast
- R92.312 Mammographic fatty tissue density, left breast
- R92.313 Mammographic fatty tissue density, bilateral breasts
- R92.321 Mammographic fibroglandular density, right breast
- R92.322 Mammographic fibroglandular density, left breast
- R92.323 Mammographic fibroglandular density, bilateral breasts
- R92.331 Mammographic heterogeneous density, right breast
- R92.332 Mammographic heterogeneous density, left breast
- R92.333 Mammographic heterogeneous density, bilateral breasts
- R92.341 Mammographic extreme density, right breast
- R92.342 Mammographic extreme density, left breast
- R92.343 Mammographic extreme density, bilateral breasts

# Merit-Based Incentive Payment System (MIPS)

	2023	2024
<b>Performance Category Weights:</b>		
Quality	30%	30%
Cost	30%	30%
Promoting Interoperability	25%	25%
Improvement Activities	15%	15%
Performance Threshold	75 points	75 points
Exceptional Performance	<b>Eliminated</b>	<b>Eliminated</b>
Quality Data Completeness	70%	75%
Maximum Payment Adjustment	+/- 9%	+/- 9%



# MIPS CMS Radiology Measures

Quality Measure	Performance Year 2023	Performance Year 2024
<b>76</b> Maximum Sterile Barrier Technique	<b>Eliminated</b>	<b>Eliminated</b>
<b>130</b> Patient Medication Regimen	7 points	7 points
<b>145</b> Fluoroscopic Imaging	0-3 points	<b>0-3 points</b>
<b>147</b> Nuclear Med Bone Imaging	7 points	<b>Eliminated</b>
<b>364</b> Incidental Pulmonary Nodule(s)	7 Points	7 Points
<b>405</b> Incidental Cystic Renal Lesion(s) or Adrenal Lesion(s)	10 Points	<b>7 Points</b>
<b>406</b> Incidental Thyroid Nodule(s)	7 Points	7 Points
<b>436</b> CT Dose Reduction Technique	7 Points	7 Points
<b>360</b> Count of CT and Cardiac NM Studies	7 Points	7 Points

# Medicare Physician Fee Schedule

- The Conversion Factor cut from 2023 to 2024 of 3.37% has remained unchanged by legislation.
- The 4% PAYGO cut will return as a potential revenue threat in 2025.
- The 1.0 Work Geographic Index Floor has been extended through March 9, 2024.

# 2023 vs. 2024 Revenue Impact – Top CPT Codes Professional

CPT	Description	2023	2024	Reimbursement Impact	Percentage Variance
<b>70553</b>	MRI brain stem w/o & w/dye	\$109.80	\$105.11	(\$4.69)	-4.27%
<b>71260</b>	CT thorax dx c+	\$55.91	\$53.70	(\$2.21)	-3.95%
<b>74183</b>	MRI abdomen w/o & w/dye	\$105.05	\$100.85	(\$4.20)	-4.00%
<b>76642</b>	Ultrasound breast limited	\$32.87	\$31.43	(\$1.44)	-4.38%
<b>77067</b>	Scr mammo bi incl cad	\$36.60	\$35.04	(\$1.56)	-4.26%
<b>70544</b>	Mr angiography head w/o dye	\$57.61	\$55.01	(\$2.60)	-4.51%
<b>72148</b>	MRI lumbar spine w/o dye	\$71.16	\$68.44	(\$2.72)	-3.82%
<b>77049</b>	MRI breast c++ w/cad bi	\$110.13	\$105.76	(\$4.37)	-3.97%
<b>78815</b>	Pet image w/CT skull-thigh	\$113.86	\$109.04	(\$4.82)	-4.23%
<b>73721</b>	MRI jnt of lwr extre w/o dye	\$65.06	\$62.54	(\$2.52)	-3.87%
<b>93880</b>	Extracranial bilat study	\$38.29	\$36.67	(\$1.62)	-4.23%

# 2023 vs. 2024 Revenue Impact – Top CPT Codes Global

CPT	Description	2023	2024	Reimbursement Impact	Percentage Variance
<b>70553</b>	MRI brain stem w/o & w/dye	\$337.52	\$321.55	(\$15.97)	-4.73%
<b>72197</b>	MRI pelvis w/o & w/dye	\$358.19	\$340.21	(\$17.98)	-5.02%
<b>73221</b>	MRI joint upr extrem w/o dye	\$214.17	\$204.98	(\$9.19)	-4.29%
<b>74183</b>	MRI abdomen w/o & w/dye	\$359.54	\$341.52	(\$18.02)	-5.01%
<b>77049</b>	MRI breast c-+ w/cad bi	\$364.63	\$346.11	(\$18.52)	-5.08%
<b>70544</b>	MRI angiography head w/o dye	\$227.72	\$217.75	(\$9.97)	-4.38%
<b>70551</b>	MRI brain stem w/o dye	\$207.05	\$198.10	(\$8.95)	-4.32%
<b>72141</b>	MRI neck spine w/o dye	\$201.29	\$192.54	(\$8.75)	-4.35%
<b>72148</b>	MRI lumbar spine w/o dye	\$201.97	\$193.19	(\$8.78)	-4.35%
<b>73721</b>	MRI jnt of lwr extre w/o dye	\$213.83	\$204.65	(\$9.18)	-4.29%
<b>71250</b>	Ct thorax dx c-	\$139.95	\$133.92	(\$6.03)	-4.31%

# Questions

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# Thank You!



*Empowering healthcare providers to adapt and thrive through expert revenue cycle, coding, advisory, and analytics solutions.*

# References

- [American College of Radiology Breast Density Brochure](#)
- [Centers for Medicare & Medicaid Services List of Telehealth Services](#)
- [Chapter IX Radiology Services CPT Codes 70000 – 79999 For Medicare National Correct Coding Initiative Policy Manual](#)
- [Medicare Claims Processing Manual \(Rev. 12423; Issued: 12-20-23\)](#)
- [CMS Manual System, Pub 100-03 Medicare National Coverage Determinations, SUBJECT: NCD 220.6.20 - Beta Amyloid Positron Emission Tomography in Dementia and Neurodegenerative Disease](#)