ID Physicians Continue to See Reimbursement Cuts Under CY 2024 Medicare Physician Fee Schedule

**IDSA Continues Aggressive Advocacy Efforts to Counteract Negative Impact on ID**

On Nov. 2, CMS released the [CY 2024 Medicare Physician Fee Schedule Final Rule](https://www.cms.gov/Regulations-and-Guidance/Legislation/Medicare-Fee-for-Service-Payment/Medicare-Physician-Fee-Schedule) along with a press release, a physician fee schedule fact sheet and a shared savings program fact sheet. IDSA is closely reviewing the 2,709-page rule, which includes the policy changes below.

**2024 MPFS Conversion Factor**

The CY 2024 MPFS conversion factor is set at $32.7442, a decrease of approximately 3.4% ($1.15) from the CY 2023 MPFS conversion factor of $33.8872. The CY 2024 proposed MPFS conversion factor reflects the following:

- The 0.00% update adjustment factor as established in the *Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)*;
- A 1.25% update provided under the *Consolidated Appropriations Act, 2023 (CAA, 2023)*;
- A budget neutrality adjustment of -2.18%, primarily due to the implementation of the revised complex care add-on code (G2211).

CMS' estimated impact on total allowed charges by specialty reflects a reduction of 1% for infectious diseases.

**“Complexity” Add-On Code and Inpatient E/M Services**

As expected, CMS will make separate payment available for a “complexity” add-on code, HCPCS code G2211, effective Jan. 1, 2024. The financial impact of this policy on the CY 2024 conversion factor is -2.18%, meaning Medicare dollars will be redistributed across the physician fee schedule to “pay for” the new code. Noteworthy for ID, in finalizing the implementation of the add-on code, CMS uses an ID example to clarify how the service would be applied. However, because the add-on code is only reportable on office and outpatient evaluation and management services, and is intended to recognize “the relationship between the patient and the practitioner,” most ID physicians will not benefit from the add-on code since their Medicare billings are largely comprised of inpatient E/M services. As a result, CMS estimates the overall financial impact on ID as a reduction of 1.0% and a reduction of 2% for ID physicians in a facility setting.

**IDSA Advocacy**

IDSA continues to conduct extensive advocacy to improve ID physician reimbursement, including submitting our own comments, mobilizing IDSA members to comment to CMS directly, mobilizing a bipartisan group of congressional representatives to advocate to CMS on our behalf, proposing legislation to provide a 10% incentive payment for ID clinicians and more. IDSA intends to meet with CMS leadership again in the coming weeks to make clear the urgent need for CMS actions on this issue.

IDSA is reviewing the remaining policies in the final rule and will share a more comprehensive summary in the coming weeks.

Please join the [IDSA/HIVMA Member Advocacy Program](https://www.idsociety.org/advocacy) to help support our advocacy on compensation and the ID workforce.