



# Executive Summary of the 2024 Medicare Physician Fee Schedule Final Rule Regarding the Impact to Medicare Part B Audiology Services

The Centers for Medicare and Medicaid Services (CMS) released the 2024 Medicare Physician Fee Schedule Final Rule on November 2, 2023, for changes effective January 1, 2024.

## Two New CPT® Codes for Osseointegrated Devices

CPT® codes 92622, Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type, first 60 minutes; and 92633, Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type, each additional 15 minutes, will also be effective January 1, 2024.

These codes will be added to the list of 36 CPT® codes from 2023, for a total of 38 codes that CMS allows audiologists to bill with the AB modifier without a physician order once every 12 months for those with non-acute or non-vestibular symptoms.

## Merit Incentive Payment System (MIPS)

It is highly recommended that all audiologists check to see if they are a mandatory MIPS reporter, found here: <https://qpp.cms.gov/mips/individual-or-group-participation?py=2023>. As of this publication, 2024 had not been posted, but it is suggested to check periodically in the month of January to access this information with the provider's NPI.

Most audiologists are not mandatory reporters as all three of the low-volume threshold requirements must be met to mandatorily report:

- a. Covered charges greater or equal to \$90,000 and
- b. Covered services to 200 or more beneficiaries and
- c. 200 or more covered services

Beginning January 1, 2024, CMS is adding two new measures to the audiology specialty measure set:

1. Measure #317, [Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented](#) — Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive.
2. Measure #498, Connection to Community Service Provider — Percent of patients 18 years or older who screen positive for one or more of the following health-related social needs (HRSNs): food insecurity, housing instability, transportation needs, utility-help needs, or interpersonal safety; and had contact with a Community Service Provider (CSP) for at least one of their HRSNs within 60 days of screening.

*Note: Measure details were not available at the time this was written but will be added when they are.*

Also, beginning in 2025, an interoperability category will be added but is not expected to impact most audiologists who are not mandatory reporters.



## Conversion Factor

The conversion factor is \$32.7442, a decrease of 3.37% from 2023, which had a conversion factor of \$33.89, but the impact could be upwards of 10% if Congress does not intervene as they have in prior years, and if the 2% sequestration reduction continues.

## Telehealth Services

CMS will extend telehealth coverage for audiology services until December 31, 2024, which were covered during the federal Public Health Emergency (PHE). Prior to the PHE, audiologists were not recognized by Medicare for services provided via telehealth.

Audiologists will no longer need to append modifier 95 on the CMS 1500 form for these services, but instead will need to indicate the Place of Service (POS) as 10, Telehealth Provided in Patient's Home, if the audiologic diagnostic services were provided in the beneficiary's home. If provided at another location other than their own home, then the POS should be 02, Telehealth Provided Other Than in a Patient's Home.

**For up-to-date information or questions, please contact Debbie Abel, Au.D., at [dabel@audigy.com](mailto:dabel@audigy.com) and the CMS dedicated page regarding [audiology services](#).**