HEALTHCARE REGULATORY ROUND-UP - Episode #64

Billing Medicare for G2211: What You Need to Know Now

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Introductions

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Agenda

1. How Did We Get Here?
2. The Basics - *Who, What, When, Where, and Why?*
3. Process – *How?*
4. Physician Compensation Impacts – *Now What?*

How Did We Get Here?

2021 MPFS Changes to Outpatient E/M Services (CPT 99202 – 99215)

- ✓ Deleted CPT 99201
- ✓ Eliminated history and physical exam as elements for code selection
- ✓ Modified medical decision-making (MDM) criteria with focus on tasks relating to patient condition management
- ✓ Re-defined “total time” to include all activities (including non-face-to-face) related to encounter personally performed by billing practitioner on date of encounter (with specific exceptions)
- ✓ Changed basis for code assignment to either MDM or total time
- ✓ Increased assigned wRVUs
- ✓ Made complexity add-on code (HCPCS G2211) payable with valuation of 0.49 RVUs
  - ✓ CMS projected G2211 would be included on 90% of outpatient E/M services

Impact of 2021 MPFS Changes

- Statutory cap on MPFS spending requires changes to conversion factor (CF) to account for anticipated changes to total RVUs
  - If we pay for more, we pay less for each
- 2021 CF 10.61% lower than 2020 CF to account for wRVU increases + G2211
  - $2.83 reduction ($36.09 to $32.26)
  - If performed same number of RVUs in 2020 and 2021, would receive 10.61% less in reimbursement in 2021

Consolidated Appropriations Act, 2021

- Increased 2021 CF from $32.36 to $34.89 (3.3% reduction from 2020 CF)
  - Increased MPFS “pie” by 3.75 percent
  - Adjustments to 2% Medicare sequestration
  - Moratorium on payments for G2211 until 01/01/2024

2024 MPFS Final Rule

- G2211 reimbursable beginning 01/01/2024
  - Valuation (same as 2021) – 0.49 total RVU (0.33 wRVU)
  - National Payment Amount = $16.05
  - Medicare Advantage?
- Re-distributive impact
  - Assume G2211 billed with 38% of outpatient E/M services in 2024, eventually increasing to 54%
  - Results in ~2% reduction in CF as compared to 2023 (~70¢)
    - Overall reduction = 3.34% ($1.15)
  - If billed, G2211 offsets CF reduction by increasing total RVUs for same work
- Legislative solution?

The Basics

HCPCS G2211 Code Descriptor

- CMS code descriptor: "Visit complexity inherent to evaluation and management associated **[1]** with medical care services that serve as the continuing focal point for all needed health care services **and/or [2]** with medical care services that are part of ongoing care related to a patient's single, serious condition, or a complex condition."
- Add-on code, list separately in addition to office or outpatient E/M visit, new or established
  - Billed with CPT 99202 – 99205 and 99211-99215 ***only***
  - Not limited to specific specialties
  - May be billed by non-physician practitioners
  - May be billed when E/M service furnished via telehealth
  - Not available for RHC or FQHC services

When G2211 Cannot Be Billed

- **Objective**: any service billed with modifier -25 (E/M on same day as procedure)
  - CMS previously referenced modifiers -24 and -53
  - CR 13272 (issued 11/22/2023) instructs MACs to implement edits to deny G2211 if associated E/M billed with modifier 25 for same patient by same practitioner
- **Subjective**: service billed by practitioner who does not intend to have *ongoing longitudinal relationship* with beneficiary (e.g., urgent care, consults, second opinions)

Ongoing Longitudinal Relationship

- Two options
  - Primary care: *Continuing focal point* for all needed health care services
  - Specialists: *Ongoing care* related to a patient's single, serious condition, or a complex condition
- Documentation
  - Medical necessity of E/M service
  - No additional documentation requirements
  - Context in which care provided (diagnoses, assessment and plan, other services provided)

How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211

Related CR Release Date: January 18, 2024	MLN Matters Number: MM13473
Effective Date: January 1, 2024	Related Change Request (CR) Number: CR 13473
Implementation Date: February 19, 2024	Related CR Transmittal Number: R12461CP

Related CR Title: Guidance for the Implementation of the Office and Outpatient (O/O) Evaluation and Management (E/M) Visit Complexity Add-on Code G2211

https://www.cms.gov/files/document/mm13473-how-use-office-and-outpatient-evaluation-and-management-visit-complexity-add-code-g2211.pdf

MLN Matters – Examples

- PCP sees patient for sinus congestion and decides on appropriate treatment and best way to communicate recommendations
  - “The complexity is in the cognitive load of the continued responsibility of being the focal point for all needed services for this patient” as opposed to clinical condition
- HIV patient sees his infectious disease physician and reports having missed several medication doses. Physician advises patient on importance adhering to medication regimen.
  - “If you didn’t have this ongoing relationship with the patient and the patient didn’t share this with you, you may have decided to change their HIV medication….” Having to weigh these types of factors makes visit more complex

MAC Guidance – Noridian (12/23/2023)

- Documentation would support furnishing services to patients on an ***ongoing basis*** that result in ***care personalized to the patient***.
- The services result in a ***comprehensive, longitudinal, and continuous*** relationship with the patient and ***involve delivery of team-based care*** that is accessible, coordinated with other practitioners and providers, and integrated with the broader health care landscape.
- The complexity code would support a ***long-term patient-provider relationship*** and would indicate the provider will be managing the health care over a long period of time.
- The provider would build the trusting relationship and be the ***continuing focal point*** for all needed health care services related to the ongoing patient's single, serious condition or complex condition.
- Every patient would be unique with their health care needs and ***templated language for the add-on code may not support medical necessity***.

https://med.noridianmedicare.com/web/jeb/specialties/em/complexity-add-on-code-g2211

CMS Guidance to Date

- January 24 Open Door Forum
  - Erick Carrera introduced MLN Matters article, fielded audience questions
  - Waiting on publication of transcript
- G2211 FAQs to be published “soon”

The next CMS Physicians, Nurses & Allied Health Professionals Open Door Forum scheduled for:

Date: Wednesday, January 24, 2024
Start Time: 3:30 PM – 4:30 PM Eastern Time (ET);
Please dial-in at least 15 minutes before call start time.

Conference Leaders: Gift Tee (Center for Medicare), Dr. Eugene Freund (Office of Communications)

This Agenda is Subject to Change

I. Opening Remarks
Chair – Gift Tee (CM)
Co-Chair- Dr. Eugene Freund (OC)
Moderator – Jill Darling (OC)

II. Announcements:

- Update on Federal Independent Dispute Resolution (IDR) Operations proposed rule
- CMS Interoperability and Prior Authorization Final Rule
- PFS Updates - educational material
  - Complexity add on code (G2211)

Open Door Forum: New Patients

Q: When is it appropriate to bill G2211 with a new patient visit?

A: If practitioner anticipates assuming the role as the 'focal point' of the patient's care, either as PCP or to manage specific condition on ongoing basis

- Documenting assessment and plan, ordering tests, scheduling subsequent visits, etc., *support* G2211, but not *required*
- CMS does not intend to dictate or direct patient management
  - E.g., patient must be seen at least annually to establish longitudinal relationship
  - Medical reviewers will evaluate whether practitioner is providing care consistent with practitioner's usual practice

Open Door Forum: Practice, Not Practitioner

Q: Doc A and Doc B are in the same practice and same specialty. Doc A is patient's PCP. NPP also works in practice

Scenario 1: Doc A goes on vacation and patient sees Doc B

Scenario 2: Doc A goes on vacation and patient sees NPP under direct supervision of Doc B (and thus the service is billed under Doc B)

A: If 'established patient' criteria satisfied, any practitioner in same practice/specialty would qualify as "focal point" of patient's care (or part of "ongoing care")

Open Door Forum: Residents

Q: May a service furnished by resident under the primary care exception be billed with G2211?

A: Yes, low-level E/M codes billed under the supervising physician's NPI may be billed with G2211

Open Door Forum: Single Complex Condition

Q: Would a rheumatologist who manages a patient's condition qualify as the focal point for purposes of billing G2211?

A: CMS will not provide list of qualifying "serious" or "complex" conditions. Medical record documentation should indicate condition requires ongoing medical management

BUT – Specialists do not need to be "focal point" of patient's care; instead, provide "ongoing care" of patient's single serious or complex condition

Open Door Forum: Frequency

Q: Are there any frequency limitations (or requirements) for G2211?

A: No limits on frequency with which G2211 may be billed; no minimum frequency with which practitioner must see patient to bill for G2211

Open Door Forum: Prolonged Care Code

Q: May G2211 and prolonged care code be billed on same day?

A: Will be addressed in FAQs

Open Door Forum: Documentation

Q: What documentation is required to support G2211?

A: As stated in MLN Matters, no additional documentation is required. Reviewers will focus on underlying E/M visit documentation, which must reflect ongoing care relationship, as opposed to '***one-and-done***' visit

Open Door Forum: Team-Based Care

A: If patient's condition managed by care team (in this case, transplant patient), can all team members bill G2211?

Q: It would be appropriate for all team members actively participating in patient's care to use add-on code

Process

Implementation Considerations

- Now or later?
  - Risk tolerance (wait for CMS FAQ publication?)
  - Practicality
- Process?
  - Practitioner decision at time of service?
  - Biller decision at time of claim submission?
  - Default to bill for established patient visits (with override)?
- Bill for all payers?
  - % of Medicare contracts?
  - Impact of physician compensation (wRVUs)?
- Written policy & procedure, practitioner and staff training

Physician Compensation Impacts

Independent Physician Practices

- PCPs and medical specialists
  - Direct impact to bottom line
  - Increase in Medicare reimbursement if primarily an E/M practice
  - Potential increase in other payer reimbursement, if other payers utilize reference pricing and allow use of G2211
  - Additional reimbursement could help expand capacity for high risk and rising risk patients, thus increasing ability to participate in value-based models
- Proceduralists
  - Sufficient opportunities to bill G2211 to offset conversion factor reduction?

Employed/Contracted Physicians

- Contractual conversion factor does not change (unless contract subsequently amended or renegotiated)
- PCPs/medical specialists
  - Increased Medicare reimbursement for physician's E/M services
  - Same amount of work now will produce more wRVUs
  - Employer will pay physician more compensation for same amount of work
  - Incremental financial loss limited to amount contracted conversion factor exceeds actual reimbursement per wRVU received
- Proceduralists
  - Overall decreased Medicare reimbursement
  - Some increase in total wRVUs due to increase in the RVUs for office/outpatient E/M codes (but far less than PCPs/medical specialists)
  - Compensation not dramatically impacted, as wRVUs will marginally increase and contracted conversion factor will not change

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February 21 – Rural Health Clinic Regulation and Reimbursement

March 6 – Changes to the Federal and State Cyber Security Landscape

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