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Health Services

ARIA Academy The ABCs of RCM



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ARIA RCM Services

- ◆ End-to-end revenue cycle management services
 - ◆ Claim denials and appeals
 - ◆ Coding assistance
 - ◆ Aging AR
 - ◆ Detailed reporting
 - ◆ Regulatory assistance

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Health Services

February 2024

**G2211: If you are not using
it, you should be**

A smiling man in a suit with arms crossed, wearing glasses and a watch, standing in a hallway. The image is overlaid with a blue tint.

Agenda

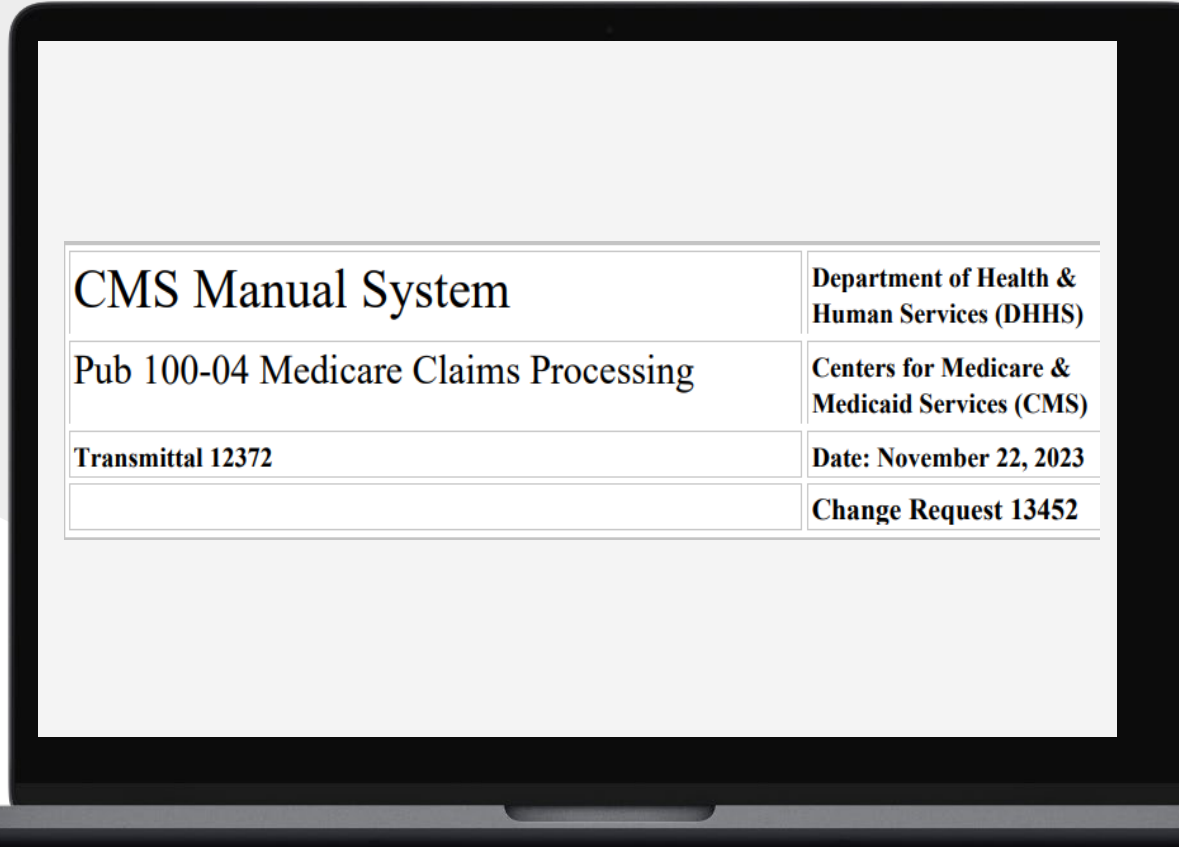
- ◆ What is G2211?
- ◆ Financial Impact
- ◆ G2211- Billing
- ◆ G2211- Documentation
- ◆ MAC Commentaries
- ◆ Cited Resources

Effective Date: January 1,2024

G2211 - Definition

Visit complexity inherent to evaluation and management associated with medical care services that serve as the **continuing focal point** for all needed health care services **and/or** with medical care services that are part of **ongoing care** related to a patient's single, serious or a complex condition

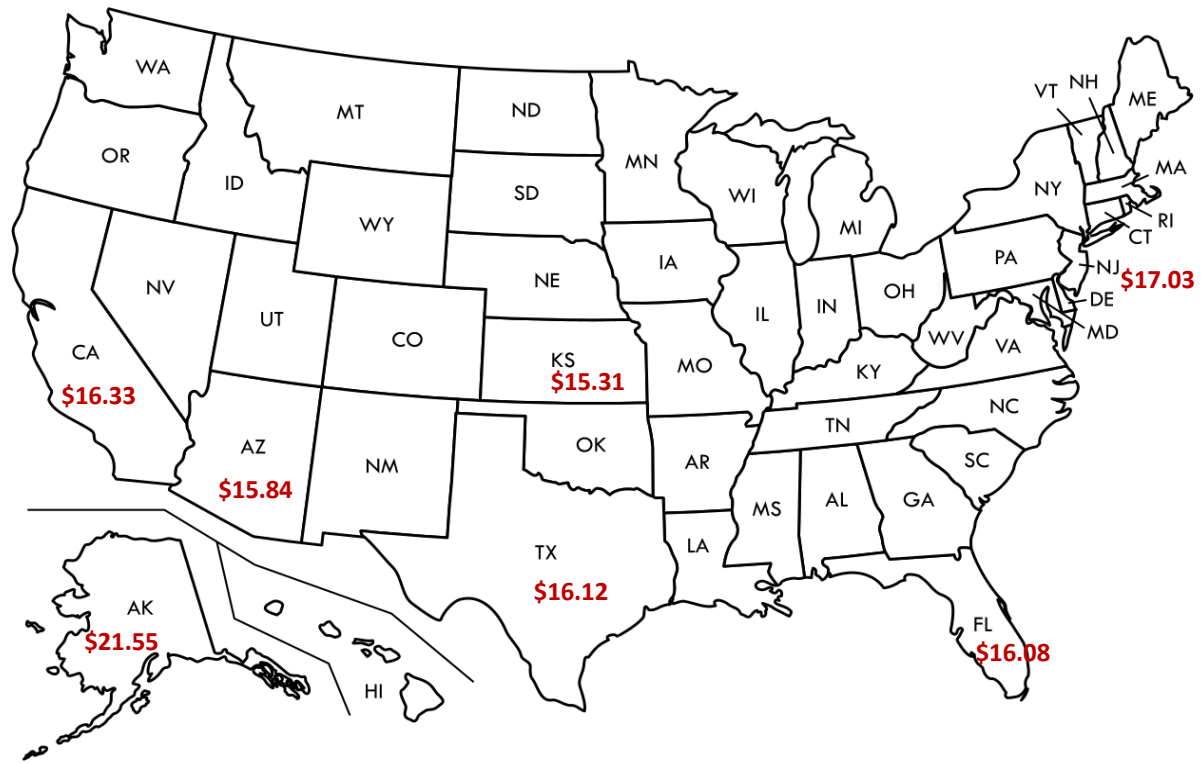
Longitudinal relationships address the majority of patients' health care needs with consistency and continuity over longer periods of time



CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12372	Date: November 22, 2023
	Change Request 13452

Financial Impact

CMS estimates that more than 90% of the budget neutrality associated with the Conversion Factor decrease is due to +G2211



\$16.04

G2211 - National CMS Fee

CF \$32.74

Conversion Factor (CF) is a dollar amount multiplied by the RVU to convert to a fee.

	2020- \$36.09	2021- \$34.89	2022- \$34.61	2023- \$33.89	2024- \$32.74
99204			\$169.59	\$167.42	\$164.38
99205			\$224.27	\$220.96	\$216.77
99214			\$129.79	\$128.44	\$126.07
99215			\$183.09	\$179.96	\$177.47

G2211- Billing

- ◆ Must be used in addition to Office/Outpatient E/M codes (O/O)

99202 to 99205-New, 99211 to 99215- Established

- ◆ Used for Medicare and Medicare Managed Care
- ◆ Can be provided as telehealth service
- ◆ Not restricted to any specialty
- ◆ Can not be used when modifier 25 is appended to E/M code

G2211 - Documentation - Part 1

Excerpt from CMS Manual System CR 13452- Nov 22, 2023

The most important information used to determine whether the add-on code could be billed is the **relationship between the practitioner and the patient.**

- ◆ If the practitioner is the **focal point for all needed services**, such as a typical primary care practitioner, G2211 can be billed.
The inherent complexity is not in the clinical condition itself for a specific encounter but rather the cognitive load of the continued responsibility of being the focal point for all needed services for this patient.
- ◆ Or, if the practitioner is part of **ongoing care for a single, serious and complex condition**, e.g. sickle cell disease, then G2211 can be billed.
Even though the provider may not be the focal point for all services, a single and or complex condition may require a longitudinal relationship

G2211 – Documentation - Part 2

CMS Manual System CR 13473 - January 18,2024

Purpose is to update guidance on G2211

- ◆ Revised Medicare Claims Processing Manual - Chapter 12, Physicians/Non-Physician Practitioners to include G2211 (30.6.7 F)
- ◆ MLN Matters Article 13473
You must document the reason for billing the O/O E/M visit. The visits themselves would need to be medically reasonable and necessary for the practitioner to report G2211.

Documentation - Best Practices



Focal Point of Care/Longitudinal Relationship

- Complete History
- Accurate updated Problem List
- Treatment plans/goals for problem list
- Assessment of SDOH- Social Determinants of Health
- Updated Medication List- RX dates, dosage changes
- Identify patient caregivers and healthcare providers with updates on coordination efforts
- Maintain preventative medicine protocols- vaccines, screenings, routine testing and counselings



Ongoing care related to a single, serious or complex condition

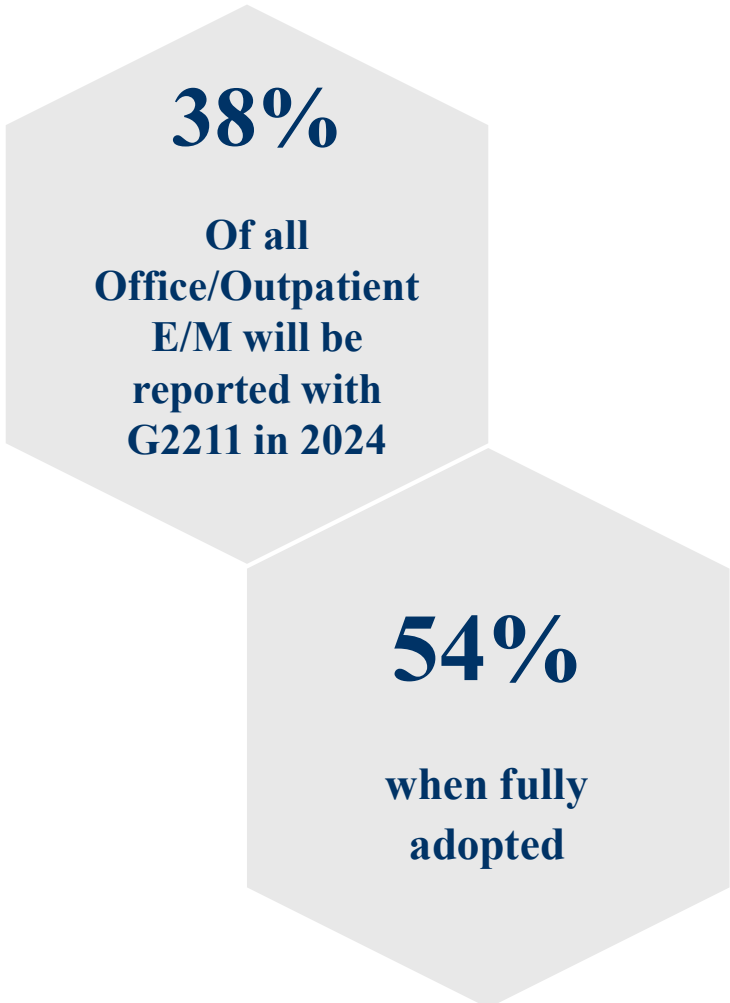
- Treatment goals, plan and frequency of visits for the condition
- Monitoring medication and therapy efficacy

Commentaries - First Coast and Novitas MAC

When HCPCS code G2211 should not be reported

There are visits where the E/M visit complexity add-on code would not be reported, such as when care furnished during the E/M visit is provided by a professional whose relationship with the patient is of a discrete, routine or time-limited nature, such as:

- ◆ A mole removal or referral to a physician for removal of a mole.
- ◆ Treatment of a simple virus
- ◆ Counseling related to seasonal allergies
- ◆ Initial onset of gastroesophageal reflux disease
- ◆ Treatment for a fracture
- ◆ Where comorbidities are either not present or not addressed
- ◆ When the billing practitioner has not taken responsibility for ongoing medical care for the patient with consistency and continuity over time



Thank you for your time



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◆ REFERENCES

- ◆ CMS Change Request (CR) 13452 dated Nov 22,2023
- ◆ MLN Matters MM 13272
- ◆ CMS Change Request (CR) 13473 dated Jan 18, 2024
- ◆ MLN Matters MM 13473

Questions

info.us@cgm.com

Contact us at this email for the recording, these slides, and a downloadable brief!

**Thank
you!**



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Synchronizing Healthcare.



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