

Getting Paid for Relationships



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Physicians have long expressed frustration at the lack of payment associated with the preparation time required to learn about a patient, develop insight about a patient, and nurture a relationship with the patient, all with an eye to being able to provide the highest quality care. While it may not be sufficient to reimburse for all your time, the new CPT® code for Medicare, G2211, is aimed to acknowledge the effort related to building longitudinal relationships.

The CPT® code description “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 condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established).”

The national payment rate is slightly higher than \$16. While certainly not a significant payment, consider it a boost to your Medicare office visit reimbursement. The Centers for

Medicare & Medicaid Services (CMS) estimates that it will be used with 38% of office visits. If you're already doing the work, it's certainly worth your time to learn more. See the FAQs for more information – and look for additional guidance from CMS in the coming months, as there are many questions that remain unanswered.

G2211 FAQs

Q: What is the implementation date for use of G2211?

A: When medically appropriate, the code may be used with dates of service beginning January 1, 2024

Q: When is it appropriate to use G2211?

A: Physicians may bill this code in conjunction with an office visit when they have an ongoing or long-term relationship with a patient who has a serious or complex medical condition.

Q: Are there exclusions?

A: G2211 cannot be billed with -25 modifier or 99211

Q: Do I bill it alone?

A: G2211 is an add-on code, to be billed in addition to an E/M code

Q: Is this code just for primary care providers?

A: No, it can be billed by any physician based on the relationship with the patient. CMS provides examples, including: “The patient with HIV admits to the infectious disease physician that there have been several missed doses of HIV medication in the last month. The infectious disease physician must weigh their response during the visit—the intonation in their voice, the choice of words—to not only communicate clearly that it is important to not miss doses of HIV medication, but also to create a sense of safety for the patient in sharing information like this in the future.”

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