Kettering Health Medical Group Providers,

The Centers for Medicare and Medicaid (CMS) has made an additional HCPCS code available for our providers to use.
This code (G2211) is available to all physicians and advanced practice providers that evaluate and treat patients.
The HCPCS code is used when a provider provides care for chronic conditions and serves as the focal point for care delivery.

Attached you will find a FAQ sheet to help your determination to use this code.
If you have any further questions that would require clarification, please feel free to contact Dr. Ward Blair for Primary Care or Dr. Anthony Paravati for specialty care.
We would like to thank you for your continued excellent care you provide and your efforts on accurate documentation and coding.

Thanks,

Raymond Poelstra
KPN Chief Medical Officer
MEDICAL STAFF - WOODMAN CENTER

O +1(937)558-3206
F +1(937)522-8237
ketteringhealth.org

USING G2211 ADD ON CODE

New Feature

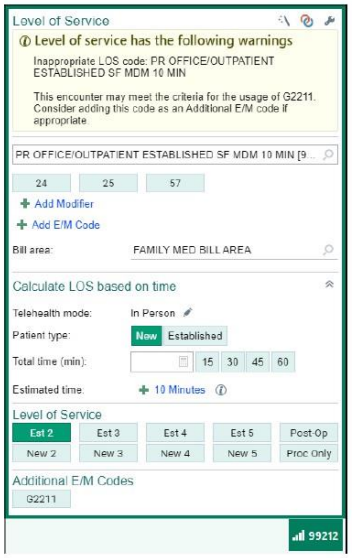
Update Level of Service for the CMS Physician Fee Schedule that Takes Effect January 1, 2024

Beginning on January 1 with the Calendar Year 2024 Physician Fee Schedule, overall payment revenue will reduce by 3.4%. To close this gap, CMS created the visit complexity HCPCS add-on code G2211 to use alongside an Office/Outpatient Evaluation & Management level of service code.

HCPCS add-on code G2211 recognizes the additional complexity and cost inherent in longitudinal outpatient care. According to the Calendar Year 2024 Medicare Physician Fee Schedule Final Rule published by CMS, G2211 "will be applicable for outpatient and office visits as an additional payment, recognizing the inherent costs involved when clinicians are the continuing focal point for all needed services, or are part of ongoing care related to a patient's single, serious condition or a complex condition."

Clinicians see the recommendation if all of the following criteria are met:

- The Level of Service code for the encounter is within the following office/outpatient ranges:
  - 99201-99205 for new patient office/outpatient visits.
  - 99211-99215 for established patient office/outpatient visits.
- The modifier -25 was not added to the Level of Service code for the encounter.
- Additional E/M codes for the encounter do not already include G2211.



Key Changes

KetteringHEALTH

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The above Epic Update will go into effect on February 11, 2024 (CMS rule took effect January 1, 2024).

<u>Key Points for Using G2211:</u>

- This code should only be used when there is a "Longitudinal Relationship" with the patient. In simple terms, Does the practitioner have or intend to have a long term, ongoing relationship to care for the patient's conditions?
- This code can only be used in addition to a medically necessary office/outpatient E/M visit code.
- One of these must be met:
  - Provider is the continuing focal point for all needed services.
  - Provider is part of ongoing care related to a patient's single, serious condition.
  - Provider is part of ongoing care related to a patient's complex condition.
- Any specialty can use this code.
- CMS indicates the use of this code is to manage the additional time/resources between visits to manage care in the long-term. (i.e. phone calls, staff work, refills, referrals, etc.)
- You cannot use this code if submitting and E/M with modifier 25 (note: we have built an edit in Epic to catch this if it is inadvertently done).