Revenue Cycle Management

A UPA Billing Office Newsletter **MAY 2024**

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Tennessee Medicaid Reminder for Billing Clients and Staff

Effective dates of service January 1, 2024 and after, you should no longer register or link Tennessee Medicaid as an insurance coverage for a patient. Patients with Medicaid have been assigned a TennCare MCO (Wellpoint, formerly Amerigroup, BlueCare, United Healthcare Community Plan or TennCare Select).

We continue to see dates of service for 2024 registered with TN Medicaid (Intergy Plan code MED05). Please update patient coverage per encounter with the appropriate TennCare MCO.

Social Determinates of Health (SDoH) Assessments

G0136 is defined as "Administration of a standardized evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months."

This is not a screening tool but an assessment tool – so based on the outcome of the assessment, providers are expected to follow-up. It should not be performed routinely on every patient – and should be applied when a SDoH that may impact a patient's care is identified. i.e. a patient with inadequate housing, extreme poverty, low literacy levels, child in welfare custody, etc.

It is important to note:

- Requires a SDoH ICD-10 code from Z55-Z65 category to represent the SDoH.
- Cannot be billed with 99211 as a qualified healthcare provider (not clinical staff) must perform the assessment.
- Can be billed with an E/M – modifier 25 requirements may apply.
- Modifier 33 should be applied when performed with an AWV to waive patient cost share.

Notation from 2024 CMS Final Rule:
It is an assessment, not a screening. The assessment is performed at a visit after the physician/NPP has seen the patient and decides that it is necessary. And, if problems are found, follow-up is required. From the Final Rule, they do expect that a practitioner who furnishes the risk assessment would "… at a minimum, refer the patient to relevant resources and take into account the results of the assessment in their medical decision making, or diagnosis and treatment plan for the visit." p.358 Final Rule.
CMS also, was clear that this is not a screening, and it requires physician follow-up.

"We reiterate that the SDoH risk assessment code, HCPCS code G0136, when performed in conjunction with an E/M or behavioral health visit is not designed to be a screening, but rather tied to one or more known or suspected SDoH needs that may interfere with the practitioners' diagnosis or treatment of the patient." CMS Final Rule goes on to say, "An SDOH risk assessment without appropriate follow-up for identified needs would serve little purpose and we continue to believe that follow-up or referral is an important aspect of following up on findings from an SDoH risk assessment." p.346 Final Rule.

-RESOURCES-SDoH Assessments: See Page Two

Continued from Page One -RESOURCES- SDoH Assessments

- HCPCS Code G0136 for Assessment Social Determinants of Health (SDoH) (codingintel.com)
- How to Interpret the SDoH Assessment appropriately. - NAMAS
- Social Determinants of Health at CDC | About | CDC
- The AHC Health-Related Social Needs Screening Tool (cms.gov)
- MLN006559 – Medicare Preventive Services (cms.gov)

CPT 99459 for Pelvic Exam & Pap Smear Billing Reminders

In 2024, with the final rule of the Medicare Physician Fee Schedule, CMS allowed for reimbursement of new CPT 99459 for reporting practice expenses for a pelvic exam. This practice expense includes supplies, sterilization expenses, and/or costs for disposable equipment, and up to 4 minutes of clinical staff time for chaperoning a pelvic exam. This CPT is an add-on code which requires a primary E/M be billed in addition to the CPT 99459. Reimbursement for the physician work associated with the pelvic exam would be captured with the required primary E/M visit, therefore the CPT editorial panel agreed with consulting professional societies that this would be for practice expense only, meaning it does not have any physician work RVUs components associated and is valued with only a practice expense RVU of 0.68.

Remember that when performing and billing for a pap smear, only the pathologist interpretating the results of the cytology specimen collected should report the pap smear laboratory codes CPT 88141-88155. Performing a pelvic exam is part of a preventive medicine service or problem-oriented visit. The collection of the pap smear specimen may be reported with HCPCS code Q0091 for a screening pap smear only. While traditional Medicare covers Q0091, most commercial insurance plans will not reimburse separately for this service. CPT 99459 is not a preventative service, therefore patient out of pocket expense for deductible and/or co-pay may apply. United Healthcare Commercial does not cover CPT 99459 with a preventive medicine visit.

Add-on Code G2211 for Primary Care Complexity

G2211- "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."

Currently, G2211 is being reimbursed by traditional Medicare and Medicare Advantage plans. Tenncare plans and most commercial payers are not covering this service. The Medicare allowed amount is $15.52. Patient coinsurance and deductible may apply.

- Report with E/M codes 99202-99215 only.
- Cannot be reported with modifier 25 on the primary E/M
- Cannot be reported in conjunction with office procedure (including injections or vaccine administration)
- Cannot be reported in conjunction with screenings or preventative services (including Annual Wellness Visits AWV)

CMS MLN Article:
(cms.gov) MLN Matters Number: MM13272 Edits to Prevent Payment of G2211 with Office/Outpatient

Additional Resources: CMS will implement G2211 in 2024 - CodingIntel

Resources:

- MLN006559 – Medicare Preventive Services (cms.gov)
- Preventive Care Services – Commercial and Individual Exchange Medical Policy (uhcprovider.com)
- Medicare Physician Fee Schedule | ACOG
- Coding for the Pelvic Examination Practice Expense Code, CPT 99459 - Society for Maternal-Fetal Medicine (smfm.org)
- Coding Corner: Making Sense of the New Add-on Codes: +99459 | Leslie Bradford, MD | Society of Gynecologic Oncology (sgo.org)