

# Latest Updates to G0511 for 2024

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# Disclaimer

- This is our interpretation of these rules.
- Please consult your own experts and legal team.
- Most experts will agree that there are some “gray areas” in which CMS has not provided guidance
- CMS can issue guidance at any time.
- Reimbursement rates are based on a national average and may vary depending on your location.
- Check the Physician Fee Schedule for the latest information:

<https://www.cms.gov/medicare/physician-fee-schedule/search/license-agreement?destination=/medicare/physician-fee-schedule/search%3F>

# *The CMS Final Rule for 2024*

*G0511 Rate for 2024:*

**\$71.68**

# *New FFS Programs for 2024*

# Community Health Integration(CHI) – New for 2024

## What is CHI?

- A new bundled payment designed to address **Social Determinants of Health (SDoH)** for community health patients:
  - Conduct a person-centered assessment to understand patient’s life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors
  - Facilitate patient-driven goal-setting and establishing an action plan
  - Development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes
  - Coordinate care transitions
  - Facilitate access to community-based social services
  - Provide Health education and health system navigation services
- SDoH includes but is not limited to food insecurity, transportation insecurity, housing insecurity, and unreliable access to public utilities which may limit the practitioner’s ability to diagnose or treat the patient’s problems.

# Principal Illness Navigation (PIN) – New for 2024

## What is PIN?

- A new bundled payment designed to manage one serious, high-risk condition under the following activities:
  - Person-centered assessment, performed to better understand the individual context of the serious, high-risk condition
  - Identify or refer patient (and caregiver or family, if applicable) to appropriate supportive services
  - Identify appropriate supporting services such as home care or community-based care coordination
  - Provide health education to contextualize the patient's treatment plan, needs, goals and preferences
  - Build patient self-advocacy skills so the patient can interact with members of their care team
  - Assist the patient with navigating the health system to secure appointments and appropriate services
  - Facilitate behavioral change as necessary
  - Provide support, mentorship, or inspiration to meet treatment goals
- Patients must have:
  - One serious, high-risk condition expected to last at least 3 months and places the patient at significant risk of hospitalization, nursing home placement, acute exacerbation/decompensation, functional decline, or death

# *Changes to General Care Management*



## 2023 Recipe

### Ingredients:

- 99490
- 99439
- 99487
- 99491
- 99437
- 99424
- 99425
- 99426
- 99427
- 99484
- G3002
- G3003



**Limit: One Serving per person**

## 2024 Recipe

### Ingredients:

- 99490
- 99439
- 99487
- 99491
- 99437
- 99424
- 99425
- 99426
- 99427
- 99484
- G3002
- G3003
- 99453
- 99454
- 99457
- 99091
- G0203
- G0204
- G0019
- G0022



All you Can Eat – Multiple servings per person

# Great News for RHCs and FQHCs

## Multiple instances of G0511

- G0511 can be billed multiple times in the same month for different care management services if the resource costs associated with each of the services are separately accounted for.
- The Final Rule does not appear to establish a maximum number of times the code may be billed in a given month.

## Ability to do new programs like RPM if the code is included

- For each “minute-based” code successfully completed, an instance of G0511 can be billed
  - Example: 20 Minutes of CCM + 20 Minutes of RPM = Bill for 2 instances of G0511
- Billing for 16 readings/month is still a “gray area”
- While CHI, PIN and RTM are “in the pot,” the requirements and limitations are not good enough yet.

# What about additional minutes?

## CMS designed G0511 to be “GENERAL” Care Management

2024 Chronic Care Management (CCM)		
Program	Code	Average Reimbursement
20 minutes per month	99490	\$61.57
20 additional minutes per month (limit 2)	99439	\$47.16
60 minutes per month, complex	99487	\$131.97
30 additional minutes per month, complex (no limit)	99489	\$71.06

## General Rule:

- Bill one instance of G0511 for each completed program in the list
- Be mindful that some programs have tighter requirements (ex: 30 mins, 60 mins)
- Billing the higher-level codes is not recommended
- In February 2024, CMS issued an informational publication that added some clarity.

# CMS Published an information booklet in February

This document addressed extra minute codes (Page 9/10)



General Care Management Services	HCPCS/CPT Codes
CCM	99487, 99490, 99491
PCM	99424, 99426
CPM	G3002
General BHI	99484
General Care Management Services	HCPCS/CPT Codes
RPM	99453, 99454, 99457, 99091
RTM	98975, 98976, 98977, 98980
CHI	G0019
PIN	G0023
PIN-PS	G0140



**Note:** The table doesn't include add-on code pairs or codes that describe additional minutes. These codes were only used to calculate the weighted average payment rate for HCPCS code G0511.