

February 16, 2024

Dear [Payer Contact]:

The Centers for Medicare & Medicaid Services (CMS) recently finalized new Healthcare Common Procedure Coding System (HCPCS) codes for implementation and payment in the 2024 Medicare Physician Fee Schedule (MPFS) final rule. The American Academy of Family Physicians and the American Academy of Pediatrics [recommended](#) and [supported](#) these codes to more appropriately pay family physicians and pediatricians as they provide comprehensive, longitudinal care and work to address patients' health-related needs. The Texas Academy of Family Physicians and the Texas Pediatric Society regularly communicate with our members regarding important changes to payment policies. As such, we are writing this letter to understand [payer's] payment policies for your commercial (fully insured and self-funded), Medicare Advantage, and Medicaid plans for each of these codes. We urge [payer] to provide payment for these codes in all lines of business. Below we highlight the new codes and our rationale for support.

#### **G2211 Add-on Code for Visit Complexity**

- [Evidence](#) demonstrates that continuous primary care is more complex, comprehensive, and impactful. G2211 is needed to better account for the unique costs of providing this important longitudinal care relationship.
- Implementation and payment of G2211 aligns with the importance of increasing investment in primary care to improve health outcomes and reduce costs by reducing hospitalizations, improving chronic disease management, and enhancing patient satisfaction.
- G2211 recognizes the additional complexity inherent in the delivery of continuous, comprehensive, [coordinated](#) primary care, which includes managing multiple conditions, considering diverse social factors, and coordinating care pathways over time.
- Primary care is comprehensive, continuous, and coordinated team-based care that is not adequately described by the revised office/outpatient E/M visit code set and includes resources not reflected in the current relative values assigned to that code set. TAFP believes these points are consistent with observations CMS itself made when it originally finalized G2211 in the 2021 MPFS [final rule](#).
- Payment for G2211 more appropriately values family medicine and pediatrics and will help stabilize the primary care workforce, especially community-based primary care practices patients rely on for their care. In turn, this will help prevent practice closures and consolidation, which can negatively impact patient access, care quality, and affordability.

#### **G0019 and G0022 Community Health Integration (CHI) Services**

- CHI services enable physicians to better address a patient's identified social needs within a community context and in coordination with a patient's usual source of primary care.
- There is growing evidence that community health workers are uniquely equipped to build relationships with underserved patients by helping them address health-related social needs and navigate the health care system more effectively which leads to better outcomes for individuals as well as reductions in the use of emergency department visits and inpatient hospital admissions.

**G0023 and G0024 Principal Illness Navigation (PIN) Services**

- PIN services provide patient education, support, and reminders, which can improve medication adherence and overall engagement with treatment plans. This can lead to better disease control and lower complication rates, which saves money while improving outcomes.
- Effective navigation can help patients access appropriate healthcare services and resources, potentially reducing unnecessary emergency room visits and hospital admissions.
- Navigators can bridge the communication gap between patients and physicians, facilitating clear understanding of treatment plans and addressing patient concerns.

**G0136 Administration of a standardized, evidence-based social determinants of health (SDOH) risk assessment tool**

- SDOH assessments can identify patients at risk for complications or poor adherence due to factors like food insecurity, transportation issues, or housing instability. Addressing these factors early can prevent worse health outcomes down the line, leading to decreased medical costs for insurers.
- Integrating SDOH assessments into routine care allows for a more comprehensive understanding of the patient's situation and tailoring treatment plans accordingly. This can lead to better disease management and higher treatment success rates.
- While there is value to assessing SDOH risk, there is also practice expense associated with doing so, expense that G0136 is intended to address.

In addition, we would like to know if physicians participating in value-based contracts (e.g., partial or full risk agreements) in your networks will be able to bill for these codes. If [payer] has determined to pay for these codes only in certain business lines or has decided not to pay for these codes at all, please provide context for this approach, so we may gain insight into your decision-making process.

For additional information or to schedule a follow-up call, please contact Tom Banning, CEO and Executive Director of the Texas Academy of Family Physicians at [tbanning@tafp.org](mailto:tbanning@tafp.org), and Clayton Travis, Director of Advocacy and Health Policy at the Texas Pediatric Society at [clayton.travis@txpeds.org](mailto:clayton.travis@txpeds.org).

Sincerely,



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