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# 2024 Coding Update for Oncology



- Reimbursement 2024
- New Code for the Office
  - Visit Complexity
  - SDOH
- 2024 OIG Targets
  - Same Day Visit/Treatment
  - Incident-to
  - Cloning
- Split/Shared Visits
- Telemedicine

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# 2024 Reimbursement

- CMS Conversion Factor: ↓ 3.3%
- Expected Annual Reimbursement:
  - Oncology: 2% ↑

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# New Office Codes for 2024

- **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 (\$16.48)**
  - Add-on code. Must be billed with E/M office visit
  - Examples are listed in final rule (oncology qualifies)
  - Cannot be billed when E/M is billed with –25 modifier
  - Approved for Telemedicine services, including audio-only services

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# New Office Codes for 2024

- **G2211:** *“We clarify that it is the relationship between the patient and the practitioner that is the determining factor of when the add-on code should be billed. First, the “continuing focal point for all needed health care services” describes a relationship between the patient and the practitioner, when the practitioner is the continuing focal point for all health care services that the patient needs. For example, a patient has a primary care practitioner that is the continuing focal point for all health care services, and the patient sees this practitioner to be evaluated for sinus congestion. The inherent complexity that this code (G2211) captures is not in the clinical condition itself— sinus congestion —but rather the cognitive load of the continued responsibility of being the focal point for all needed services for this patient.”*

# New Office Codes for 2024

- **Social Determinants of Health (SDOH) Risk Assessment:**
  - **G0136: Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes (\$18.74)**
  - **Every 6 months**
  - **Provider must have evidence (observation or patient initiation) of SDOH (Document!). NOT A SCREENING SERVICE**
    - **Add diagnosis code Z55-Z65**
  - **Questionnaire**
    - <https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf>
    - <https://www.nachc.org/resource/prapare>
    - **Telehealth allowed (including audio-only)**
  - **Patient co-pay when furnished with E&M office visit**
  - **No co-pay when furnished with Medicare AWV**

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# 2024 OIG Targets

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# Same Day Visit/Treatment: -25 Modifier



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# -25 Modifier

- **Two Ways to bill**

1. Using different diagnosis codes for visit vs treatment
2. Using same diagnosis codes for visit & treatment
  - **Must assess status of disease from current/recent diagnostic data not previously used (i.e., bloodwork, radiology tests, etc.) or physical exam**

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## “Incident to”

- Billing under physician who is present in the office suite (*direct supervision*) for a service performed by PA/NP.
- Cannot bill visit under physician if problem is new (*physician has not established plan of care*)
- Cannot bill under physician if an established plan is changed

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# 2024 Split/Shared Visits

- 2023 rules will continue for next year
  - Combined time of both providers
  - Substantive portion (MDM) by billing provider
  - Physician SHOULD see patient to bill split/shared visit (most hospital policies)
  - FS modifier still required

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# 2024 Telehealth

- Telehealth to continue as is
  - Audio/Visual: 99202-99205, 99212-99215
  - Audio-only visits: 99441-99443
    - Reimbursement still equal to 99212-99214 respectively
  - Place of service (should be documented)
  - Physicians will **not** be required to list home as a business location when conducting telemedicine services

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