

August 1, 2024

Anne Docimo, MD
Chief Medical Officer
UnitedHealthcare
9900 Bren Road East
Minnetonka, MN 55343

Dear Dr. Docimo:

On behalf of the undersigned organizations and the thousands of clinicians and health professionals we represent, we are writing regarding UnitedHealthcare's recent decision to discontinue commercial plan reimbursement for the new complex care add-on code, G2211 effective September 1, 2024.

The Healthcare Common Procedure Code (HCPCS) G2211 was implemented by the Centers for Medicare and Medicaid Services (CMS) for outpatient office visits effective January 1, 2024. It is defined as, "Visit complexity inherent to evaluation and management (E/M) 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." This add-on code is identified for those delivering care to patients with chronic diseases, including clinicians from the undersigned specialties, who meet the coding criteria.

Implementation of the G2211 code is a critical step toward ensuring that clinicians are recognized for managing complex and chronic diseases. Addressing these complex diseases requires specialty training and work – including extensive review of prior medical records, careful history and physical examination of the patient, consideration of comorbid conditions, education of patients and shared decision making, often with complex and powerful medications, and communication and coordination with referring clinicians and other specialists.

CMS provided further context for the necessity of this code in the CY 2024 CMS Physician Fee Schedule Final Rule where it is stated, "CMS believes that the visit complexity add-on code reflects the time, intensity, and practice expense resources involved when practitioners furnish the kind of E/M office visit services that enable them to build longitudinal relationships with all patients (that is, not only those patients who have a chronic condition or single high-risk disease) and to address the majority of a patient's health care needs with consistency and continuity over longer periods of time." CMS clearly asserts that services associated with G2211 are in addition to the outpatient E/M visit, not bundled into the level of the visit, and should be reimbursed accordingly.

Our organizations recognized and praised UnitedHealthcare's early leadership on appropriate reimbursement for G2211 for commercial plans. We are most disappointed by the decision to discontinue reimbursement for this code – effectively devaluing and undermining the care our members provide to UHC patients with chronic and complex conditions.

We appreciate your review and consideration of these concerns and urge UnitedHealthcare to continue with appropriate coverage and reimbursement of G2211 for commercial plans. We would also welcome the opportunity to meet with you to further discuss this issue. Please contact Meredith Strozier, ACR Director of Practice Advocacy, at mstrozier@rheumatology.org or (404)633-3777 with any questions or to arrange a conference call.

Sincerely,

American Academy of Neurology
American Association of Nurse Practitioners
American Academy of Physician Associates
American College of Rheumatology
American College of Physicians
American Gastroenterological Association
American Society of Addiction Medicine
Coalition of State Rheumatology Organizations