Meeting with NGS

O7.24.2025 (1230 -1)

Attendees:

On behalf of NYSIPP as well as NY Spine and Wellness Center:
Robert L .Tiso, MD President , NYSIPP / New York Spine and Wellness Center, Syracuse
Hemant Kalia, MD MPH FIPP Chair, NY Advocacy and Policy Consortium/Secretary, NYSIPP/ Councilor, 7th District, MSSNY /President, MCMS (Monroe County Medical Society)
Ken Chapman, MD Past President, NYSIPP/ Northwell Health, Staten Island
Erin Germinio Billing Manager**,** New York Spine and Wellness Center, Syracuse

On behalf of NGS:
Marc Duerden, MD Medical Director NGS/ Indiana Medical Examinations
Olatokunbo Awodele, MD MPH Contractor Medical Director/ NGS an Elevance Health Company
Janet Lawrence, MD NGS
Alicia Barling NGS
Paulette D'Elia; Medical Policy Consultant / NGS
Elisah Tibatemwa Medical Policy Consultant / NGS

Agenda

1. **PNS coding status updates**? Dr Duerden has no updates, looks like the field is trying to evolve. Speaking as an individual (not a contractor or for CMS) , he thinks they are going to wait and see how the field determines the assessment. Dr Tiso mentioned that the way everybody is viewing this- based on the CPT language; (he acknowledged that NGS doesn't discuss companies but there are a few companies out there) from their standpoint any 2-component system or any component with IPG is being billed as non- integrated. The one component system is being considered as an integrated system. Dr Tiso asked if he had an opinion on this at this point? Dr Duerden said he did not. Dr Duerden asked the question, in your opinion is Reactive and Nalu and the other systems considered integrated? Dr Tiso explained, the thinking now is that the Nalu and the Curonix systems are non-integrated because they are 2 component system. Bioventus is one component system. Dr Tiso asked if there is a plan for NGS to come up with an LCD? Dr Duerden said that instead of a unilateral LCD, there is discussion of doing a multi-jurisdictional LCD down the road, no immediate plans.

2. Evaluation/Management billing

   - **What is considered Minor surgery?** Per Dr Duerden, CMS says Global period is zero to 10 days per CMS. Dr Tiso confirmed SCS trial is considered minor surgery.

   - **What is considered prescription drug management?** Dr Tiso asked: **If we are writing medications in the office, does that count as 99214 in terms of complications and risk for pain management?** Dr Duerden said he would do more research as to where the line is drawn. He said you are probably safer to go with the 99213-moderate complexity, it is a shorter visit time. He thinks those are better metrics to be using as opposed to prescription

drug management as the defining metric between 213 and 214. 214 is a moderate to high complexity that is a longer visit. That was Dr Duerden' s recommendation.

- **Getting clearance from cardiologist to temporarily stop blood thinner we are not prescribing, does this count as prescription drug management?** Dr Duerden said no, because as the billing provider you are not managing the prescription.
- Dr Awodele noted that there is an updated version (2023) of the AMA E/M office MDM

3. **G2211- Dr Tiso asked for utilization clarification.**
   - Dr Duerden mention there is a CR 13473 and a revised instruction code MLN13473 with release date 4.29.2024. Dr Tiso mentioned the practice is using this code a lot and are nervous, should he be nervous? Dr Duerden said you shouldn't be nervous, rather he said to be aware; review the updated MLN13473. He explained, it is for ongoing care for a serious condition or complex condition, examples in the MLN. You are attesting to that G2211 is more complex than the E/M you are billing. CMS has given instructions that there is no specific medical record documentation defined for this code to providers or contractors, they have only given examples.
   - Dr Tiso advised as pain management providers we are in a unique position, receiving referrals from surgeons (who are not going to operate), PCPs (pts who have neck and back issues) they do not want to see these pts. This results in the practice seeing the pts chronically, over and over again. Most of our patients qualify for this code. Dr Duerden recommends we go to the academies and have them start asking for clarification on the code G2211 – since all there is to reference is CR13473 and that is all I have right now. He said we are probably going to take care of these pts for the rest of their life. Dr Tiso agreed, we see them over and over again, they qualify for the code.
   - Dr Awodele: what this code would do is if you would bill a 99213, and then you would attach the G code to it. You can't maximize, in terms of E/Ms, and then add the G-code. This is trying to keep you to a level of E/M which might be lower and add the G code as opposed to saying you did a 99214.
   - Dr Awodele: If time is what you have used to determine the E/M code, you cannot use the G code in addition when billing.
   - Dr Tiso asked how G2211 code can be used on a new pt? Dr Awodele: If seeing a new pt and it meets 99202 and then you wrote a RX , it doesn't meet the 99203 level , so you bill 99202 and add the G-code.