



Group Medical Visit 2021 Billing Guidelines:

We have been getting a lot of questions at ICGMV about billing given the new guidelines that went into effect on January 1, 2021. THE BILLING OF GROUP MEDICAL VISITS WAS NOT SPECIFICALLY ADRESSED IN THESE CHANGES. The best advice is to continue to bill for the individual visit provided in a group setting. We believe the changes in billing code and documentation are favorable for continuing this practice with group medical visits!

The following recommendations are based on historical group visit experience, good practice protocols, and reasonable intent to follow the guidelines for the 2021 changes. PLEASE CHECK WITH YOUR BILLING DEPARTMENT AND INSURANCE PROVIDERS WHEN IN DOUBT.

There are 2 ways to bill!

1. Level of medical decision making – Document patient visit decision making complexity
 - a. Level 3 (i.e. for management of 1 chronic illness)
 - b. Level 4 (i.e. for management of 2 chronic illness)
2. Amount of time: Document time spent reviewing data, face to face with patient, ordering labs
 - a. Level 2 for management exceeding 15 - 29 minutes.
 - b. Level 3 for management exceeding 30 - 44 minutes.
 - c. Level 4 for management exceeding 45 - 59 minutes.

We believe both options are reasonable for group medical visits with some Caveats:

1. These programs must be medical visits!
 - a. They cannot be classes or purely education programs.
 - b. They require interaction of participants with provider and medical management.
2. Billing does not require individual time with billing provider.
 - a. We still recommend individual visits in a separate room or space apart from the group.
 - b. A provider must spend individual time with a participant to bill, but this may happen in front of the group.
3. Billing must be reasonable:
 - a. You must consider the overall context of the illness and care over the year.
 - i. If you have a series of visits you may want to make sure not to exceed 12-16 visits per year per diagnosis.
 - ii. If you have an ongoing group visit format you should only bill every 4-6 weeks to be consistent with standard of care billing practices.
 - b. Visits must include medical management.
4. If Billing by time it may be more difficult.
 - a. All work needs to all be performed by the billing provider on the same day.
 - b. We think it is reasonable to divide actual face to face time during the GMV.
 - c. Example: for 40-minute group of 4 people, with 5-minute individual visit, and 5 minutes of pre-visit planning, and 5 minutes of post visit lab ordering and evaluation
 - i. 10 minutes shared group time, 5-minute individual visit, 5-minute pre- visit, 5-minute post visit = 25 minutes billing (level 2)