

November 20, 2019

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma,

The American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students nationwide and the American College of Physicians, which represents 159,000 internal medicine physicians (internists), related subspecialists, and medical students, write to ask that the Centers for Medicare & Medicaid Services (CMS) revise the descriptor for code G0444 to read “Annual depression screening, up to 15 minutes” and the descriptor for code G0442 to read “Annual alcohol misuse screening, up to 15 minutes.” We also ask CMS to clarify to its staff, MACs, and audit contractors that the 15 minutes specified in codes G0444 and G0442 is not a threshold or minimum time to report the code but rather the maximum time for a service that would qualify as screening as opposed to a diagnostic and/or management service.

CMS implemented code G0444 (Annual depression screening, 15 minutes) in 2012 because of a national coverage determination (NCD) to cover such screenings for adults. Recently, we’ve become aware that some Medicare administrative contractors (MACs) consider the 15 minutes referenced in the descriptor of code G0444 to be a threshold, meaning the physician providing the service must provide a full 15 minutes of depression screening to report the service. Email correspondence with CMS staff at the regional and national level indicate they share this interpretation. As discussed below, we believe this interpretation is incorrect and the descriptor and interpretation of code G0444 should be revised accordingly.

As we read the NCD in question, we understand that “up to 15 minutes” is indicative of the brief screening described and that beyond 15 minutes would imply management of depression has been provided in lieu of screening alone. Further, we note section 190.A of chapter 18 of the Medicare Claims Processing Manual states, “Effective October 14, 2011, the Centers for Medicare & Medicaid Services (CMS) will cover annual screening up to 15 minutes for Medicare beneficiaries in primary care settings that have staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up.” (Emphasis added)

When CMS valued code G0444 in the final rule on the 2013 Medicare physician fee schedule, it stated:

HCPCS code G0444 (Annual Depression Screening, 15 minutes) was created for the reporting and payment of screening for depression in adults. As we explained in the proposed rule, we believe that the screening service described by HCPCS code G0444 requires similar physician work as CPT code 99211. Accordingly, we proposed a work RVU of 0.18 for HCPCS code G0444 for CY 2013, the same work RVU as CPT code 99211. For physician time, we proposed 15 minutes, which is the amount of time specified in the HCPCS code descriptor for G0444. For malpractice expense, we proposed a malpractice expense crosswalk to CPT code 99211. The proposed direct PE inputs were reflected in the CY 2013 proposed PE input database, available on the CMS

Web site under the downloads for the CY 2013 PFS proposed rule at www.cms.gov/PhysicianFeeSched/. We requested public comment on this CY 2013 proposed value for HCPCS code G0444.

Comment: Commenters supported the proposed payment for HCPCS code G0444 although a commenter suggested that in the future CMS should use the AMA RUC to assist us in valuing new codes.

Response: In response to the suggestion that we rely upon AMA RUC input in valuing new codes, we agree with the commenter that the input of the AMA RUC is extremely useful in valuing new codes and in general, we obtain its recommendations in establishing the original values for new codes. However, because this new code was added through an NCD effective as of October 14, 2011, public commenters, including the AMA RUC, were not able to comment for consideration for CY 2012. We note that since this code was valued in 2012 based upon CPT code 99211 and the AMA RUC had provided recommendation on this code previously, the AMA RUC was involved, albeit indirectly, in setting this rate. In addition, there was opportunity for the AMA RUC to provide comment on this code in response to the solicitation for comment on the CY 2013 proposed rule.

After consideration of the public comments we received, we are finalizing the proposed a work RVU of 0.18, and a time of 15 minutes for HCPCS G0444 code."

Although CMS set the time for G0444 at 15 minutes, the crosswalk to code 99211, which has a total physician time of 7 minutes and an intra-service time of only 5 minutes, indicates CMS viewed the 15 minutes assigned to G0444 not as a threshold but as a maximum beyond which the physician is no longer screening and instead providing additional services (e.g. counseling) reported with other codes.

Considering the crosswalk to code 99211, the service as anticipated in the NCD, and the explicit language in the Medicare Claims Processing Manual, we recommend that CMS revise its descriptor for G0444 to read "Annual depression screening, up to 15 minutes." Further, we recommend CMS clarify to its staff, MACs, and audit contractors that the 15 minutes specified in code G0444 is not a threshold or minimum time to report the code but rather an indication that a service of more than 15 minutes exceeds screening and is reported with other codes.

For much the same reasons, we recommend CMS revise its descriptor for G0442 to read "Annual alcohol misuse screening, up to 15 minutes" and clarify to its staff, MACs, and audit contractors that the 15 minutes specified in code G0442 is not a threshold or minimum time to report the code but rather an indication that a service of more than 15 minutes exceeds screening and is reported with other codes (e.g., G0396 or G0397, Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 15 to 30 minutes or greater than 30 minutes, respectively). As with G0444, CMS crosswalked the value of G0442 to code 99211, suggesting similar logic should apply to the understanding of the 15 minutes specified in the descriptor.

Thank you for your time and consideration. If you or a member of your team has any questions about this matter, please contact Mr. Kent Moore, Senior Strategist for Physician Payment at the AAFP at kmoore@aafp.org or 913-906-6398 or Brian Outland, Director, Regulatory Affairs at the ACP at boutland@acponline.org or 202-261-4544.

Sincerely,
American Academy of Family Physicians
American College of Physicians