



September 11, 2023

The Honorable Chiquita Brooks-LaSure, Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
CMS-1784-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**Via online submission at [www.regulations.gov](http://www.regulations.gov)**

**Re: Medicare Program: Calendar Year (CY) 2024 Medicare Physician Fee Schedule Proposed Rule**

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to provide comments on the proposed rules within “Medicare Program; Calendar Year 2024 Medicare Physician Fee Schedule Proposed Rule. The Wisconsin Academy of Ophthalmology (WAO) and our members are extremely concerned about the implementation of Healthcare Common Procedure Coding Systems (HCPCS) add-on code G2211 as set forth in the proposed rule, and we would urge removal of the provision in the final version of the rule.

Our members have expressed our opposition to the implementation of the add-on code G2211 for several years, as it will harm surgeons and, in turn, surgical patients. A summary of WAO’s concerns regarding the matter are outlined below:

- There is no longer a valid justification for G2211 because under the new office or outpatient evaluation and management (E/M) coding structure, physicians, and qualified healthcare professionals (QHPs) have the flexibility to bill a higher-level E/M code to account for increased medical decision-making or total time of the encounter.
- Numerous reportable and resource-based validated codes are available for documenting work and time across various complexity levels and continuing care, making G2211 duplicative of work already represented by existing codes.
- If implemented, this code will inappropriately result in overpayments to those using it while at the same time penalizing all physicians due to a reduction in the Medicare conversion factor that will be required to maintain budget neutrality under the PFS.
- Implementing G2211 is expected to introduce disruptions to the resource-based relative value units (RVUs) of E/M services under the PFS.

From our perspective, G2211 is both duplicative and a significant contributor to the reduced conversion factor that will further stress the Medicare payment system. It will only serve to harm the financial stability of medical practices and work against the long-term interest of patients.

In closing, the WAO would ask you to consider the fallout of implementing this code. Physicians would be negatively impacted and their ability to deliver timely, high-quality care to their patients would be reduced. **Given these serious concerns, we strongly urge CMS not to implement G2211.**

Thank you for considering our recommendations.