

FAQ: G3002 & G3003

Chronic pain care management codes

Effective Jan. 1, 2023, Priority Health will cover the new chronic pain care management codes, G3002 and G3003, for its Medicare, Commercial and Individual / ACA members.

What do these codes cover?

These new codes allow you to bundle the services you provide to help our members with chronic pain manage their pain, billing monthly rather than a' la carte.

G3002

Chronic pain management and treatment, monthly bundle including:

- Diagnosis
- Assessment and monitoring
- Administration of a validated pain rating scale or tool
- Development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes
- Overall treatment management
- Facilitation and coordination of any necessary behavioral health treatment
- Medication management
- Pain and health literacy counseling
- Any necessary chronic pain related crisis care
- Ongoing communication and care coordination between relevant practitioners furnishing care e.g., physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate

Requires initial visit at least 30 minutes in length provided by a physician or other health care professional able bill Priority Health, per calendar month.

When using G3002, 30 minutes must be met or exceeded.

G3003

Each additional 15 minutes of chronic pain management and treatment by a physician or health care professional able bill Priority Health, per calendar month. List separately in addition to code for G3002.

When using G3003, 15 minutes must be met or exceeded.

What provider types / specialties can use them?

We haven't placed any restrictions on the provider types or specialties which can bill these codes. Any provider helping a Priority Health member manage their chronic pain through the services listed above may use these codes.

What product lines are covered?

These codes are billable for Commercial, Individual / ACA and Medicare members, including D-SNP. Medicaid doesn't currently cover these codes.

Can they be billed with other codes?

Yes, these codes can be billed at the same time as other codes including procedure codes, E/M codes and other care management codes.

Can these codes be billed for virtual services?

Yes. Both codes are covered when billed virtually. However, we do recommend conducting the initial monthly sessions (G3002) in person to support the review and/or creation of a chronic pain management plan and the prescribing of any necessary medications.

Is there a limit to the number of times you can use the codes?

G3002 can be billed one time per calendar month. G3003 can be billed as many times per month as medically necessary once G3002 is billed.

Is there member cost share?

Members with an HSA plan may be subject to a deductible based on their plan documents. Additionally, if these codes are billed with an office visit, a copay may apply for members based on their plan documents.

Will these codes be included in the PCP Incentive Program (PIP) care management measure?

No, G3002 and G3003 won't be included in the 2023 PIP program's care management measure. We'll consider them for future program years.