G2211: Visit Complexity Add-On Code

Service	Reimbursement
G2211: Visit complexity inherent to evaluation and management associated with medical care services serving as the continuing focal point for all needed health care services and/or with medical care part of ongoing care related to a patient's single, serious condition or a complex condition.	$16.04

Amount in addition to the reimbursement for the primary E/M service. Figure reflects national amount for the non-facility setting. Actual amounts will vary by location.

Background

The Centers for Medicare and Medicaid Services first proposed this code in the 2020 Final Rule to offset resource costs associated with primary care and other ongoing care of complex patient conditions that CMS felt weren't fully accounted for in the reimbursement of the revised office/outpatient visit codes. The Consolidation Appropriations Act of 2021 bundled the payment for this code until 2024.

G2211 will be separately payable effective January 1st, 2024, without any further action.

Reporting

- ☑ Report only with office and outpatient evaluation and management codes (99202-99215).
- ☑ Report when the billing practitioner has taken responsibility for **ongoing** medical care with consistency and continuity over time either as continuing focal point of all needed healthcare services or as part of care related to a single, serious or complex condition.
- ☒ Do not report when the patient/provider relationship is of a non-continuous, routine, or time-limited nature.
- ☒ Do not report when the –25 modifier is attached to the primary office and outpatient E/M code.
- ☒ G2211 may not be reported to private payers unless their policies allow it.

This resource is based on information provided in CMS' 2024 Physician Fee Schedule Final Rule and will be updated if additional guidance is published.

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