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 <u>and/or</u> 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 estimated national amount for the non-facility setting. Actual amounts will vary by location.

Background

The Centers for Medicare and Medicaid Services (CMS) first proposed HCPCS code G2211 in the 2020 Physician Fee Schedule (PFS) Final Rule to offset resource costs associated with primary care and other ongoing care of complex patient conditions CMS felt were not fully accounted for in the reimbursement of the revised Evaluation and Management (E/M) office and outpatient visit codes. The Consolidation Appropriations Act of 2021 bundled the payment for this code until 2024.

G2211 is separately payable under the PFS effective January 1st, 2024.

Reporting

☑ Report only with office and outpatient E/M codes (99202-99215).

☑ Report when the billing practitioner has taken responsibility for the **ongoing** medical care with consistency and continuity over time either as continuing focal point of all needed healthcare services <u>or</u> 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 (significantly, separately identifiable E/M service by the same physician/QHP on the same day of the procedure or other service) 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 [CMS' MLN Article MM13272](#).