



### **Coding for Visit Complexity for Office/Other Outpatient Services**

This visit complexity add-on code represents the extra resources required to serve as the continuing focal point for all needed healthcare services or provide ongoing medical care for a serious or complex condition. The complexity captured with this code is not related to the clinical condition. Instead, it refers to the complexity of the visit due to the long-term nature of the practitioner-patient relationship.

#### **Code:**

**G2211** - Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition.

#### **Guidelines:**

- This is **not** a stand-alone code. As an add-on code, this must be reported secondary to E/M codes **99202 – 99215**; no modifier is required.
- If a **25** modifier is reported on the E/M code representing a separately identifiable service was provided, **G2211** is not reportable.
- Patient may be new or established.
- Any physician specialty can report this code.
- If the documentation supports the medical necessity of reporting the primary E/M service, additional documentation is **not** required to report **G2211**.

#### **Payment Tips:**

1. Contact your payer for coverage guidelines.
2. Patients will be responsible for cost share related to this code.

#### **Examples:**

1. A young patient, aged four years, arrives with symptoms of an influenza positive acute respiratory infection. You have the option to suggest conservative treatment or antivirals. You must decide on the most appropriate course of action and communicate your recommendations effectively to the parents. This not only determines the patient's health outcomes for this visit but also establishes a trustworthy and long-lasting relationship between you and the patient/parent. Such a bond is essential for ensuring you can continue providing the best healthcare services to the patient.



The complexity captured is not in the clinical condition, the influenza positive acute respiratory infection. However, the challenge comes with the continued responsibility of being

the primary healthcare provider for this patient. It requires significant cognitive effort to use the longitudinal doctor-patient relationship to diagnose and treat the patient. Even for a simple condition like influenza-positive acute respiratory infection, all these factors make the entire interaction inherently complex. Therefore, you may bill **G2211**.

2. During an office visit with you, a pediatric pulmonary physician, a patient with moderate persistent asthma informs you that they have missed several doses of inhaled maintenance medication in the past month. The patient trusts you as their ongoing care provider and feels comfortable sharing this information. You reassure them that it's crucial not to miss doses of medication and make them feel safe and comfortable about sharing such information with you in the future.

Without this ongoing relationship with the patient, the patient may not have shared this information, and you may have decided to change their asthma maintenance medication to another with greater side effects, even if there was no issue with the original medication. As an ongoing care provider for a single, severe condition such as persistent asthma, you have to weigh these types of factors, making the E/M visit more complex. In this example, you may bill **G2211**.

## FAQ's

1. Can members of the same group practice that see my patient report G2211?
  - a. Physicians or QHPs of the same group practice seeing the same patient can report **G2211**.
2. What modifiers on the E/M will make G2211 non reportable?
  - a. Per CMS guidelines, **modifier 25** is the only modifier that will prevent payment.
3. Is there a frequency limit?
  - a. Once per day, CMS has not indicated any other frequency limits.
4. Can this apply to every visit?
  - a. This would apply to every sick visit for patients for whom you are responsible for their primary healthcare needs or provide ongoing care for a serious complex condition.



5. Do Medicaid and Commercial payers cover this code?
  - a. While HCPCS codes are developed and maintained by Medicare, they are reportable and paid for by some state's Medicaid and commercial plans. Contact your payers for policies regarding payment.
6. Will patient responsibility be applied to this code?
  - a. While Medicare does indicate cost share will apply to the patient, not all payers have adopted this policy. contact your payers for policies regarding payment.
7. Can this be applied to a visit for preventive care?
  - a. No, Per CPT guidelines, to report an illness-related and preventive code on the same service date, **modifier 25** must be appended to codes **99202 – 99215**, making **G2211** a non-reportable code per CMS.
8. Is this reportable at a sick visit when vaccines are administered?
  - a. No, Per CPT guidelines, to report an illness-related and vaccine/immunization administration code on the same service date, modifier 25 must be appended to codes 99202 – 99215, making G2211 a non-reportable code per CMS.
9. Is this reportable if screenings are done at an illness-related visit?
  - a. Yes, according to CPT guidelines, screening codes **96110** developmental screening, **96160** patient-focused risk assessment, **96161** caregiver-focused risk assessment, and **96127** emotional/behavioral assessment do not require a **25 modifier** on **99202 – 99215** when reported together. Per CMS guidelines, this would make **G2211** reportable.
10. What RVU value is attached to **G2211**?
  - a. The national RVU value for **G2211** is 0.49. In 2024, this equates to \$16.04 on the Medicare fee schedule. Payment from other payers may vary and could depend on your contract with the payer.
11. What are the documentation requirements for **G2211**?
  - a. CMS has indicated that medical necessity and a chief complaint must be documented. This, however, is a requirement for all office visits. No additional documentation is required.

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## Resources:

- [Medicare Learning Network - How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211](#)
- [CR13473: Guidance for the Implementation of the Office and Outpatient Evaluation and Management Visit Complexity Add-on Code G2211 \(Released January 18, 2024\)](#)
- [AAPC Knowledge Center Article on G2211](#)

For additional information, see other available [AAP Coding Resources](#)