



American Academy of Ophthalmic Executives®

Fact Sheet: Coding for G2211 Visit Complexity Add on Code

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- + **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.

Add-on code, list separately in addition to the office/outpatient evaluation and management (E/M) visit, new or established

- RVU: 0.49
- 2024 National Allowable: \$16.60
- Example: 99213, G2211

The complexity code is utilized to identify the inherent costs involved when clinicians are the **continuing focal point for all needed services, or ongoing care** related to a patient's single, serious condition or a complex condition.

The Centers for Medicare & Medicaid Services (CMS) states reporting is not restricted based on specialty, but certain specialties will likely furnish these types of visits more often than others.

CMS provides this example for specialty care:

- HCPCS code G2211 could recognize the resources inherent in engaging the patient in a continuous and active collaborative plan of care related to an identified health condition the management of which requires the direction of a clinician with specialized clinical knowledge, skill, and experience. Such collaborative care includes patient education, expectations and responsibilities, shared decision-making around therapeutic goals, and shared commitments to achieve those goals.

Coding clues

- Medicare pays separately starting January 1, 2024. Coverage is at the Medicare contractor's discretion. Verify each unique Medicare Administrative Contractor (MAC) policy.
- HCPCS code G2211 was created strictly for use in the Medicare program.
- Add on to outpatient and office visit E/M codes.
- HCPCS code G2211 should not be reported as a standalone code.
- The visit complexity add-on code, HCPCS code G2211, does not equate to prolonged services. When determining E/M based on total physician time on the date of the encounter, report the E/M level 5 code with prolonged services if appropriate, and G2212.
- Do not report with Eye visit codes, CPT codes 92002, 92012, 92004, 92014.
- Medicare does not restrict the use of G2211 by specialty. For primary care or longitudinal specialty care use, and not limited by specialty.
- The relationship between the patient and the practitioner is the determining factor of when the add-on code should be billed.
- The collaborative care plan must be documented in the patient medical record.
- HCPCS code G2211 cannot be billed with an office or outpatient E/M visit that is focused on a procedure or other service instead of being focused on longitudinal care for either all needed healthcare services or a single serious or complex condition.
 - It is not payable when the office or outpatient E/M visit is reported with modifier -25.
 - CMS does not expect to see it billed with services appended with modifier -24 and -53.

- CMS believes that there are many new or established patient visits where the office or outpatient E/M visit **complexity add-on code would not be appropriately reported**, such as when the care furnished during the office or outpatient E/M visit is provided by a professional whose relationship with the patient is of a discrete, routine, or time-limited nature; such as, but not limited to:
 - a mole removal or referral to a physician for removal of a mole;
 - treatment of a simple viral infection;
 - counseling related to seasonal allergies, initial onset gastroesophageal reflux disease;
 - treatment for a fracture;
 - where comorbidities are either not present or not addressed during that encounter, and/or when the billing practitioner has not taken responsibility for ongoing medical care for that particular patient with consistency and continuity over time, or does not plan to take responsibility for subsequent, ongoing medical care for that patient with consistency and continuity over time.
- In ophthalmic practice situations that would not be billable may include viral conjunctivitis, subconjunctival hemorrhage, eyelid lesion removal, surgery that resolves a condition (e.g., cataract), ocular trauma or other conditions that are time-limited in nature.

Specialty Care Documentation

Chart documentation should include the single, serious or complex diagnosis assessed during the encounter and the management as a part of their ongoing care due to the physician-patient relationship.

Ophthalmic Case Study

An established patient presents to their ophthalmologist for a glaucoma evaluation. When asked about glaucoma medication compliance, the patient tells the ophthalmologist they have been missing many doses over the last few months. The patient feels comfortable discussing this and what can be done to improve it because the ophthalmologist is part of their ongoing glaucoma care and has earned their trust over time. The ophthalmologist discusses the importance of medication compliance and the impact on the patient's outcome and disease. Because of the ongoing relationship with the patient this discussion prompted a closer follow-up and change in medication regimen. The physician asked their scribe to provide a printed summary of the prescribed drops and frequency for use. The **physician-patient relationship** contributes to the ongoing care for this single, serious and complex condition, such as glaucoma, and in weighing these types of factors. As a result, the E/M is considered more complex and G2211 may be reported with the E/M office visit code.

Sources

Centers for Medicare & Medicaid Services. MLN Matters: MM13473: How to Use the Office and Outpatient Evaluation and Management Visit Complexity Add-on Code G2211, Release date: January 18, 2024; <https://www.cms.gov/files/document/mm13473-how-use-office-and-outpatient-evaluation-and-management-visit-complexity-add-code-g2211.pdf>

Centers for Medicare & Medicaid Services. Fact Sheet - Physician Fee Schedule (PFS) Payment for Office/Outpatient Evaluation and Management (E/M) Visits, Issued January 11, 2021; <https://www.cms.gov/files/document/physician-fee-schedule-pfs-payment-officeoutpatient-evaluation-and-management-em-visits-fact-sheet.pdf>

Centers for Medicare & Medicaid Services, MLN Matters: MM13272: Edits to Prevent Payment of G2211 with Office/Outpatient Evaluation and Management Visit and Modifier 25, Related CR Release Date: November 21, 2023; <https://www.cms.gov/files/document/mm13272-edits-prevent-payment-g2211-office/outpatient-evaluation-and-management-visit-and-modifier.pdf>