

## **How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211 from CMS <sup>i</sup>**

The Centers for Medicare and Medicaid Services (CMS) is implementing a separate add-on payment for healthcare common procedure coding system (HCPCS) code G2211. CMS maintains that this add-on code will better recognize the resource costs associated with evaluation and management visits for primary care and longitudinal care of complex patients. The code is available for all specialties to use and is very relevant to nephrology practices.

### **Who Can Use the Code**

- Physicians
- Hospitals
- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

All medical professionals who can bill office and outpatient (O/O) evaluation and management (E/M) visits (CPT codes 99202-99205, 99211-99215), regardless of specialty, may use the code with office and outpatient E/M visits of any level. CMS does not restrict G2211 to medical professionals based on specialties.

CMS makes the G2211 code separately payable as an additional payment to the payment of office and outpatient E/M visit primary service codes to better account for the additional resources of visits associated with:

- Serving as the continuing focal point for all of a patient's health care service needs
- Ongoing medical care related to a patient's single, serious condition, or complex condition

G2211 captures the inherent complexity of the visit that's derived from the longitudinal nature of the practitioner - patient relationship and can be used when giving ongoing care for a single, serious condition or a complex condition, like CKD.

### **Nephrologists should remember:**

- Do not bill G2211 on dialysis MCP patients
- Do not bill where a modifier -25 is attached indicating another separately identifiable service
- Can be used for patients in the Kidney Care Choices (KCC) voluntary model

### **The Code's Design**

G2211 is designed to recognize the inherent costs clinicians may incur, primarily in the outpatient setting, when longitudinally treating a patient’s single, serious, or complex chronic condition. ASN welcomes CMS appreciation of longitudinal care of complex patients—a description that applies to most nephrology patients.

In a recent article titled “Comparison of the Complexity of Patients Seen by Different Medical Subspecialists in a Universal Health Care System,” Tonelli and colleagues concluded that patients seen by nephrologists, infectious disease specialists, and neurologists were consistently more complex than those seen by other clinicians. They wrote:

*“Patients seen by nephrologists had the highest mean number of comorbidities, highest mean number of prescribed medications, highest rate of death, and highest rate of placement in a long-term care facility.”<sup>ii</sup>*

ASN has long advocated for recognition of the responsibility placed on physicians who routinely care for complex patients. ASN notes that CMS originally finalized this policy in the CY 2021 Medicare Physician Fee Schedule final rule. However, Congress suspended the use of the add-on code by prohibiting CMS from making additional payment under the PFS for these inherently complex E/M visits before January 1, 2024.

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<sup>i</sup> <https://www.cms.gov/files/document/mm13473-how-use-office-and-outpatient-evaluation-and-management-visit-complexity-add-code-g2211.pdf>

<sup>ii</sup> JAMA Network Open. 2018;1(7):e184852. doi:10.1001/jamanetworkopen.2018.4852