Understanding Medicare Add on Code G2211: A Comprehensive Guide

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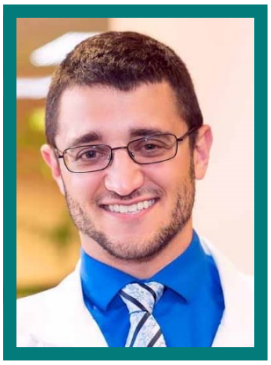

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Being a primary care physician is hard. Unlike some of our specialist colleagues, we can't focus on a single organ system each visit. However, until recently, insurance reimbursement did not acknowledge the increased effort involved in providing comprehensive care. Enter G2211, a game-changer in Medicare billing that compensates for the increased time and complexity inherent in primary care. The G2211 add-on CPT code was initially developed in 2020 and slated for implementation in 2021. However, due to budgetary considerations, the Consolidated Appropriations Act of 2021 postponed its activation until January 1st, 2024. Now, after a long wait, this code is finally in effect.

Who Can Use G2211? According to CMS, "The most important factor in determining if the G2211 add on code can be billed is the relationship between the patient and the provider" [1]. This add on code is available when the provider is acting as the "focal point for all ongoing healthcare." Essentially, the CPT code can be used when a primary care provider is seeing a patient from within their own patient panel. If a family physician sees a patient in an urgent care setting, or is cross-covering a patient from their partners panel, the add on code should not be used. PAs, NPs and residents can use the code if they are acting as the patient's primary.

While predominantly meant for primary care providers, the code is not restricted by specialty. There are two separate criteria for using G2211. It can be used by primaries or by specialists that have "ongoing care related to a patient's single, serious or complex condition." CMS gives the example of an infectious disease specialist using the code during the care of a patient with HIV. This requirement for a complex diagnosis does not apply when primary care providers use the code.

When to Utilize G2211 G2211 serves as an add-on code to outpatient Evaluation and Management (E/M) CPT codes 99202-99215. This list of E/M services includes new patient visits, as well as a range of established patient visits, including follow-ups, acute visits, and preoperative evaluations. However, the add on code cannot be appended to annual wellness visits, physicals, consults, or transitions of care visits. Notably, G2211 is applicable for both in-person and telemedicine services.

There is no limitation on how frequently G2211 can be used. It may be used for every visit a patient has with their primary, assuming all other criteria are met. When the add on code was initially introduced in 2021, CMS reported an expectation that primary care physicians would add on the G2211 code to 90% of their outpatient visits [2]. However, this frequency prediction was made prior to the creation of the 25 Modifier exception (discussed below) which will limit use of G2211 somewhat. As a "G code," the add on is currently limited to use with Medicare patients. Commercial insurance and Medicaid are not required to cover G2211, but the AAFP is advocating for private payers to cover the code in the future [3].

The 25 Modifier Exception In December 2023, just prior to the add on code being implemented, CMS released an edit that makes G2211 non-reimbursable when used the same visit as a 25 Modifier [4]. This means you won't be able to use the add on code if you do a wellness and follow up "double visit." Additionally, the code cannot be used when a 25 Modifier is added to the E/M charge in order to administer a vaccine, do a procedure (such as cryotherapy) or perform in office testing (such as a urinalysis). This edit was specifically made to decrease how often G2211 is used in order to address budgetary concerns.

What Level of Complexity is Needed to Use G2211? Contrary to common misconception, the complexity referenced in G2211 pertains to the inherent intricacies of primary care visits, rather than the medical complexity of the diagnosis for that visit. While many Medicare patients present with complex medical conditions, this is not a prerequisite for using the code. CMS specifically gives the example of a patient coming in for sinus congestion as a situation where you could use G2211 [1]. Even though sinus congestion is typically a simple diagnosis, there is still complexity inherent to the primary care setting such as having to foster a longitudinal relationship which might be harmed by not prescribing requested antibiotics. Additionally, these acute visits in the primary care setting often include review of chronic conditions or preventive services that is not present in other care settings.

How to Use G2211? When appropriate, G2211 should be appended as a separate charge alongside the E&M code without a 25 Modifier. There is no specific language that needs to be added to the note when using the add on code. The ICD-10 codes for the G2211 charge can be the same diagnosis codes that are used for the E/M charge. Deductibles and coinsurance apply, so patients should be informed that there may be an additional charge on their bill.

How Much is G2211 Worth? G2211 is worth 0.33 work RVUs & 0.14 practice expense RVUs, or about $16 total [5]. Therefore, adding G2211 to a 99214 level 4 follow up represents a 17% "raise" in work RVUs. Due to budget neutrality rules, when Medicare introduced G2211 the reimbursement per RVU for all specialties across all CPT codes was dropped by 3.4%. Therefore, primary care physicians who elect not to use G2211 will likely see a drop in reimbursement.

Conclusion G2211 represents a significant update to Medicare billing that acknowledges the unique challenges faced by primary care physicians. It can be used every time you see a Medicare patient from your panel for a 99202-99215 visit, as long as a 25 Modifier is not used.

References

[1] Medicare Claims Processing manual, Chapter 12 https://www.cms.gov/files/document/r12461cp.pdf
[2] Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021 https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1
[3] G2211 Add On Code: What is it and When to Use it https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/evaluation-management/G2211-what-it-is-and-how-to-use-it.html
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