Visit Complexity G2211

Last revised: September 2025

Scope and history

This guide applies to all medical professionals who can bill evaluation and management (E/M) services (CPT codes 99202-99205 and 99211-99215) of any level. Code G2211 is not restricted to medical professionals based on specialties.

In 2024, CMS made G2211 separately payable as an additional payment to the E/M visit base service codes to account for additional resources associated with:

- Being the focal point for all the patient's healthcare needs
- Ongoing care related to the patient's single, serious condition or complex condition.

G2211 reflects the complexity of visits when the provider plays an ongoing and consistent role in the patient's care over time. The purpose is to compensate physicians and non-physician providers for the time and expense involved in building long-term relationships with patients.

G2211 is not the same as medical decision making or the visit complexity associated with clinical conditions. The visit complexity is based on the cognitive load of the practitioner to provide ongoing care to the patient.

Policy/guidelines

G2211 is an add-on code associated with E/M visits to reflect the complexity of medical care services that serve as the continuing focal point for all needed healthcare services and/or services that are part of ongoing care for the patient's single, serious condition or a complex condition (add-on code, to be listed in addition to office/outpatient E/M visit, new or established).

G2211 should only be coded with an associated E/M visit as the base code because it is an add-on code. Modifier 25 should not be applied, unless there is a separately identifiable service in addition to the E/M and the G2211 (ex. immunizations).

G2211 should only be reported if you are the continuing provider for a patient's healthcare services, such as a primary care provider or you are giving ongoing care of a single, serious or complex health condition (e.g. sickle cell disease or HIV). G2211 is intended to capture the complexity of the visit that is derived from the longitudinal nature of the practitioner and patient relationship.

G2211 represents the cognitive load, complexity of medical decision making beyond the standard E/M visit, and the relationship-based care that goes beyond acute treatment.

The documentation should reflect the longitudinal care (not a one-time consultation), complexity or severity of the patient's condition, coordination of care with other medical specialists or complications of care that are exacerbated by psychosocial factors that took place as part of the specific visit that the

complexity code is being attached to.

G2211 should be reported only when a visit involves additional complexity related to ongoing care coordination or management of a serious or chronic condition. It is not intended for routine or straightforward encounters, or with preventive medicine evaluation and management services (99381-99397).

It is not acceptable to bill G2211 for practitioners providing urgent care, second opinions or consultations without ongoing follow-up, or if the visit is routine and lacks complexity.

Rural health centers and federally qualified health centers are not eligible to bill G2211.

CMS allows payment for G2211 when the E/M base code is reported on the same day as an initial preventive physician examination (IPPE) or annual wellness visit (AWV), a vaccine administration, or any other Medicare Part B preventive service.

There are no restrictions on the frequency which G2211 can be billed, but it must be associated with an E/M service.

The documentation must reflect the following:

- Reason for the visit
- Medical necessity for services
- Assessment and plan
- Intent for continued care as focal point management
- Care management beyond routine care

Examples

Scenario: An HIV-positive patient is seen by their primary care provider for an ear infection. The practitioner decides on a course of action and suggests conservative treatment or antibiotics for the ear infection. The provider's communication of the recommended course of action with the patient is important because it not only affects the outcome of health for this visit, but it can also help build a trusting and longitudinal relationship between the provider and patient.

Answer: G2211 can be billed. It is not meant to capture the complexity of the condition (ear infection). It is meant to capture the complexity of the continued responsibility that the provider has in being the focal point for the patient's health care needs. This can make the entire interaction inherently complex, despite the medical condition (ear infection) being fairly routine.

Scenario: A patient with type II diabetes mellitus is seen by a specialist to evaluate them for sleep apnea. The provider performs the necessary testing and sends a report and recommendation to the patient's primary care provider.

Answer: G2211 cannot be billed. The specialist does not provide ongoing care for the patient and is not a focal point for the patient's health care needs. G2211 would not be appropriate in this instance.

Definitions

E/M: Evaluation and management services. These are sometimes referred to as office visits (CPT codes 99202-99205, 99211-99215).
CMS: Centers for Medicare & Medicaid Services
IPPE: initial preventive physician examination (coded with G0402)
AWV: annual wellness visit (coded with G0438-G0439)

References

mln Matters How to Use4 the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211

AAPC Knowledge Center Bill G2211 With Confidence (and Modifier 25)

MED-251015900-0918