A Guide to Using the Office and Outpatient (O/O) Evaluation and Management (E/M) Visit Complexity Add-on Code G2211

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

<table>
<thead>
<tr>
<th>Who pays for G2211?</th>
<th>Who can use G2211?</th>
<th>How often can G2211 be billed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare under the physician fee schedule. Patient co-insurance and deductible applies</td>
<td>All medical professionals who can bill office/outpatient services regardless of specialty</td>
<td>As often as conditions require a medically necessary office or outpatient service</td>
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</tbody>
</table>

When can G2211 be billed?
Along with an office or outpatient E/M service (new or established 99202-99215) when the following conditions are met:
• Serving as focal point of all needed care
• Giving on-going care for a single serious or complex condition

Examples can be found in CMS MedLearn Matters article 13473

When is G2211 not allowed?
• Cannot be billed when a 25 modifier is used on the E/M service the same day
• Cannot be billed alone. Must be billed with an E/M service

Documentation requirements
• Document medical necessity for the E/M service
• No additional specific documentation required
• Relationship with patient should be clear
• For new patients, intent of establishing the relationship should be clear

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