



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

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

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](#)

Effective January 1, 2025, G2211 may also be billed when the E/M service is reported with a 25 modifier along with the following covered Part B services:

- Part B preventive services
- Immunization administration
- Annual wellness visits

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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