

Reimbursement Policy

Medicare Reimbursement for HCPCS G2211

REIMBURSEMENT POLICY NUMBER: 79

Effective Date: 1/1/2026

Last Review Date: 1/2026

Next Annual Review: 7/2026

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INSTRUCTIONS FOR USE: Company reimbursement policies serve as guidance for the administration of plan benefits. Reimbursement policies do not constitute medical advice nor a guarantee of coverage. Company reimbursement policies are reviewed annually. The Companies reserve the right to determine the application of reimbursement policies and make revisions to reimbursement policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Reimbursement Policy will be resolved in favor of the coverage agreement.

SCOPE AND APPLICATION

Provider Type:

- Providence Health Plan Participating Providers
- Non-Participating Providers

Plan Product:

- Commercial
- Medicare
- Medicaid/Oregon Health Plan (OHP)

POLICY STATEMENT

NOTES:

- Provider contract language applies and may vary.
- This policy applies to **Medicare Advantage** Plan members **only**. For *Commercial* plan members, HCPCS code G2211 is **denied** as a bundled service (see Cross References below).

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

- I. Reimbursement for **Medicare Advantage** Plan members for HCPCS code G2211 to report for office/outpatient evaluation and management visit complexity (O/O E&M visit complexity) will be made at the **Centers for Medicare and Medicaid Services (CMS)** rate of \$16.04.

POLICY GUIDELINES

BACKGROUND

HCPCS code G2211 is defined as:

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. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)

This code is intended to describe intensity and complexity inherent to O/O EYM visits 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, or complex condition.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

As of 6/4/2025, the following Centers for Medicare & Medicaid (CMS) guidance was identified which addresses appropriate use of HCPCS code G2211:

- How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211
- Frequently Asked Questions (FAQs) About Office/Outpatient (O/O) Evaluation and Management (E/M) Visit Complexity Add-On HCPCS Code G2211
- CY 2024 physician fee schedule (PFS) final rule, 88 FR 78818
- Medicare MLN Matters MM14315

The above criteria are consistent with the CMS guidance regarding G2211.

BILLING AND CODING GUIDELINES

HCPCS code G2211 should be billed in conjunction with select office/outpatient evaluation and management (E&M) codes when:

- The provider is the continuing focal point for all the patient's healthcare needs.

- The provider manages a single, serious, or complex condition over time.

The Company follows CMS guidance regarding HCPCS code G2211 for Medicare Advantage lines of business. All CMS billing requirements must be followed, including the E&M codes billed in conjunction with G2211. Please refer to the CMS billing instructions in effect at the time services are rendered. In addition, it is not appropriate to use HCPCS G2211 for one-time consultations, acute issues, or when the provider does not intend to establish an ongoing care relationship with the patient.

CROSS REFERENCES

Coding Policies

- [Procedure-Specific Policies](#), CP4

The full Company portfolio of current Reimbursement Policies is available online and can be [accessed here](#).

REFERENCES

1. Centers for Medicare & Medicaid Services (CMS). How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211. 18 Jan 2024. <https://www.cms.gov/files/document/mm13473-how-use-office-and-outpatient-evaluation-and-management-visit-complexity-add-code-g2211.pdf>. Updated 4/29/2025. Accessed 6/4/2025.
2. CMS. Frequently Asked Questions (FAQs) About Office/Outpatient (O/O) Evaluation and Management (E/M) Visit Complexity Add-On HCPCS Code G2211. <https://www.cms.gov/files/document/hcpcs-g2211-faq.pdf>. Accessed 6/4/2025.
3. CY 2024 physician fee schedule (PFS) final rule, 88 FR 78818. 16 Nov 2023. <https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>. Accessed 6/4/2025.
4. Medicare Learning Network (MLN) Matters. MM14315. Release date December 5, 2025. Effective January 1, 2026. <https://www.cms.gov/files/document/mm14315-medicare-physician-fee-schedule-final-rule-summary-cy-2026.pdf>. Accessed 12/15/2025.

POLICY REVISION HISTORY

Date	Revision Summary
8/4/2025	New Reimbursement Policy
1/2026	Interim update due to changes to CMS billing instructions