

Use of Complexity Add-On Code G2211 for Total Joint Surgeons



What is Code G2211?

- Implemented Jan. 1, 2024, by Centers for Medicare & Medicaid Services (CMS) as an add-on code for office/outpatient (O/O) evaluation and management (E/M) visits (CPT 99202-99205, 99211-99215)
 - Primary focus on primary care physicians and implemented to recognize the complexity that is part of the **longitudinal comprehensive care** of a patient

What is Code G2211

- Implementation was opposed by AAHKS along with 47 other organizations because:
 - O/O E/M codes recently revalued to address primary care payments
 - Will potentially result in lowering of the CMS conversion factor which will negatively impact AAHKS members
 - Expected to be used on >60% of primary care visits
- Any clinician providing O/O E/M services can use the code when applicable

Why use Code G2211

- Recognition of the “inherent complexity of the O/O E/M visit that is derived from the longitudinal nature of the practitioner and patient relationship”
- Assigned 0.33 wRVU
- Medicare allowable payment of \$16.04

When can you bill G2211?

- The code can be added to O/O E/M code if you are providing “ongoing care for a single, serious condition or complex condition”
 - Use of the code is dependent on the **continuity of care through a longitudinal relationship** with the patient (ie: ongoing management of a patient for hip/knee arthritis)

When can't you bill G2211?

- G2211 cannot be billed if:
 - Your relationship with the patient is of a discrete, routine, or time-limited nature (ie: ligament sprain, routine fracture care)
 - You perform a procedure during the visit (ie: joint injection) and the office visit E/M is being reported with modifier -25 appended
 - You are billing a hospital-based code, not an O/O E/M code
 - You are not responsible for ongoing medical care with consistency and continuity over time

Documentation Requirements

- No specific diagnosis is required to bill G2211
- No specific definition of “longitudinal” care
- No specific additional documentation is required to bill G2211
- Documentation must provide care plan that is consistent with provision of longitudinal continuity of care for the single serious and/or complex condition

Which Insurers Pay G2211

- The code was implemented by CMS and is currently paid by Medicare, Medicare Replacement, Medicaid, Medicaid Replacement insurances routinely
- Some commercial insurance will also pay G2211

Example of use of G2211 for Total Joint Surgeons

- Visit 1: A patient presents as a new patient for evaluation of right knee pain. A full O/O E/M visit establishes a diagnosis of primary right knee osteoarthritis, and a care plan is developed and documented including use of a brace/knee sleeve, prescribed physical therapy, topical NSAID, and over the counter medications.
 - Visit billed as 99204 with G2211 add on code

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 - Visit billed as 99204 with G2211 add on code
- Visit 2: Patient returns in 4 months with mild progression of pain. O/O E/M performed and documented with care plan for ongoing home exercise program, and trial of a prescription NSAID
 - Visit billed as 99214 with G2211 add on code

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- Visit 1: A patient presents as a new patient for evaluation of right knee pain. A full O/O E/M visit establishes a diagnosis of primary right knee osteoarthritis and a care plan is developed and documented including use of a brace/knee sleeve, prescribed physical therapy, topical NSAID, and over the counter medications.
 - Visit billed as 99204 with G2211 add on code
- Visit 2: Patient returns in 4 months with mild progression of pain. O/O E/M performed and documented with care plan for ongoing home exercise program, and trial of a prescription NSAID
 - Visit billed as 99214 with G2211 add on code
- Visit 3: Patient returns in 4 months with ongoing progression of symptoms. O/O E/M is performed and patient elects for corticosteroid injection. Documentation of E/M and discussion of treatment plan is documented
 - Visit billed as EST (99212-99215) and Injection (20610) with 25 modifier; G2211 NOT allowed due to 25 modifier

Other Resources

- CMS G2211 FAQ:
 - <https://www.cms.gov/files/document/hcpcs-g2211-faq.pdf>
- AAOS
 - <https://www.aaos.org/aaosnow/2024/oct/managing/managing02/>
 - (requires AAOS log-in)
- MLN Matters Article
 - <https://www.cms.gov/files/document/mm13473-how-use-office-and-outpatient-evaluation-and-management-visit-complexity-add-code-g2211.pdf>