

G221 I: The New Visit Complexity Add-on Code

Code Definition: “Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed healthcare 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 (O/O) evaluation and management visit (E/M), new or established).”¹

Guidance

2024 Medicare Physician Fee Schedule:¹

- “... primary care specialties will have a higher utilization of the add-on code than other specialties, surgical specialties will have the lowest utilization since they are less likely to establish longitudinal care relationships with patients, and other specialists are more likely to have longitudinal care relationships than surgical specialties but less likely than primary care specialists.”
- Medicare projects the early adoption rate of 38% of all E/M codes with eventual full adoption rate of 54%.

How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G221 I:²

- “... separately payable as an additional payment to the payment of O/O E/M visit primary service codes to better account for the additional resources of visits associated with:
 - Serving as the continuing focal point for all of the patient's health care services needs
 - Ongoing medical care related to a patient's single, serious condition, or complex condition”
- “Bill G221 I if:
 - You’re the continuing focal point for all needed services, like a primary care practitioner.
 - You’re giving ongoing care for a single, serious condition or a complex condition, like sickle cell disease or HIV.”
- Medicare may look at claims history and medical record information including: diagnosis codes, other services billed, as well as the physician’s assessment and plan to gain insight into the code’s applicability.

National Reimbursement: \$16.04³

Practice Implementation and Factors to Consider

- G221 I code may be used with all levels of O/O E&M visits.
- Do not use with eye code (92002-92014) claims.
- G221 I is not payable when the associated O/O E/M visit is reported with modifier -25.
- CMS does not expect to see G221 I when an E/M visit is reported with modifiers -24 and/or -53.
- Do not add G221 I, “Where comorbidities are either not present or not addressed” or “When the billing practitioner has not taken responsibility for ongoing medical care for the patient with consistency and continuity over time.”²
- Develop an internal policy for the use of G221 I, which may include:
 - Reviewing indications that may satisfy G221 I.
 - Defining the longitudinal/long-term patient-physician relationship parameters (i.e., new patients have not yet established an on-going relationship, etc.).
 - Setting internal documentation standards. Personalize chart documentation by avoiding templated language.
 - Creating an internal review process to ensure compliance.
 - Non-Medicare payers may or may not recognize G221 I.

Vignette of Appropriate Use of G2211

A 78-year-old longstanding glaucoma patient is evaluated by their ophthalmologist for a one-month follow-up for poorly controlled primary open-angle glaucoma. Given the risk of permanent vision loss, close monitoring is essential. The patient is on Timolol QAM OU and Latanoprost QHS OU, reporting no adverse side effects. However, despite several years of treatment, the patient communicates significant challenges with eye drop compliance to the ophthalmologist. The ophthalmologist empathizes with the patient's compliance challenge and carefully communicates the significance of adhering to drop compliance while also discussing ways to help the patient follow the drop regimen. Considering the ongoing management and delicate discussions of this single serious problem and the need for periodic evaluations, adding G2211 to the claim is justified. The add-on code is supported by personalized chart documentation, emphasizing the continued physician/patient relationship and the long-term management of the single serious problem.

Examples of When Not to Use G2211:

Do not add G2211 to claims when complex problems are not addressed, and the patient/physician relationship is neither ongoing/or long-term. For example, patient evaluation for posterior capsular opacification resulting in YAG laser surgery is unlikely to have a long-term relationship. Similarly, cataract or ptosis evaluations resulting in surgical intervention are unlikely to support G2211. Additionally, follow up exams for pseudophakia after a YAG or cataract surgery are unlikely to be complex. Other conditions that are not complex or are usually short-term/self-limited might include (but not limited to) conjunctivitis, subconjunctival hemorrhage, blepharitis, and corneal abrasion.

Added Guidance from Noridian:⁴

- “The complexity code would support a long-term patient-provider relationship and would indicate the provider will be managing the health care over a long period of time.
- The provider would build the trusting relationship and be the continuing focal point for all needed health care services related to the ongoing patient's single, serious condition or complex condition.
- Every patient would be unique with their health care needs and templated language for the add-on code may not support medical necessity.
- The most important information used to determine whether the add-on code could be billed is the relationship between the practitioner and the patient.
- The add-on code captures the inherent complexity of the visit that is derived from the longitudinal nature of the practitioner and patient relationship.”

¹ <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>

² <https://www.cms.gov/files/document/mm13473-how-use-office-and-outpatient-evaluation-and-management-visit-complexity-add-code-g2211.pdf>

³ <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f>

⁴ <https://med.noridianmedicare.com/web/jeb/specialties/em/complexity-add-on-code-g2211>