Edits to Prevent Payment of G2211 with Office/Outpatient Evaluation and Management Visit and Modifier 25

Related CR Release Date: December 21, 2023  MLN Matters Number: MM13272
Revised

Effective Date: January 1, 2024  Related Change Request (CR) Number: CR 13272

Implementation Date: January 2, 2024  Related CR Transmittal Number: R12424CP

Related CR Title: Implement Edits to Prevent Payment of Complexity Add-On Code G2211 When Associated Office/Outpatient Evaluation and Management (O/O E/M) Visit (Codes 99202-99205, 99211-99215) is Reported With Modifier 25

What’s changed: We made no substantive changes to the Article other than to update the web address of the CR transmittal.

Affected Providers

- Physicians
- Nonphysician practitioners
- Hospitals
- Other providers who bill Medicare Administrative Contractors (MACs) for O/O E/M services they provide to Medicare patients

Action Needed

Make sure your billing staff knows about complexity add-on code G2211:

- Medicare pays separately starting January 1, 2024
- We don’t pay when you report an associated O/O E/M visit with modifier 25
- We don’t pay Method II Critical Access Hospitals on the same encounter for type of bill 85X

Background

CR 13272 tells MACs to implement edits to deny payment of O/O E/M visit complexity add-on code G2211 when you report an associated O/O E/M visit, codes 99202-99205 and 99211-99215, with modifier 25 for the same patient by the same practitioner.
For CY 2024, with the end of the Congressional mandated suspension of payment for O/O E/M visit complexity add-on code G2211, CMS finalized a rule to make the code separately payable by assigning the active status indicator to it, effective January 1, 2024.

Separately identifiable visits occurring on the same day as minor procedures, such as zero-day global procedures, have resources sufficiently distinct from the costs associated with providing stand-alone O/O E/M visits to justify different payment.

Therefore, we finalized the rule that the O/O E/M visit complexity add-on code G2211 isn’t payable when you report the O/O E/M visit with payment modifier 25.

For institutional claims, this applies to Method II Critical Access Hospitals on the same encounter for type of bill 85X only.

**More Information**

We issued CR 13272 to your MAC as the official instruction for this change.

For more information, [find your MAC’s website](#).

**Document History**

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 21, 2023</td>
<td>We made no substantive changes to the Article other than to update the web address of the CR transmittal.</td>
</tr>
<tr>
<td>November 21, 2023</td>
<td>Initial article released.</td>
</tr>
</tbody>
</table>

View the [Medicare Learning Network® Content Disclaimer and Department of Health & Human Services Disclosure](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).

CPT only copyright 2022 American Medical Association. All rights reserved.