



Support Continuity and Coordination of Care for Patients Through Implementation of Medicare's Add-on Code G2211

What is HCPCS code G2211?

G2211 is a Medicare-specific add-on code designed to better address the resources and additional costs associated with furnishing comprehensive longitudinal primary care. In implementing a separate add-on payment for Healthcare Common Procedure Coding System (HCPCS), CMS intent is to more adequately recognize that the typical visit described by the revised office visit and office visit evaluation and management (E/M) codes still does not adequately reflect the time, intensity, and practice expense involved in providing patient-centered care that integrates the prevention and treatment of illness or injury, management of acute and chronic health conditions, patient education, shared decision-making and coordination of specialty care

Implementation of G2211 will allow physicians to account for services like review of consultative or diagnostic reports, medication-related monitoring and safety outside of patient visits and physician input at assisted living or nursing homes. As CMS recognized in the 2021 Medicare Physician Fee Schedule (PFS) final rule, these [coordinated, team-based actions](#) take considerable physician time, and until this point, there has been no way to fully capture or account for the resources and unique costs required for patients and physicians to establish and maintain these longitudinal relationships

What is the status of HCPCS G2211

ACP is very pleased that CMS has proposed to implement G2211 beginning on January 1, 2024. release of the 2021 PFS G2211 was slated for implementation in 2022. However, to help mitigate the impact the COVID 19 pandemic was having on medical practices and offset the cost of the pandemic, CMS has delayed the implementation of G2211 to January 1, 2024. [A]0.7417182101125.2<(MCIB r