Medicare HCPCS Code G2211
Tip Sheet for Endocrinologists

Background:
The Centers for Medicare & Medicaid Services (CMS) created HCPCS code G2211 to recognize the additional resource costs associated with providing care for single or multiple, complex, or serious conditions while also acknowledging that the practitioner billing the service is or will become the "*continuing focal point*" for all related services. Reporting G2211 on claims recognizes the work and time need to build a trusting patient-physician relationship and captures the additional practitioner work associated with "*primary and longitudinal care that has been previously unrecognized and unaccounted for during evaluation and management visits*". The code became effective January 1, 2024.

Code Descriptor for G2211

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).

The Endocrine Society has prepared this coding guidance to provide our members and their ancillary staff with a resource on the appropriate use of code G2211. This information is focused on services provided to Medicare beneficiaries. However, some commercial insurers are also reimbursing for G2211. The Endocrine Society recommends that you consult with your billing and coding team about proper billing for payers other than Medicare and your practice's procedures for adding this to claims other than those for Medicare.[1]

G2211 cannot be billed when modifier -25 is used except in certain limited situations defined by CMS to include preventive services, immunization administration, and annual wellness visits. CMS released guidance in a MLN Matters article that includes a list of allowed Part B preventative services that are captured under the policy.

Services for continuous glucose monitoring (CGM) services are not on the preventive services list, and therefore, billing CGM CPT® codes and an E/M code with modifier -25 is still not permissible.

[1] The information provided in this tip sheet is for informational purposes only. All coding decisions, and documentation of billing codes submitted to Medicare or other payers are the sole responsibility of the physician and their staff. The Endocrine Society assumes no liability or responsibility.

General Guidelines:

- G2211 is an add-on code and may only be billed on claims that also include a new or established **office E/M service (CPT® codes 99202-99215).**
- **The most important factor in determining when to bill for services captured by G2211 is the relationship between the provider and the patient**. Per CMS guidance "if the provider is the focal point for all needed services, such as a primary care provider, then G2211 may be billed" or "if the provider is part of ongoing care for a single, serious and complex condition, then the add-on code may be billed."
- While the service focuses on the physician-patient relationship, it may also be added to an office visit claim for new patients presenting with a single, serious and complex condition.
- Beneficiaries will be responsible for cost-sharing when G2211 is submitted on a claim.

Documentation Guidelines:

- Documentation is the cornerstone of billing G2211. Medicare claims reviewers may look for the following to determine if billing of G2211 is supported.
    - Medical necessity of the office E/M visit.
    - Time spent (if applicable).
    - Consistent use of the same diagnosis or diagnoses codes over time indicating a longitudinal, long-term relationship exists between the patient and practitioner.
    - Assessment and care plan including a clear treatment path, and a care plan that demonstrates the patient's return for continued care.
- Describe the ongoing management of the chronic endocrine condition.
    - Example: "Due to glycemic variability, therapy modifications are need at each visit."
- Document the endocrinologist's role as the focal point for needed care for the patient.
    - Example: "As the primary endocrinologist, I manage the patient's complex diabetes regimen, coordinate with the PCP, and adjust therapy based on CGM trends."
- Indicate the need for return to office or continued monitoring.
    - Example: "Due to fluctuations in TSH levels despite levothyroxine dose adjustments, ongoing monitoring and medication titration are required."
- The E/M service must be documented according to existing guidelines and requirements.
- G2211 should not be submitted on every claim for office/outpatient E/M services. Documentation in the medical record including documentation of the relationship between the provider and the patient must support the use of the code.

Clinical Examples:

The following clinical scenarios provide examples of E/M visits that endocrinologists may typically encounter, and when G2211 may be billed to account for the resources needed to "serve as the continuing focal point for all needed health care services" and to provide "medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition."

- Case #1: Type 1 diabetes mellitus (DM)
  - A 70-year-old patient with Type 1DM using an insulin pump must return to the office for medication adjustments, education on carbohydrate counting, and coordination with a diabetes educator. The practitioner spends time addressing glycemic variability and lifestyle modifications.
- Case #2: Thyroid cancer
  - A 67-year-old patient with thyroid cancer is seen for a new patient visit. The endocrinologist examines the patient and develops a care plan to guide cancer treatment. The endocrinologist reviews previous chart notes and discusses treatment options with patient. Referrals are made and coordinated as needed.
- Case #3: Type 2 diabetes with multiple comorbidities
  - A 75-year-old established patient has newly diagnosed type 2 DM, and has hypertension, hyperlipidemia, and obesity. The endocrinologist develops a comprehensive care plan, discusses lifestyle changes, initiates multiple medications, and coordinates follow-up care with a nutritionist, PCP, and cardiologist.
- Case #4: Osteoporosis
  - A 65-year-old postmenopausal female returns for an office visit with osteoporosis, chronic kidney disease (CKD) stage 3, and a history of fractures requires careful selection of anti-osteoporotic therapy (e.g., denosumab vs. teriparatide). The endocrinologist provides a detailed risk-benefit discussion, fracture prevention strategies, and medication monitoring plan.

2025 Medicare Payment Office Visit E/M Services Plus G2211

	2025 National Medicare Payment		
E/M Service	**Payment**	**+G2211**	**Total Payment***
99202	$69.87	$15.50	$85.37
99203	$109.01	$15.50	$124.51
99204	$163.35	$15.50	$178.85
99205	$215.75	$15.50	$231.25
99211	$22.64	$15.50	$38.14
99212	$54.99	$15.50	$70.49
99213	$88.95	$15.50	$104.45
99214	$125.18	$15.50	$140.68
99215	$175.64	$15.50	$191.14

*Payment amount will vary by geographic location and other factors.