Reimbursement Policy

Title: G2211 – Visit Complexity Associated with Evaluation and Management Services	
Policy Number: RP06	**Applies to:** ☒ Commercial
Effective Date: 10/1/2025	☒ Level Funded
Last Updated:	☒ Medicare Advantage ☒ Medicaid

Disclaimer

These coding and reimbursement policies serve as a guide to assist providers in accurate claims submissions and to outline the basis for reimbursement. The determination that a service, procedure, item, etc., is covered under a member's benefit plan is not a determination that the provider will be reimbursed. Services and items must also meet Quartz provider and billing guidelines appropriate to the procedure and diagnosis.

Providers must follow proper billing and submission guidelines, including the use of industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the clinical documentation.

Quartz coding and reimbursement policies apply to both participating and non-participating providers and facilities unless a specific exception is stated in the policy.

If proper coding/billing guidelines or current reimbursement policies are not followed, Quartz may:

- Reject or deny the claim
- Recover and/or recoup claim payment
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Quartz utilizes claim editing software to assess coding and billing accuracy on claims.

From time to time, Quartz may, in its sole discretion, revise these policies. When there is an update, Quartz will publish the most current policy to Quartz's Provider Manual.

Definitions

Evaluation and Management (E/M): Refers to visits and consultations provided by qualified healthcare professionals that involve evaluating a patient's health condition and making decisions about their care. Services typically include obtaining a history, performing a physical examination, and engaging in medical decision-making (MDM). E/M codes are used to document and bill for office visits, hospital visits, and other face-to-face or non-face-to-face assessments of a patient.

G2211: A Healthcare Common Procedure Coding System (HCPCS) code used to reflect additional complexity inherent to office/outpatient E/M visits related to ongoing, longitudinal care or treatment of serious or complex conditions

Longitudinal Care Relationship: An ongoing clinical relationship between a practitioner and patient that extends beyond sporadic treatment

Policy

G2211 is intended to be reported with office or other outpatient E/M visits (e.g., 99202–99215) when the visit is part of:

- Longitudinal care over time, or
- Management of a serious or complex condition

Inappropriate Use Includes:

- One-time, episodic visits
- Lack of documentation supporting longitudinal or complex care
- E/M visits not listed as acceptable companions to G2211
- Place of service types not permitted under CMS rules

The following place of service codes are not eligible for reimbursement of G2211 per CMS:

- 17 – Walk-in Retail Health Clinic
- 20 – Urgent Care Facility
- 21 – Inpatient Hospital
- 23 – Emergency Room
- 31 – Skilled Nursing Facility
- 32 – Nursing Facility
- 50 – Federally Qualified Health Center
- 72 – Rural Health Clinic

Commercial/Level Funded Plans:

Quartz commercial plans consider G2211 not separately reimbursable. The work described is considered part of the E/M code and is bundled into the base E/M reimbursement.

Medicare Advantage:

G2211 is reimbursed in accordance with CMS guidelines. Claims must be submitted with a supporting E/M visit code and an eligible place of service. Documentation must support the complexity or longitudinal nature of care.

Medicaid Plans:

Quartz follows ForwardHealth and considers G2211 noncovered for Medicaid members.

Related Policies

General Coding Guidelines

Resources

MLN - MM13473

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

Compliance

Quartz conducts post-payment reviews and audits to ensure policy compliance. Misuse of codes, modifiers, or exceeding service limits may lead to provider education, recoupment, or other corrective action. Providers must submit supporting documentation, if requested, as part of claim review processes.

Document History

10/1/2025	Document created	Coding Integrity Department
1/23/2026	Changed to Reimbursement Policy	Payment Integrity Department