G2211 Visit Complexity

Last Updated: 9/9/2026 **Last Reviewed:** 9/9/2026 **Originally Effective:** 11/1/2026
Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No
If yes, Texas Last Update Effective Date: n/a
Policy #: RPM084

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)
Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)
States: Oregon, Alaska, Idaho, Washington
Provider Contract Status: Any
Claim Dates: On or after 11/1/2026
Type of Plan: Commercial

Reimbursement Guidelines

G2211 Reimbursement
For dates of service on or after November 1, 2026 procedure code G2211 is not eligible for separate reimbursement for Commercial plans.

Definitions

Acronyms/Abbreviations

Acronym	Definition
AMA	American Medical Association
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
E/M E&M E & M	Evaluation and Management (services, visit) (Abbreviated as "E/M" in CPT book guidelines, sometimes also abbreviated as "E&M" or "E & M" in some CPT Assistant articles and by other sources.)
HCPCS	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
RPM	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)
TAC	Texas Administrative Code

Definition of Terms

Term	Definition
Longitudinal Care	Longitudinal care involves a trusting longitudinal relationship between the practitioner and the patient. The practitioner is the continuing focal point for all needed services for the patient, carrying continued responsibility in this role. [1]
Value-Based Payment Model	Value-based payment programs reward health care providers with incentive payments for the quality of care they give to patients receiving care under that contract or payment model. [2] A reimbursement model that incentivizes higher quality and lower cost of care. [3]
Visit Complexity	Visit complexity such as described by G2211 isn't in the clinical condition itself, but rather in the cognitive load of the continued responsibility of being the continuing focal point for all needed services. [1]

Related Policies

A. "Moda Health Reimbursement Policy Overview." Moda Health Reimbursement Policy Manual, RPM001.

B. "2021 & 2023 Updates to Evaluation and Management (E/M) Visits and Prolonged Services," Moda Health Reimbursement Policy Manual, RPM076.
C. "Preventive Medicine & Problem-Oriented E/M Visits, Same Day," Moda Health Reimbursement Policy Manual, RPM078.
D. "Scope Of License For Evaluation & Management Codes," Moda Health Reimbursement Policy Manual, RPM080.
E. "Gynecologic or Annual Women's Exam Visit & Use of Q0091 (Pap, Pelvic, & Breast Visit)," Moda Health Reimbursement Policy Manual, RPM044.
F. "Clinic Services In the Hospital Outpatient Setting - Commercial," Moda Health Reimbursement Policy Manual, RPM061.

Resources

1. MLN. "How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211." Medicare Learning Network (MLN) Matters. MM13473 Revised. Last updated: April 29, 2025. Last accessed: September 4, 2026.
2. CMS. "What are the value-based programs?." Last updated: March 10, 2026; Last accessed: September 4, 2026. https://www.cms.gov/medicare/quality/value-based-programs .
3. "Value Based Payment (VBP) Terms and Definitions." Integrated Care DC. Page 7 of 8. Last updated: Not listed; Last accessed: September 4, 2026. https://integratedcare.dc.gov/wp-content/uploads/2024/08/VBP-Terms-and-Definitions-ICDC.pdf .

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
9/9/2026	Formal policy initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
11/1/2026	Original Effective Date (with or without formal documentation). Policy based on 8/14/2026 Sr. Claims Management decision.

Attachment

PO Box 40384
Portland, OR 97240

August 31, 2026

<Group Name>
<Address 1>
<Address 2>
<City> <ST> <Zip Code>

Dear <Group Name>,

We are writing to provide advance notice of upcoming changes to our reimbursement for procedure code G2211 *Visit complexity inherent to E/M… (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established).*

What is changing

- Beginning November 1, 2026, procedure code G2211 is not eligible for separate reimbursement for Commercial plans.
- Should CMS implement their proposed plan to delete G2211 and replace it with two new visit complexity modifiers effective for January 1, 2027, those visit complexity modifiers will also not be eligible for separate, additional reimbursement for Commercial plans.
- The reason for these changes is that the reimbursement for G2211 is redundant with payments we already make in our value-based payment models that include payments for longitudinal care.

Questions?

We're here to help! For any questions related to this change, please email Moda Provider Relations at providerrelations@modahealth.com.

Sincerely,

Moda Provider Relations