



## 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) G2211, CMS’ intent is to more adequately recognize that the typical visit described by the revised outpatient 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; yet, up 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. With 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 stopping cuts to payments for physician services due to budget neutrality requirements, Congress prohibited CMS from implementing payment for this code before 2024.

### Why should CMS increase payment for inherently complex services provided by internal medicine and other primary care physicians?

A [report](#) by the National Academy of Sciences, Engineering, and Medicine calls on policymakers to increase the investment in primary care as evidence shows that it is critical for “achieving health care’s quadruple aim: enhancing patient experience, improving population health, reducing costs, and improving the health care team experience.” The report urges reforms to ensure that the Medicare physician payment system no longer undervalues primary and cognitive care, and more adequately incentivizes the type of quality, value-based care that patients need.

ACP greatly appreciates that over the last several years, CMS and Congress have increased payment rates for E/M services, but these updates alone are insufficient to ensure that our physicians have the resources to provide continuous and comprehensive care to patients.<sup>1</sup>

### What action are we asking Congress to take?

Congress should express its support to CMS for implementing HCPCS code G2211, and **not** take any action that would delay or halt implementation of the code on January 1, 2024.

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<sup>1</sup> [Envisioning a Better U.S. Health Care System for All: Health Care Delivery and Payment System Reforms](#), Ann Intern Med.2020; 172:S33-S49. doi:10.7326/M19-2407