

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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May 7th, 2024

Dear Payer,

I am writing on behalf of the American Academy of Pediatrics, a non-profit professional organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, regarding adequate coverage and payment for the complexity of evaluating and managing patients who require longitudinal care.

The Centers for Medicare & Medicaid Services approved Healthcare Common Procedure Coding System code G2211 for payment effective January 1st, 2024. This code represents the increased cognitive load that is required when a physician is responsible for a patient's health care needs with consistency and continuity over longer periods of time.

Code	Description	Total RVU Value
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 medical care services that are part of ongoing care related to a patient's single, serious, or complex condition.	0.49 = \$16.31

The complexity that code G2211 captures is not from the clinical condition. The complexity captured is in the cognitive load of the continued responsibility of providing longitudinal care for the patient. According to the 2021 MPFS [final rule](#), the revised office/outpatient E/M visit code set does not fully encompass the concept of comprehensive, continuous, and coordinated team-based care. This type of care involves resources not currently accounted for in the relative values assigned to codes 99202 – 99215.

CMS [guidelines](#) indicate G2211 is an add-on code for evaluation and management visits performed in the office by any physician specialty. Documentation for the office visit should include a chief complaint and support the medical necessity of the evaluation and management service. The guidelines do not require additional documentation to report G2211.

Implementing and paying for G2211 aligns with the importance of increasing investment in physician care to improve the health outcomes of pediatric patients and reduce costs by reducing hospitalizations, improving chronic disease management, closing care gaps, identifying and addressing social and mental health needs both at the point of care and

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in-between visits. G2211 should be added to your claims system and paid appropriately at or greater than the Medicare Physician Fee Schedule.

Thank you for your prompt attention to this letter. If you have questions, need additional information, or want to arrange a follow-up discussion on G2211, please get in touch with Stefanie Muntean-Turner, Health Policy & Coding Specialist at Smunteanturner@aap.org or 630-626-6790.

Sincerely,

A handwritten signature in black ink, appearing to be 'B. Hoffman', with a long horizontal stroke extending to the right.

Benjamin Hoffman, MD, FAAP
President, AAP