

# Projected Impact Analysis: G2211 Add-On Code



To understand the potential implications on physician compensation, SullivanCotter analyzed the projected impact of the new G2211 add-on code from the 2024 Physician Fee Schedule (PFS).

This code was created to emphasize the longitudinal relationship between the practitioner and the patient and better account for costs associated with visit complexity.



## DEFINITION

Code G2211 describes “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.” Sources: [American Academy of Family Physicians](#), [Centers for Medicare & Medicaid Services](#)

## 2021

The Centers for Medicare & Medicaid Services (CMS) intends to introduce the code for every 15 minutes of extended patient office visits for eligible evaluation and management (E&M) codes

- The Consolidated Appropriations Act of 2021 **delayed the implementation of the G2211 add-on code until ‘at least January 1, 2024’**
- CMS also proposed significant increases in new and established E&M codes, which resulted in a proposed 11% decrease in the Medical conversion factor (CF)

## 2022 - 2023

CMS continues to reduce the Medicare CF to move towards budget neutrality from the 2021 PFS changes

## 2024

On January 1, 2024, CMS implements the G2211 add-on code, which adds 0.33 wRVUs to each qualifying outpatient E&M code

- **Expected utilization on 38% of eligible outpatient codes** in the first year and **54% when fully adopted**
- CMS also reduces the Medicare CF by another 3.4%

Source: <https://www.cms.gov>

## Impact Analysis: G2211 Add-On Code

### Deep Dive: G2211 Impact

To better understand the implications of the 2021 PFS, the results of the **2023 Physician and APP CPT RVU Benchmark Study and Large Clinic® Physician Compensation and Productivity Survey** were analyzed to determine:

- Range of wRVU impact by specialty
- Potential cost implications of increased wRVUs

**NOTE:** We have taken into consideration that not all specialties will have a longitudinal relationship with patients or heavily utilize E&M codes

**EXAMPLE:** Primary Care and Endocrinologists can see the same patients on multiple occasions over time. Radiologists and pathologists have virtually no applicable E&M volume since they do not see patients in an office setting.

### Impact Analysis Assumptions

We have estimated the impact on wRVUs market data using three scenarios.

- **Scenario #1 Low:** Assumes 20% utilization of G2211
- **Scenario #2 Medium:** Assumes 40% utilization of G2211
- **Scenario #3 High:** Assumes 60% utilization of G2211

Are you prepared for the financial impact the new G2211 add-on code may have on physician compensation? SullivanCotter has evaluated the potential implications and can work with you to understand what this may mean for your organization.

Please contact [info@sullivancotter.com](mailto:info@sullivancotter.com) to learn more.



# Specialties Categorized with High E&M Utilization and Prevalence of Longitudinal Care



Approximately **80%** of the market continues to use **wRVUs** as a compensation plan component for **experienced physicians**

Potential wRVU Impact by Specialty			
Specialty Name	Scenario #1: Low (20%)	Scenario #2: Medium (40%)	Scenario #3: High (60%)
	wRVU % Change		
Primary Care Specialties			
Family Medicine	2.6%	5.3%	7.9%
Internal Medicine	2.4%	4.8%	7.3%
Pediatrics – General	1.9%	3.9%	5.8%
Medical & Surgical Specialties			
Rheumatology	2.7%	5.4%	8.1%
Dermatology	2.6%	5.2%	7.9%
Endocrinology and Metabolism	2.6%	5.1%	7.7%
Oncology – Hematology and Oncology	2.4%	4.8%	7.2%
Pediatrics – Internal Medicine	2.3%	4.7%	7.0%
Pediatrics – Endocrinology	2.3%	4.5%	6.8%
Oncology – Medical Oncology	2.2%	4.5%	6.7%
Family Medicine With Obstetrics	2.1%	4.3%	6.4%
Psychiatry – Child and Adolescent	1.9%	3.7%	5.6%

## Key Considerations for Organizations

- 1 As patient volume increases, **governmental reimbursement decreases and most commercial payors continue to lag**
- 2 **Market surveys will not reflect the 2024 PFS until the 2025 survey cycle** - making annual budgeting decisions more challenging
- 3 Organizations with wRVU-based compensation structures **must carefully evaluate the impact of the G2211 add-on code** to determine wRVU targets and TCC/wRVU rates
- 4 For those using predominantly salary-based models, **understanding the financial impact of this code change** will be an important consideration for setting **salary budgets**
- 5 Organizations should remain flexible in **evaluating rewards programs** in an **ever-changing market**

Sources: SullivanCotter 2023 Physician and APP CPT Work RVU Benchmark Study, SullivanCotter 2022-2023 Large Clinic® Physician Compensation and Productivity Survey Report

## Interested in gaining access to meaningful CPT profiling data?

SullivanCotter's **Physician and APP CPT Work RVU Benchmark Study Report** provides robust CPT coding data based on the 2022 and 2023 Physician Fee Schedules. This will enable you to identify differences by specialty and analyze the projected impact of updating the Physician Fee Schedule used in your productivity-based compensation plan.

### Report highlights:

- Approximately 50 organizations
- Coding and staffing data for over 125 specialties
- Data reported for physicians and APPs

### Gain access to CPT profiling data for Physicians and APPs:

- Determine **impact on productivity** based on PFS changes
- Evaluate the impact on compensation by specialty
- Identify **coding variation** and market trends
- Report **CPT coding profiles** by specialty
- Assess **operational differences** between specialties

### Pricing:

- Participant: \$3,900
- Non-Participant: \$10,000

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