CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13199	**Date: April 29, 2025**
	Change Request 13705

Transmittal 13015 issued December 23, 2024, is being rescinded and replaced by Transmittal 13199, dated April 29, 2025, to add business requirement 13705.4 and to update the attachment containing the list of preventive services payable, with HCPCS code G2211. All other information remains the same.

SUBJECT: Allow Payment for Healthcare Common Procedure Coding System (HCPCS) Code G2211 when Certain Part B Preventive Services are Provided on the Same Day

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide instructions to the A/B Medicare Administrative Contractors (MACs) to allow payment of add-on code G2211 when certain Part B preventive services are provided on the same day.

EFFECTIVE DATE: January 1, 2025
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 6, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
One Time Notification

Attachment - One-Time Notification

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide instructions to the A/B Medicare Administrative Contractors (MACs) to allow payment of add-on code G2211 when certain Part B preventive services are provided on the same day.

II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide instructions to the A/B Medicare Administrative Contractors (A/B MACs) that will allow the payment processing with the Office/Outpatient Evaluation and Management (O/O E/M) (99202-99205, 99211-99215) add-on code G2211 when the modifier 25 is present for part B preventive services, immunization administrations, and annual wellness visits.

In the CY 2024 PFS final rule (88 FR 78970 – 78982), the Centers for Medicare & Medicaid Services (CMS) finalized separate payment for the O/O E/M visit complexity add-on code. The full descriptor for the O/O E/M complexity add-on code, HCPCS code 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 with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)).*

The O/O E/M visit complexity add-on code "reflects the time, intensity, and PE resources involved when practitioners furnish the kinds of O/O E/M visit services that enable them to build longitudinal relationships with all patients (that is, not only those patients who have a chronic condition or single high-risk disease) and to address the majority of a patient's health care needs with consistency and continuity over longer periods of time." (88 FR 78970 - 78971).

CMS responded to concerns raised by commenters about potential duplicative payment and potential misreporting of the code, noting that when procedures or other services are reported on the same day by the same billing practitioner with a significant, separately identifiable O/O E/M visit (the base codes that the visit complexity add-on code can be billed with), we believed that the services have resources that are sufficiently distinct from the costs associated with furnishing stand-alone O/O E/M visits to warrant a different payment policy (88 FR 78971). CMS finalized our proposal that the O/O E/M visit complexity

add-on code is not payable when the O/O E/M visit is reported with CPT Modifier -25, which denotes a significant, separately identifiable O/O E/M visit by the same physician or other qualified health care professional on the same day as a procedure or other service (88 FR 78974).

B. Policy: CMS has finalized updates to refine our current policy for services furnished beginning in CY 2025 to allow payment of the O/O E/M visit complexity add-on code when the O/O E/M base code is reported by the same practitioner on the same day as an annual wellness visit (AWV), vaccine administration, or any Medicare Part B preventive service furnished in the office or outpatient setting. This will ensure that our policy, which aims to make payment for previously unaccounted resources inherent in the complexity of all longitudinal primary care office visits, is achieved. In part, the visit complexity add-on code recognizes the inherent costs of building trust in the practitioner-patient relationship. We believe that trust-building in the longitudinal relationship is more significant than ever in making decisions about the administration of immunizations and other Medicare Part B preventive services.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13705.1	Effective for dates of service on or after January 1, 2025, contractors shall allow the add-on HCPCS code G2211 on the same date of service as an evaluation and management visit (codes 99202-99205, 99211-99215) reported with modifier 25 when a service identified in attachment 1 is also present for the same date of service. NOTE: For institutional claims this applies to Method II Critical Access Hospital on the same encounter for TOB 85X (Revenue codes 096x, 097x or 098x) only.					X	X			
13705.2	Contractors shall allow HCPCS code G2211 on type of bill (TOB) 85x with revenue codes 096x, 097x or 098x.					X				
13705.3	Contractors shall create/use a User-controlled table to allow MAC changes for attachment 1.					X	X			
13705.3.1	Contractors shall update the User-controlled table to reflect	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	changes in attachment 1.									
13705.4	Contractors shall update the user table to add, or remove, the following codes within 10 business days from the issuance of this CR: Codes to add- 74263 80061 80081 81528 82270 82947 82950 82951 83036 86592 86593 86631 86632 86704 86706 86780 87110 87270 87320 87340	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	87341									
	87490									
	87491									
	87590									
	87591									
	87800									
	87810									
	87850									
	90480									
	90653									
	90656									
	90657									
	90658									
	90660									
	90661									
	90662									
	90670									
	90671									
	90673									
	90677									
	90684									
	90732									
	90739									
	90740									
	90743									

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	90744									
	90746									
	90747									
	90759									
	91304									
	91318									
	91319									
	91320									
	91321									
	91322									
	96380									
	96381									
	G0008									
	G0009									
	G0010									
	G0011									
	G0012									
	G0013									
	G0103									
	G0123									
	G0143									
	G0144									
	G0145									
	G0147									
	G0148									

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	G0327									
	G0432									
	G0435									
	G0472									
	G0475									
	G0476									
	G0499									
	G9880									
	G9881									
	G9886									
	G9887									
	G9888									
	J0739									
	J0751									
	J0799									
	P3000									
	Q2039									
	Codes to remove-									
	96156									
	96158									
	96159									
	96164									
	96165									
	96167									
	96168									

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	G0106 G0120									

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part B, A/B MAC Part A

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Pre-Implementation Contact(s): Erick Carrera, erick.carrera@cms.hhs.gov , William Ruiz, william.ruiz@cms.hhs.gov , Charles Nixon, charles.nixon@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

HCPCS/CPT Code	Short or Long Descriptor	Status Code
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	A
74263	Ct colonography screening	A
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	A
76977	Us bone density measure	A
77063	Breast tomosynthesis bi	A
77067	Scr mammo bi incl cad	A
77078	Ct bone density axial	A
77080	Dxa bone density axial	A
77081	Dxa bone density/peripheral	A
77085	Dxa bone density axl vrt fx	A
80061	Lipid panel	X
80081	Obstetric panel inc hiv tstg	X
81528	Oncology colorectal scr	X
82270	Occult blood feces	X
82947	Assay glucose blood quant	X
82950	Glucose test	X
82951	Glucose tolerance test (gtt)	X
83036	Hemoglobin glycosylated a1c	X
86592	Syphilis test non-trep qual	X
86593	Syphilis test non-trep quant	X
86631	Chlamydia antibody	X
86632	Chlamydia igm antibody	X
86704	Hep b core antibody total	X
86706	Hep b surface antibody	X
86780	Treponema pallidum	X
87110	Chlamydia culture	X
87270	Chlamydia trachomatis ag if	X
87320	Chlmyd trach ag ia	X

87340	Hepatitis b surface ag ia	X
87341	Hep b surface ag neutrlzj ia	X
87490	Chlmyd trach dna dir probe	X
87491	Chlmyd trach dna amp probe	X
87590	N.gonorrhoeae dna dir prob	X
87591	N.gonorrhoeae dna amp prob	X
87800	Detect agnt mult dna direc	X
87810	Chlmyd trach assay w/optic	X
87850	N. gonorrhoeae assay w/optic	X
90460	Im admin 1st/only component	A
90461	Im admin each addl component	A
90471	Immunization admin	A
90472	Immunization admin each add	A
90473	Immune admin oral/nasal	A
90474	Immune admin oral/nasal addl	A
90480	Admn sarscov2 vacc 1 dose	X
90653	Iiv adjuvant vaccine im	X
90656	Iiv3 vacc no prsv 0.5 ml im	X
90657	Iiv3 vaccine splt 0.25 ml im	X
90658	Iiv3 vaccine splt 0.5 ml im	X
90660	Laiv3 vaccine intranasal	X
90661	Cciiv3 vac abx fr 0.5 ml im	X
90662	Iiv no prsv increased ag im	X
90670	Pcv13 vaccine im	X
90671	Pcv15 vaccine im	X
90673	Riv3 vaccine no preserv im	X
90677	Pcv20 vaccine im	X
90684	Pcv21 vaccine im	X
90732	Ppsv23 vacc 2 yrs+ subq/im	X
90739	Hepb vacc 2/4 dose adult im	X
90740	Hepb vacc 3 dose immunsup im	X
90743	Hepb vacc 2 dose adolesc im	X
90744	Hepb vacc 3 dose ped/adol im	X

90746	Hepb vaccine 3 dose adult im	X
90747	Hepb vacc 4 dose immunsup im	X
90759	Hep b vac 3ag 10mcg 3 dos im	X
91304	Sarscov2 vac 5mcg/0.5ml im	X
91318	Sarscov2 vac 3mcg trs-suc im	X
91319	Sarscv2 vac 10mcg trs-suc im	X
91320	Sarscv2 vac 30mcg trs-suc im	X
91321	Sarscov2 vac 25 mcg/.25ml im	X
91322	Sarscov2 vac 50 mcg/0.5ml im	X
96380	Admn rsv monoc antb im cnsl	A
96381	Admn rsv monoc antb im njx	A
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	A
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	A
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	A
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	A
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	A

99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	A
G0008	Admin influenza virus vac	X
G0009	Admin pneumococcal vaccine	X
G0010	Admin hepatitis b vaccine	X
G0011	Hiv prep counsel, md 15-30m	A
G0012	Injection of hiv prep drug	A
G0013	Hiv prep counsel, clin staff	A
G0101	Ca screen;pelvic/breast exam	A
G0102	Prostate cancer screening; digital rectal examination	A
G0103	Psa screening	X
G0104	Ca screen;flexi sigmoidscope	A
G0105	Colorectal scrn; hi risk ind	A
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	A
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	A
G0121	Colon ca scrn not hi rsk ind	A
G0123	Screen cerv/vag thin layer	X
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	A
G0130	Single energy x-ray study	A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes	A

G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	A
G0143	Scr c/v cyto,thinlayer,rescr	X
G0144	Scr c/v cyto,thinlayer,rescr	X
G0145	Scr c/v cyto,thinlayer,rescr	X
G0147	Scr c/v cyto, automated sys	X
G0148	Scr c/v cyto, autosys, rescr	X
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes	A
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes	A
G0296	Visit to determ ldct elig	A
G0327	Colon ca scrn;bld-bsd biomrk	X
G0328	Fecal blood scrn immunoassay	X
G0402	Initial preventive exam	A
G0403	Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	A
G0404	Electrocardiogram, routine ecg with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination	A
G0405	Electrocardiogram, routine ecg with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination	A

G0432	Eia hiv-1/hiv-2 screen	X
G0433	Elisa hiv-1/hiv-2 screen	X
G0435	Oral hiv-1/hiv-2 screen	X
G0438	Ppps, initial visit	A
G0439	Ppps, subseq visit	A
G0442	Annual alcohol misuse screening, 5 to 15 minutes	A
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	A
G0444	Annual depression screening, 5 to 15 minutes	A
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	A
G0446	Intens behave ther cardio dx	A
G0447	Behavior counsel obesity 15m	A
G0472	Hep c screen high risk/other	X
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	A
G0475	Hiv combination assay	X
G0476	Hpv combo assay ca screen	X
G0499	Hepb screen high risk indiv	X
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	A
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code g0513 for additional 30 minutes of preventive service)	A

G9880	Em 5 percent wl	X
G9881	Em 9 percent wl	X
G9886	In-person attendance g code	X
G9887	Distance learning attendance	X
G9888	5% wl maintnd from bsline wt	X
J0739	Hiv prep, inj, cabotegravir	X
J0750	Hiv prep, ftc/tdf 200/300mg	X
J0751	Hiv prep, ftc/taf 200/25mg	X
J0799	Hiv prep, fda approved, noc	X
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	X
P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	A
Q0091	Obtaining screen pap smear	A
Q2039	Influenza virus vaccine, nos	X

HCPCS/CPT Code	Short or Long Descriptor	Status Code	Preventive Service or Vacine Administration
G0106	Colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema	A	No longer covered as of 1/1/25
G0120	Colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema	A	No longer covered as of 1/1/25
96156	Hlth bhv assmt/reassessment	A	Not a preventive service
96158	Hlth bhv ivntj indiv 1st 30	A	Not a preventive service
96159	Hlth bhv ivntj indiv ea addl	A	Not a preventive service
96164	Hlth bhv ivntj grp 1st 30	A	Not a preventive service
96165	Hlth bhv ivntj grp ea addl	A	Not a preventive service
96167	Hlth bhv ivntj fam 1st 30	A	Not a preventive service
96168	Hlth bhv ivntj fam ea addl	A	Not a preventive service