

Optimizing Revenue from G2211 Modifier

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Plan

Starting January 1, 2024, the Centers of Medicare & Medicaid Services (CMS) reduced the conversion factor for reimbursement of RVUs. Simultaneously, a G2211 modifier was introduced to be used when a provider has a long-term relationship with a patient and is either 1) providing all care needs like a PCP or 2) providing longitudinal care of a serious or complex medical condition. This modifier is particularly relevant to PM&R practices given the emphasis on managing chronic, disabling conditions. In our department, use of the G2211 modifier has been limited resulting in missed revenue. We suspect there are two primary reasons for limited use of the G2211 modifier: 1) awareness of when it is appropriate to use and 2) forgetting to add during a busy clinic day.

Do

We aimed to increase the use of the G2211 modifier to at least 20% of return visits with the same provider. Education regarding the G2211 modifier was provided at Bi-Monthly Faculty Meetings and our annual Faculty Retreat. An optional alert suggesting consideration of the G2211 modifier was added to visits when 1) it is a return visit and 2) no procedure codes have been billed. Adding this required discussion during our monthly Rehab EMR Governance committee, which I chair as the Chief Medical Information Officer (CMIO) of PM&R.

Study

We monitored the use of the G2211 modifier from January 2024 through December 2025.

Act

Educational presentations had an impact on G2211 usage, however the optional reminder at chart closure had a much greater impact. The months following this reminder have seen an **average increase in G2211 modifier use of 54% and revenue of \$6,875.90 per month**. If this trend holds, it would result in **approximately \$80,000 in additional department revenue per year**. Individual provider analysis demonstrated the marked uptick in G2211 usage for the majority. Targeted outreach to the provider who continue to underutilize this modifier is warranted.

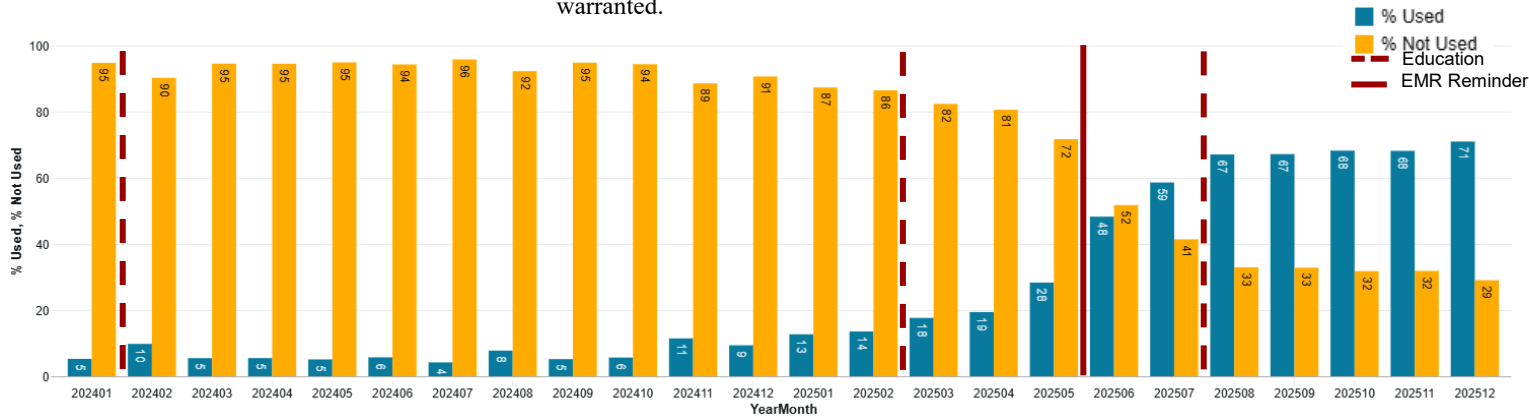


Figure 2. Percent Usage of G2211 Modifier for Return Patient Visits Per Provider. Providers were excluded from individual analysis if they had <5 visits per month on average during the study period. 15 of 19 providers increased to the 20% target with the majority vastly exceeding this. 13 providers increased their usage by >50%. There was one notable individual with high pre-reminder usage, who had a relative decrease following the reminder and 5 individuals with continued relative low usage of G2211.

Figure 1. Percent Usage of G2211 Modifier for Return Patient Visits. In January 2024, an email communication was sent to all faculty encouraging use of G2211 modifier without measurable impact. G2211 was discussed during a faculty meeting in March 2025 and conversations following AAP 2025 while this project was in development. An EMR reminder was deployed in mid-June 2025 and discussed in the following faculty meeting.

