✓MetroPlusHealth

TO: All Providers
RE: Complex Pediatric Care-Coverage of HCPCS Add-On Code "G2211"
Impacted Plans: Medicaid and HIV- SNP

Dear MetroPlusHealth Provider,

Effective April 1, 2026, to align with the New York State Medicaid Guidelines, MetroPlus Health is allowing coverage and reimbursement of HCPCS add-on code "**G2211"** for eligible providers actively treating complex pediatric cases.

Clinical and Billing Criteria:

- Providers must document the medical complexity and ongoing care that justify the use of HCPCS code "**G2211**", including how the visit aligns with a patient-centered plan of care.
- The visit complexity for HCPCS code "**G2211**" is related to the additional effort of providing longitudinal care. It is **not** based on specific diagnoses or the level of medical decision-making.
- HCPCS code "**G2211**" may **not** be reported for acute or routine care.
- Age Limitation: coverage of HCPCS code "**G2211**" is limited to Medicaid members from birth to 20 years of age.
- Frequency Limitation: claims billed more than **once per week, per member** will be **denied**.
- Please note, HCPCS code **"G2211"** needs to be treated as an add-on code and should **not** be reported *independently*.
- "**G2211"** must be billed in **conjunction with** an E/M procedure code, which may include preventative visit codes, on the same date of service.
- Place of Service (POS) Limitations: Reimbursement is allowable when billed with POS codes "**02", "10", "11", "19", or "22** on professional claims**.**

If you have any questions regarding this memo, please contact MetroPlusHealth at 800.303.9626, or email Provider Relations at providerrelationsops@metroplus.org.

Thank you,

MetroPlusHealth