

## Direct Contracting Primary Care Capitation (PCC) Fee Reduction Codes

Payment Method      Participant Providers

PCC	PY2022: Primary Care Claims Reduction <u>5-100%</u>
	PY2023: Primary Care Claims Reduction <u>10-100%</u>
	PY2024: Primary Care Claims Reduction <u>20-100%</u>
	PY2025: Primary Care Claims Reduction <u>100%</u>
	PY2026: Primary Care Claims Reduction <u>100%</u>

### **Rural Providers:**

For institutional claims in PY2022, only services billed by Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), regardless of CPT/HCPCS or provider specialty, are eligible for PCC payments. This flexibility was created for FQHC and RHC facilities because these organizations are specifically designed to provide primary care to the populations they serve.

### **Legacy Risk Pool Providers:**

For PY2022, CMS defines primary care-based services as claim lines from professional claims for Evaluation and Management (E/M) office visits for both new and established patients using the current procedural terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes described in **Table B.6.3**:

#### **Administration of HRA**

- 96160 – Administration of patient-focused health risk assessment instrument
- 96161 – Administration of caregiver-focused health risk assessment instrument

#### **Office or Other Outpatient Services**

- 99201 – New Patient, brief
- 99202 – New Patient, limited
- 99203 – New Patient, moderate
- 99204 – New Patient, comprehensive
- 99205 – New Patient, extensive
- 99211 – Established Patient, brief
- 99212 – Established Patient, limited
- 99213 – Established Patient, moderate
- 99214 – Established Patient, comprehensive
- 99215 – Established Patient, extensive

#### **Domiciliary, Rest Home, or Custodial Care Services**

- 99324 – New Patient, brief
- 99325 – New Patient, limited
- 99326 – New Patient, moderate
- 99327 – New Patient, comprehensive
- 99328 – New Patient, extensive
- 99334 – Established Patient, brief
- 99335 – Established Patient, moderate
- 99336 – Established Patient, comprehensive
- 99337 – Established Patient, extensive

## **Professional services provided in a non-skilled Nursing Facility**

99304 – Initial Nursing Facility Care  
99305 – Initial Nursing Facility Care  
99306 – Initial Nursing Facility Care  
99307 – Subsequent Nursing Facility Care  
99308 – Subsequent Nursing Facility Care  
99309 – Subsequent Nursing Facility Care  
99310 – Subsequent Nursing Facility Care  
99311 – Subsequent Nursing Facility Care  
99312 – Subsequent Nursing Facility Care  
99313 – Subsequent Nursing Facility Care  
99314 – Subsequent Nursing Facility Care  
99315 – Nursing Facility Discharge Services  
99316 – Nursing Facility Discharge Services  
99317 – Nursing Facility Discharge Services  
99318 – Other Nursing Facility Care

## **Domiciliary, Rest Home, or Home Care Plan Oversight Services**

99339 – Brief  
99340 – Comprehensive

## **Home Services**

99341 – New Patient, brief  
99342 – New Patient, limited  
99343 – New Patient, moderate  
99344 – New Patient, comprehensive  
99345 – New Patient, extensive  
99347 – Established Patient, brief  
99348 – Established Patient, moderate  
99349 – Established Patient, comprehensive  
99350 – Established Patient, extensive

## **Prolonged care for outpatient visit**

99354 – Prolonged visit, first hour  
99355 – Prolonged visit, add'l 30 mins  
G2212 – Prolonged visit, add'l 15 mins

## **Telephone Visits – Online Digital or Audio Only**

99421 – Online digital, Established Patient, 5–10 mins  
99422 – Online digital, Established Patient, 10–20 mins  
99423 – Online digital, Established Patient, 21+ mins  
99441 – Phone, Established Patient, 5–10 mins  
99442 – Phone, Established Patient, 10–20 mins  
99443 – Phone, Established Patient, 21+ mins

## **Cognitive Assessment and Care Plan Services**

99483 – Cognitive assessment and care plan services

## **Chronic Care Management (CCM) Services**

99437 – Chronic care management services each add'l 30 minutes by a physician or other qualified health care professional, per calendar month

99424 – Principal care management services for a single high-risk disease first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month  
99425 – Principal care management services for a single high-risk disease each add'l 30 minutes provided personally by a physician or other qualified health care professional, per calendar month  
99426 – Principal care management services, for a single high-risk disease first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month  
99427 – Principal care management services, for a single high-risk disease each add'l 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month  
99487 – Extended care coordination time for especially complex patients (first 60 mins)  
99489 – Add'l care coordination time for especially complex patients (30 mins)  
99490 – Comprehensive care plan establishment/implementations/revision/monitoring  
G2064 – Comprehensive care management, physician  
G2065 – Comprehensive care management, clinical staff  
G0506 – Add'l work for the billing provider in face-to-face assessment or CCM planning

### **Behavioral Health Integration (BHI) Services**

99484 – Monthly services furnished using BHI models  
99492 – Initial psychiatric collaborative care management, first 70 mins  
99493 – Subsequent psychiatric collaborative care management, first 60 mins  
99494 – Initial or subsequent psychiatric collaborative care management, add'l 30 mins  
G2214 – Psychiatric collaborative care management

### **Care Management Home Visit**

G0076 – Brief (20 minutes) care management home visit for a new patient  
G0077 – Limited (30 minutes) care management home visit for a new patient  
G0078 – Moderate (45 minutes) care management home visit for a new patient  
G0079 – Comprehensive (60 minutes) care management home visit for a new patient  
G0080 – Extensive (75 minutes) care management home visit for a new patient  
G0081 – Brief (20 minutes) care management home visit for an existing patient  
G0082 – Limited (30 minutes) care management home visit for an existing patient  
G0083 – Moderate (45 minutes) care management home visit for an existing patient  
G0084 – Comprehensive (60 minutes) care management home visit for an existing patient  
G0085 – Extensive (75 minutes) care management home visit for an existing patient  
G0086 – Limited (30 minutes) care management home care plan oversight  
G0087 – Comprehensive (60 minutes) care management home care plan oversight

### **Transitional Care Management Services**

99495 – Communication (14 days of discharge)  
99496 – Communication (7 days of discharge)

### **Advance Care Planning**

99497 – ACP first 30 mins—*Note: subject to exclusion if beneficiary has an overlapping inpatient stay, per proposed Medicare Shared Savings Program regulation*  
99498 – ACP add'l 30 mins—*Note: subject to exclusion if beneficiary has an overlapping inpatient stay, per proposed Medicare Shared Savings Program regulation*

### **Wellness Visits**

G0402 – Welcome to Medicare visit  
G0438 – Annual wellness visit  
G0439 – Annual wellness visit

**Depression and alcohol misuse**

- G0442 – Annual alcohol misuse screening
- G0443 – Annual alcohol misuse counseling
- G0444 – Annual depression screening

**Professional Services Provided in ETA Hospitals**

- G0463 – Professional Services Provided in ETA Hospitals

**Advance Care Planning (where LINE.CLM\_POS\_CD does not equal 21)**

- 99497 – ACP first 30 minutes (subject to exclusion if beneficiary has an overlapping inpatient stay, per proposed Medicare Shared Savings Program regulation)
- 99498 – ACP add'l 30 minutes (subject to exclusion if beneficiary has an overlapping inpatient stay, per proposed Medicare Shared Savings Program regulation)

**Virtual check-ins**

- G2010 – Remote evaluation, Established Patient
  - G2012 – Brief communication technology-based service, 5–10 mins of medical discussion
  - G2252 – Brief communication technology-based service, 11-20 minutes of medical discussion
- 1 Note: per the proposed Medicare Shared Savings Program methodology, claims will be excluded from alignment if a beneficiary has a skilled nursing facility stay with overlapping dates of service.

The primary care-based service must also be provided by a provider whose principal specialty in the Provider Enrollment, Chain and Ownership System (PECOS) is included in **Table B.6.4**:

Code	Specialty
1	General Practice
8	Family Medicine
11	Internal Medicine
37	Pediatric Medicine
38	Geriatric Medicine
50	Nurse Practitioner
89	Clinical Nurse Specialist
97	Physician Assistant