

## **ACO REACH Primary Care Capitation (PCC) Fee Reduction Codes**

### Payment Method Participant Providers

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

### **Rural Providers:**

For institutional claims in PY2023, 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 PY2023, 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
- 99315 – Nursing Facility Discharge Services
- 99316 – 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
- 99424 – Principal Care Management (PCM)
- 99425 – Principal Care Management (PCM)
- 99426 – Principal Care Management (PCM)
- 99427 – Principal Care Management (PCM)
- 99437 – Principal Care Management (PCM)
- 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**

- 99421 – Chronic care management services each add'l 30 minutes by a physician or other qualified health care professional, per calendar month
- 99422 – 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
- 99423 – 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
- 99424 – Principal care management service, 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
- 99425 – 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
- 99439 – Non-complex chronic care management services, add'l 30 min
- 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
- G2058 – Non-complex chronic care management services
- 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)

### **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       |