PAYMENT POLICY		
Advance Primary Care Management Services		
Original Date Approved	**Effective Date**	**Revision Date**
2/5/2025	7/1/2025	
Applies to Products:		
☒ Senior Care Options MA	☒ One Care MA	

PAYMENT POLICY STATEMENT:

Commonwealth Care Alliance, Inc. (CCA) has established a payment policy that defines Advance Primary Care Management Services (APCM) as outlined by the Centers for Medicare & Medicaid (CMS) and is not meant as a guarantee of payment for services rendered to CCA members. CCA does not cover/reimburse APCM services unless these services are specified as covered within the provider's contract with CCA.

DEFINITIONS:

APCM: Bundled services used for monthly billing that combine elements of several existing care management and communication technology-based services.

CMS: A federal agency that is part of the U.S. Department of Health and Human Services responsible for administering and managing the Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), HIPAA, and the Clinical Laboratory Improvement Amendments (CLIA) programs.

Healthcare Common Procedure Coding System (HCPCS): (Also known as HCPCS Level II) An alphanumeric code starting with an alphabetical letter followed by 4 numeric digits; it is used to identify medical related products, supplies, and services not included in the CPTS codes for billing purposes.

CMS-1500: (also known as HCFA) Claim form used for professional services.

AUTHORIZATION REQUIREMENTS (If applicable):

N/A

REIMBURSEMENT GUIDELINES:

APCM services became a new benefit effective January 1, 2025, but are not covered by CCA unless specified in the provider's contract. As defined by CMS, APCM services combine care management and communication technology-based services and include essential advanced primary care elements such as Principal Care Management (PCM), Transitional Care Management (TCM), and Chronic Care Management (CCM). APCM

services allows for a wide range of services to meet a patient's needs based on complexity and can be billed as a monthly bundle.

APCM services should be billed using one of the following HCPCS codes and billed once per month per patient. **NOTE**: Only one provider can render and be reimbursed for APCM services during a calendar month.

Code	Description
G0556	Level 1 - Patient with one or fewer chronic conditions
G0557	Level 2 - Patient with two or more chronic conditions
G0558	Level 3 - Patient is Qualified Medicare Beneficiary with two or more chronic conditions

For providers that have APCM specified within their contract, to be reimbursed for this service, the provider must:

- Receive the patient's consent;
- Conduct an initiating visit for new patients or patients that have not been seen within the last three years;
- Provide 24/7 access and continuity of care to patient and the patient's caregivers;
- Provide comprehensive care management;
- Have a patient-centered comprehensive care plan;
- Coordinate care transitions between providers and settings;
- Coordinate practitioner, home, and community-based care;
- Provider enhanced communication opportunities;
- Conduct patient population-level management; and
- Measure and report performance.

Any CCA providers that are not contracted for APCM and bill for these services will receive claim denials as not covered.

RELATED SERVICE POLICIES:

N/A

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CCA has the right to expect the provider/facility to refund all payments related to non-compliance. CCA reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

REFERENCES:

CMS Advanced Primary Care Management Services
https://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/advanced-primary-care-management-services

CMS Calendar Year (CY) 2025 Medicare Physician Fee Schedule Final Rule
News Brief: https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2025-medicare-physician-fee-schedule-final-rule

Full Final Rule: https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other

POLICY TIMELINE DETAILS:

1. Approved: February 5, 2025