

CONSISTENT, PREDICTABLE REVENUE

# Primary Care Capitation in ACO REACH – What’s Included?

**Gain financial stability and spend more time caring for your most vulnerable patients.**

Primary Care Providers (PCPs) play a crucial role in managing the health of Medicare fee-for-service (FFS) patients, but the traditional payment model may not always provide the best outcomes. In response, the [ACO REACH Model](#) has been developed to introduce a new payment mechanism that provides PCPs with greater revenue stability and more predictable cash flow for their Medicare patients. This mechanism is known as [Primary Care Capitation \(PCC\)](#), and it represents a significant shift towards value-based care.

PCC is a new method of delivering compensation for primary care services with a fixed monthly amount per patient, regardless of how often the patient visits the doctor. This model provides PCPs with a consistent and predictable revenue stream, allowing them to concentrate on caring for their most vulnerable patients by reducing the total cost of care and achieving quality outcomes.



## What Does This Mean for Your Practice?

- + **PCC in ACO REACH includes the set of Evaluation and Management (PQEM) billing codes summarized on the next page** — you should continue to submit claims for all services as you otherwise would, but payment for claims under the E&M codes below will be reduced in accordance with your Fee Reduction Agreement, in exchange for these capitation payments.
- + **PCC in ACO REACH is intended to be revenue neutral** — your payments are indexed to the payments you received under FFS in previous years.

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Below is a summary of some of the most common codes Primary Care Physicians bill for PQEM Services that are included in PCC for ACO REACH. Please see [page 125 of CMS’ ACO REACH Model Participation Agreement](#) for a comprehensive list.

SERVICE	CODES	SERVICE	CODES
All services billed by Federally Qualified Health Centers (FQHCs)	77x	All services billed by Rural Health Centers (RHCs)	71x
Advance Care Planning (ACP)	99497, 99498	Annual Wellness Visit (AWV)	G0402, G0438, G0439
Behavioral Health Integration (BHI)	99484, 9949x	Care Management Home Visit	G0076 – G0087
Chronic Care Management (CCM)	99487, 99489, 99490, G0505	Depression/Alcohol Abuse	G0442, G0443, G0444
Domiciliary Rest Home/Custodial Care; Homecare Oversight	9932x, 9933x	Home Services	9934x
HRA Administration	9616x	Office / OP Visit	9920x, 9921x
Prolonged Care for Outpatient Visit	99354, 99355	Professional Service in Non-SNF	9930x, 9931x
Professional in Teaching Amendment	G0463	Telephonic	9942x, 9944x
Transitional Care Management (TCM)	99495, 99496	Virtual Check-In	G2010, G2012, G2252