

Introduction

Advanced Primary Care Management (APCM) is Medicare’s latest initiative to help providers deliver continuous, remote care management to patients. APCM services can only be billed under providers “responsible for all primary care and serve as the continuing focal point for all healthcare services,” whether in a clinic or federally qualified health center (FQHC).

APCM and its new HCPCS codes provide additional opportunities for practitioners to collect reimbursement for remote care management services, many of which they may already perform. APCM integrates population-based elements directly into the fee-for-service structure. This makes it a low-risk program that enhances care without requiring a full commitment to a new payment model.

All Medicare beneficiaries are eligible for APCM. The beneficiaries who are likely to benefit most from APCM are those with one or more chronic conditions. To efficiently identify eligible patients, providers may benefit from EHR or care management software to automate patient selection based on CMS’s criteria.

APCM Codes

The three APCM HCPCS codes have the same general requirements, but vary based on patient complexity.

Level 1 complexity

G0556

Patients with one or fewer chronic conditions, reimbursed at approximately \$15 per month.

Level 2 complexity

G0557

Patients with two or more chronic conditions, reimbursed at approximately \$50 per month.

Level 3 complexity

G0558

Patients who are Qualified Medicare Beneficiaries and have two or more chronic conditions, reimbursed at approximately \$110 per month.

APCM Billing in Action

APCM return on investment example:

Consider a practice with 1,000 Medicare patients who qualify for APCM:

APCM Code	Number of Patients	Reimbursement	Monthly Revenue
Level 1 patients (G0556)	400	x \$15	= \$6,000
Level 2 patients (G0557)	500	x \$50	= \$25,000
Level 3 patients (G0558)	100	x \$110	= \$11,000
Total monthly revenue			\$42,000
Total annual revenue			\$504,000

Requirements for Billing APCM codes

To bill for APCM, organizations must be prepared to deliver 13 service elements to enrolled Medicare beneficiaries. Not all services need to be provided each month, but the organization must be capable of delivering all of the service elements. The following are the key requirements for properly billing the three APCM codes:



1. Patient Consent

Inform the patient about the service, obtain consent, and document it in the medical record.



2. Initiating visit

For new patients or those not seen within three years.



3. Continuity of care

Ensure continuity with a designated team member for successive routine appointments.



4. Alternative care delivery

Care delivery options alternative to office visits, such as home visits and/or expanded hours.



5. Overall comprehensive care management

Conduct systematic needs assessments, ensure receipt of preventive services, manage medications and general clinical oversight.



6. Patient-centered care plan

Develop and maintain a comprehensive electronic care plan accessible to the care team and patient.



7. 24/7 access to care

Provide patients with 24/7 access to the care team/practitioner for urgent needs.



8. Coordination of care transitions

Coordinate transitions between healthcare settings and providers, ensuring timely exchange of health information and follow-up communication.



9. Ongoing communication

Coordinate with various service providers and document communications about the patient's needs, goals, and preferences.



10. Enhanced communication opportunities

Enable communications through secure messaging, email, patient portals, and other digital means.



11. Population data analysis

Identify care gaps and offer additional interventions as appropriate.



12. Risk stratification

Use data to identify and target services to patients.



13. Performance measurement

Assess quality of care, total cost of care, and use of certified EHR technology.

Combining APCM and Remote Patient Monitoring (RPM)

APCM is designed to work well with RPM. RPM enables healthcare providers to remotely track patients' physiological data via connected medical devices. Patients can be "dual enrolled" in APCM and RPM if one or more of their chronic conditions can be managed through remote monitoring. Coupling APCM and RPM enables more comprehensive patient care and provides further reimbursement opportunities for healthcare providers.

CPT Code 99453

Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment. *Non-facility average reimbursement: ~\$20*

CPT Code 99454

Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. *Non-facility average reimbursement: ~\$43*

CPT Code 99457

Remote physiologic monitoring treatment management services, clinical staff/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; initial 20 minutes. *Non-facility average reimbursement: ~\$48*

CPT Code 99458

Remote physiologic monitoring treatment management services, clinical staff/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes. *Non-facility average reimbursement: ~\$38*

APCM and RPM Billing in Action

RPM provides an additional revenue stream for practices offering APCM. With dedicated RPM billing codes, providers can bill Medicare for both services, increasing monthly and annual revenue.

Example revenue model:

Code	Number of Patients	Reimbursement	Revenue
RPM setup (CPT 99453)	1000	x \$20 =	\$20,000 (one-time setup)
Monthly monitoring (CPT 99454)	1000	x \$43 =	\$43,000 / month
Monthly communication (CPT 99457)	1000	x \$48 =	\$48,000 / month
Annual RPM revenue			\$1,112,000 (including setup)
Annual APCM revenue (based on above distribution of 1000 patients)			\$504,000
Total combined revenue			\$1,616,000

By adding RPM to APCM, practices can further optimize their revenue potential while enhancing patient care.

You can learn more about RPM billing and requirements [here](#).

Disclaimer

Health economic and reimbursement information provided by Prevounce is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice.