ADVANCED PRIMARY CARE MANAGEMENT:
GETTING IT RIGHT

DEFINITION:

Advanced Primary Care Management (APCM) enhances patient care through comprehensive coordination, chronic disease oversight, care transitions, and team-based collaboration. Unlike CCM/PCM, APCM applies to all Medicare beneficiaries, not just those with chronic conditions.

Service Type	CPT/HCPCS Code	Key Requirements
Clinical Staff Services	G0556	Coordination, medication management, education
Direct Physician/QHP Services	G0557	Comprehensive care planning, disease management
Combined Services	G0558	Involves both staff and physician
Transitional Care Management (TCM)	99495 / 99496	Discharge, follow-up visit, med reconciliation
Complex CCM	99487 / 99489	60+ mins, high complexity care, care plan
Advance Care Planning	99497 / 99498	Voluntary, time-based face-to-face discussion
Standard CCM/PCM	99490–99491 99424–99427	Use if APCM not fully applicable

WORKFLOW

CREATING WORKFLOW

Compliance Reminder: Services must be medically necessary, clearly documented, and non-duplicative.

WORKFLOW & REQUIREMENTS

STEP 01 Identify high risk patients and educate/consent on APCM.

STEP 02 Document all touchpoints and clinical rationale.

STEP 03 Deliver care using hybrid modalities (in-person, telehealth, team coordination).

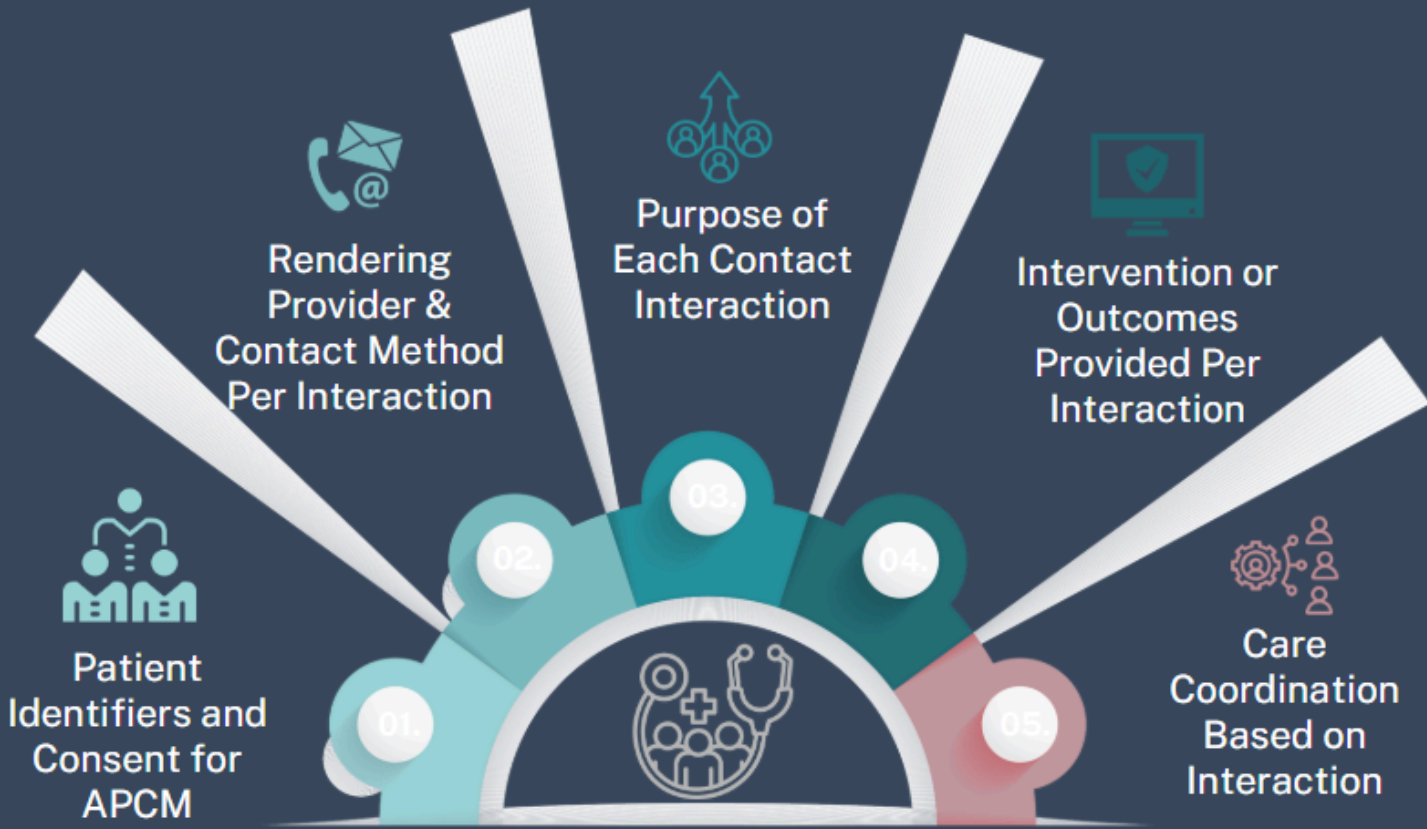**STEP 04** Submit claims monthly and audit for compliance.

Need help with APCM?

Our team can help implement, train, or audit your APCM services.

Contact us at: namas@namas.co | www.namas.co

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DOCUMENTATION REQUIREMENTS FOR APCM

01. Patient Identifiers and Consent for APCM

02. Rendering Provider & Contact Method Per Interaction

03. Purpose of Each Contact Interaction

04. Intervention or Outcomes Provided Per Interaction

05. Care Coordination Based on Interaction

Documentation to support the work.

Audit Checklist APCM

Patient Eligibility ☐
- Verify the patient meets the requirements for APCM services.
- Locate and verify patient consent for APCM services.

Rendering Provider ☐
- Verify the rendering provider type for each service or interaction.
- Ensure that the documented rendering provider supports the code selection

Interaction Purpose ☐
- Identify the purpose of the interaction as required per code category.
- Validate the documentation of the patient interaction supports the indicated service.

Clinical Staff Interaction: G0556 ☐
- This code should include documentation of who rendered services.
- Identify in the documentation the service performed: care coordination, medication use management, and/or patient education.

Provider Interaction: G0557 ☐
- Identify the provider and ensure they are a physician or other qulified healthcare provider per CMS.
- Verify the comprehensive care planning and/or the disease management.

Team Interaction: G0558 ☐
- Anlayze all patient interactions to ensure that ancillary staff and providers both interacted in patient services.
- These services can be direct or indirect, but cannot be services separately reportable by another CPT code.

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