

Payment Reform Council

Code Sets (Covered Services) Overview

The Role of Covered Services

The basic bundled payment is a per patient, per month payment for Covered Services provided to an attributed member of the PCP's panel. The payment should accurately reflect the average cost of Covered Services. The purpose of pre-paid comprehensive payment is to allow providers the funding to implement competencies and the flexibility to prioritize innovations in their practices. As a practical matter, the Covered Services must be expressed as code sets, the language of insurance payments.

Strawman

Every payer will have the same Covered Services included in the bundle. Criteria to consider when selecting services:

- Services that account for a significant portion of primary care practice revenue so that the dollars collected from the bundle are sufficient to support practice transformation;
- Services that are an important part of care for the population served by the program
- Services provided by the majority of eligible providers

The following programs and reports were reviewed to evaluate services commonly included in the comprehensive primary care payment:

- Comprehensive Primary Care Plus (CPC+) Payment Model Methodology
- State of Rhode Island Office of the Health Insurance Commissioner Primary Care Alternative Payment Model Work Group
- Vermont Primary Care Payment Work Group
- Massachusetts Primary Care Payment Reform Initiative

Based on review these programs, and consideration of the criteria above, the following codes are often included in comprehensive payment.

Category	Code	Servicing Provider
Immunization Administration	90460, 90461, 90471-90474, G0008, G0009	Primary Care Specialty Only
Office Visit, new or established patient	99201-99205, 99211-99215	Primary Care Specialty Only
Prolonged Encounter	99354, 99355, 99358	Primary Care Specialty Only
Hospital Outpatient Clinic Visit	G0463	Primary Care Specialty Only
Encounter Payment for FQHC Visit	T1015	Primary Care Specialty Only

Comprehensive Preventative Medicine Visit, new or established patient	99381-99387, 99391-99397	Primary Care Specialty Only
Preventative Counseling, individual or group	99401-99404, 99411, 99412	Primary Care Specialty Only
Alcohol Screening/SBIRT	99408, 99409	Primary Care Specialty Only
Health Risk Assessment	99420 (replaced by 96160/96161)	Primary Care Specialty Only
Other Preventative Medicine Services	99429	Primary Care Specialty Only
Initial Preventative Physical Exam	G0402	Primary Care Specialty Only
Annual Wellness Visit	G0438, G0439	Primary Care Specialty Only
Chronic Care Management	99490, 99487, G0506	Primary Care Specialty Only
Behavioral Health Care Management	G0507, 99484	Primary Care Specialty Only
Transitional Care Management	99495, 99496	Primary Care Specialty Only
Home Care	99324-99328, 99334-99337, 99339-99345, 99347-99350	Primary Care Specialty Only
Psychiatric Collaborative Care	G0502-G0504, 99492-99494	Primary Care Specialty Only
Cognition Assessment	G0505, 99483	Primary Care Specialty Only
SNF Rounding	99304 - 99318	Any provider type serving an attributed beneficiary (would be only PCP in CT PCM)
Hospitalist Services	99217-99223, 99231-99236, 99238, 99239, 99291, 99292	Any provider type serving an attributed beneficiary (would be only PCP in CT PCM)