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New APCM Codes Don't Have a Time Minimum, But Avoid 'Roster' Billing

By Nina Youngstrom

The latest addition to CMS's care management collection—Advanced Primary Care Management (APCM)—went live Jan. 1, but it's a departure from other versions. Physicians and nonphysician practitioners may bill Medicare for APCM without crossing a time threshold or even seeing the patient every month. Compliance turns more on having the capabilities required to provide APCM and an electronic plan of care for every patient, as well as refraining from "roster" billing.

"This is an attempt to take the value-based care model and put it in a fee-for-service world," said Martie Ross, a principal at PYA, at its Feb. 12 webinar. APCM "is a vehicle for providing fee-for-service reimbursement to support a practice's infrastructure" for team-based, patient-centered care. CMS accomplishes this "with three new codes you bill on a monthly basis based on the level of patient complexity, not the level of services provided," Ross said. "It's a very novel approach."

The three codes are:

- G0556 – beneficiaries with one or no chronic conditions
- G0557 – beneficiaries with multiple chronic conditions
- G0558 –beneficiaries with multiple chronic conditions who are Qualified Medicare Beneficiaries

The service elements of APCM, which was rolled out in the 2025 Medicare Physician Fee Schedule (MPFS) rule, are similar to chronic case management's, Ross said.[1] "The monthly bundle reflects the essential elements of advanced primary care," including chronic care management, principal care management and transitional care management, as well as virtual check-ins and other technology-based services, according to a PYA white paper.[2] CMS has applied the lessons learned from CMS's earlier primary care models, which paid physicians on a capitated basis (e.g., Primary Care First).

Although physicians bill for APCM, the services are provided by clinical staff in the practice under general supervision, Ross said. There are no minimum monthly time requirements for billing APCM codes and no specific services that must be performed, provided the patient's needs are met.

"It's not necessary to provide a direct service to bill in a given month," she said. "APCM becomes the floor for maintaining your care management program."

In addition to developing a plan of care, physicians must get patient consent and provide an initiating visit (separately payable) to patients who haven't been seen by the practice in the past three years. APCM is billed once a month by the practitioner who "is responsible for all primary care and serves as the continuing focal point for all needed health care services," Ross said.

Physicians also must maintain certain "service capabilities," which are set forth in table 25 of the MPFS rule.

They include providing patients with comprehensive care management and 24/7 access to care, as well as doing performance measurement and patient population-level management, including a review to identify patients who haven't had preventive care. "You're looking across your entire panel, not just at individual patients, to identify gaps in care," Ross explained. Physicians also must provide patients with enhanced message opportunities, such as secure messaging and patient portals.

"If they check off these boxes, practices are free to bill for APCM every month," she said.

Steer Clear of Roster Billing

That's not a green light for roster billing. "You can't say, 'Here are all my Medicare beneficiaries and I will sort them by chronic conditions and then bill [APCM] for everybody,'" Ross said. There must be a customized care plan that's regularly updated for every patient for whom the practice bills APCM. "To bill for a patient without a written care plan—that's the danger," she said.

And Medicare doesn't allow piling on of care management services. If they opt for APCM, physicians can't bill for chronic care management, transitional care management or principal care management for the same patient in the same month. But physicians are allowed to bill for both APCM and certain other management services, including behavioral health integration and remote physiologic monitoring.

1 Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments, 89 Fed. Reg. 97,710 (Dec. 9, 2024), https://bit.ly/41516QM,
2 PYA, Providing and Billing Medicare for Care Management Services, updated February 2025, https://bit.ly/3EwL1uj.