# Advanced Primary Care Management Services

**Claim Type:** 1500 and UB04 claims

**Source:** HMSA Administration

**Line of Business:** Medicare Advantage

**Description:**

This policy applies to services identified by Centers for Medicare & Medicaid Services (CMS) as Advanced Primary Care Management (APCM), a monthly bundled model for comprehensive primary care.

Effective March 1, 2026, HMSA Medicare Advantage will no longer recognize HCPCS codes classified by CMS as Advanced Primary Care Management (APCM) Services when billed by in-network providers.

For example, HMSA will no longer reimburse the following HCPCS codes:

- G0556 – Comprehensive assessment and care planning for patients requiring chronic care management, one chronic condition.
- G0557 – Comprehensive assessment and care planning for patients requiring chronic care management, multiple (two or more) chronic conditions.
- G0558 – Comprehensive assessment and care planning for a patient that is a Qualified Medicare Beneficiary (QMB) with multiple (two or more) chronic conditions.
- G0568 – Initial Psychiatric Collaborative Care (First Month)
- G0569 – Subsequent Psychiatric Collaborative Care (Follow up Months)
- G0570 – Behavioral Health Care Management (Per Month)

Claims submitted by in-network providers using APCM billing codes with dates of service on or after March 1, 2026, will be denied. HMSA will continue to cover Chronic Care Management (CCM) Services, Transitional Care Management (TCM) Services, and Principal Care Management (PCM) Services.

| Version | Effective Date | Summary of Changes |
|---|---|---|
| 1.0 | Service dates on or after March 1, 2026 | Initial release |
| 1.1 | Service dates on or after March 1, 2026 | Added add on codes G0568, G0569, G0570. |
| 1.2 | Service dates on or after January 1, 2027 | Added UB04 claims |