



Quick Reference Guide: Making Care Primary (MCP) Ambulatory Co-Management (ACM) Code

Background

For the first time in an advanced primary care model, Making Care Primary (MCP) will directly equip participating primary care organizations with tools to improve care coordination with high-quality specialists through access to data dashboards, Collaborative Care Arrangements (CCAs), model-specific interprofessional consultation, and co-management billing privileges. Beginning in Track 2, participants will have access to a new MCP e-Consult (MEC) code for all MCP-attributed beneficiaries. Track 2 participants will also identify high-quality Specialty Care Partners and MCP Specialists and establish expectations for coordination, through CCAs or collaborative protocols, respectively. Track 3 participants will enhance specialty relationships and introduce a new **Ambulatory Co-Management (ACM) code** to be used by specialist partners.

What is the Ambulatory Co-Management (ACM) Code?

The ACM code (G9038) is a new MCP-specific code billable by Specialty Care Partners (SCPs) and MCP Specialists¹ for MCP-attributed beneficiaries. The ACM code supports coordination and communication between the MCP clinicians and specialists in cases where the specialist shares management for a patient's condition with an MCP clinician. It is intended for patients that require both longitudinal primary and specialty care to stabilize a new or exacerbated chronic condition.

The Medicare Physician Fee Schedule (MPFS) currently includes a series of care coordination codes² that may be billed for time spent on care management activities outside of face-to-face patient visits. To be billed, these codes require the beneficiary to have one or more conditions that place them at significant risk of hospitalization, acute exacerbation, functional decline, or death. The ACM code is similar; however, it does not require the condition for which the code is being used to place a beneficiary at significant risk of death, acute exacerbation, or functional decline. The goal of the ACM code is to provide co-management during times when a beneficiary's care is rapidly changing and where primary care and specialists need to work together more closely. The ACM code will be priced at \$50 per service subject to the geographic adjustment factor (GAF) and subject to all Medicare payment adjustments and penalties to which the specialist's other Medicare FFS payments are subject.

What are the requirements for billing the ACM code?

- The billing National Provider Identifier (NPI) listed on the claim is a Specialty Care Partner or MCP Specialist for a Track 3 MCP Participant.
- The claim is for a beneficiary attributed to an MCP Participant in Track 3.
- The date of service (DOS) listed on the claim aligns with the MCP beneficiary's attribution dates.
- The billing NPI listed on the claim is identified through Provider Enrollment, Chain, and Ownership System (PECOS) as an eligible specialty type as set forth in Figure 1 below.

¹ Specialty Care Partners are specialists who are in a different TIN than the MCP Participant. MCP Specialists are specialists who are in the same TIN as the MCP Participant. Other important details and requirements for these roles can be found in the MCP Participation Agreement.

² Principal Care Management, Chronic Care Management, Complex Chronic Care Management codes



- Three ACM (G9038) claims have not been submitted by the same specialty type within the current calendar year for the MCP beneficiary. Note that two specialists that are different specialty types can bill the ACM code concurrently for the same MCP beneficiary.
- No other G9038 claims have been paid for the same MCP beneficiary by the same specialty type (as the physician submitting the claim for payment) with a DOS less than 30 days from the DOS of the claim.

ACM codes incorrectly billed may be subject to recoupment. Please refer to the Participation Agreement for the full parameters and requirements of the ACM code, Collaborative Care Arrangements, Specialty Care Partners, and MCP Specialists.

Example Clinical Vignette

A patient receiving care at an MCP practice has both chronic kidney disease and a history of heart failure. When the patient has a new heart failure exacerbation they are stabilized at the hospital and discharged back to their primary care physician (PCP). The MCP practice has established CCAs with both a local cardiology group and a local nephrology group. The patient sees the cardiologist at an outpatient practice where the provider recommends changes to the patient's diuretics, a primary care follow-up visit, and schedules time to speak with the patient's PCP. The Specialty Care Partner cardiologist bills an ACM code on the same day as they see the patient (in addition to their E/M code). Six weeks later, the cardiologist calls the PCP for an update on the plan of care for the patient and they discuss the additional recommendations from nephrology. The cardiologist bills a second ACM code on the date of that conversation. Six months later the patient is seen again in cardiology clinic; the cardiologist calls the PCP again and discusses the need to make further diuretic changes and bills the ACM code for a third time.

Figure 1

The following is the list of specialties (as currently listed in PECOS) who will be eligible to be added to a Specialty Care Partner List or who are eligible to be MCP Specialists at MCP Multispecialty Participants:

- Addiction Medicine
- Advanced Heart Failure and Transplant Cardiology
- Allergy/Immunology
- Cardiac Electrophysiology
- Cardiovascular Disease (Cardiology)
- Dermatology
- Endocrinology
- Gastroenterology
- Geriatric Medicine
- Geriatric Psychiatry
- Hematology
- Hematology/Oncology
- Hospice/Palliative Care
- Infectious Disease
- Internal Medicine
- Interventional Cardiology
- Medical Oncology
- Nephrology
- Neurology
- Neuropsychiatry
- Obstetrics/Gynecology
- Ophthalmology
- Orthopedic surgery
- Pain Management
- Peripheral Vascular Disease
- Physical Medicine and Rehabilitation
- Psychiatry
- Pulmonary Disease
- Rheumatology
- Sleep Medicine
- Sports Medicine
- Urology