Primary Care Incentive Payment Program

For primary care services furnished on or after January 1, 2011 and before January 1, 2016, a 10 percent incentive payment will be provided to primary care practitioners. CMS will provide Medicare contractors with a list of the NPIs (National Provider Identifiers). Eligible practitioners would be identified on a claim based on the NPI of the rendering practitioner. If the claim is submitted by a practitioner or group practice, the rendering practitioner’s NPI must be included on the line-item for the primary care service in order for a determination to be made regarding whether or not the service is eligible for payment under the PCIP (Primary Care Incentive Payment). In order to be eligible for the PCIP, Physician Assistants, Clinical Nurse Specialists, and Nurse Practitioners must be billing for their services under their own NPI and not furnishing services incident to physicians’ services. Regardless of the specialty area in which they may be practicing, these specific non-physician practitioners are eligible for the PCIP based on their profession and historical percentage of allowed charges as primary care services that equals or exceeds the 60 percent threshold. Beginning in CY 2011, primary care practitioners were identified based on their primary specialty of enrollment in Medicare and percentage of allowed charges for primary care services that equals or exceeds the 60 percent threshold from Medicare claims data 2 years prior to the bonus payment year. A provision to accommodate newly enrolled Medicare providers was released in 2011.

List of Primary Care Practitioners Eligible for Primary Care Incentives

|  |  |
| --- | --- |
| Year | File (.ZIP Format) |
| 2015 | Text File |
| 2014 | Text File |
| 2013 | Text File |
| 2011 & 2012 | Text File |

Primary Care Practitioner Defined

Section 5501(a)(2)(A) of The Affordable Care Act defines a primary care practitioner as:

* A physician who has a primary specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine; or
* A nurse practitioner, clinical nurse specialist, or physician assistant for whom primary care services accounted for at least 60 percent of the allowed charges under the PFS (Physician Fee Schedule) for the practitioner in a prior period as determined appropriate by the Secretary of Health and Human services.

Primary Care Services Defined

Section 5501(a)(2)(B) of The Affordable Care Act defines primary care services as those services identified by the following CPT (Current Procedure Terminology) codes as of January 1, 2009 (and as subsequently modified by the Secretary of Health and Human Services, as applicable):

* 99201 through 99215 for new and established patient office or other outpatient E/M (Evaluation and Management) visits;
* 99304 through 99340 for initial, subsequent, discharge, and other nursing facility E/M services; new and established patient domiciliary, rest home (e.g., boarding home), or custodial care E/M services; and domiciliary, rest home (e.g., assisted living facility), or home care plan oversight services; and
* 99341 through 99350 for new and established patient home E/M visits.

Primary Care Services Eligible for the PCIP:

| CPT Code | Description |
| --- | --- |
| 99201 | Level 1 new patient office or other outpatient visit |
| 99202 | Level 2 new patient office or other outpatient visit |
| 99203 | Level 3 new patient office or other outpatient visit |
| 99204 | Level 4 new patient office or other outpatient visit |
| 99205 | Level 5 new patient office or other outpatient visit |
| 99211 | Level 1 established patient office or other outpatient visit |
| 99212 | Level 2 established patient office or other outpatient visit |
| 99213 | Level 3 established patient office or other outpatient visit |
| 99214 | Level 4 established patient office or other outpatient visit |
| 99215 | Level 5 established patient office or other outpatient visit |
| 99304 | Level 1 initial nursing facility care |
| 99305 | Level 2 initial nursing facility care |
| 99306 | Level 3 initial nursing facility care |
| 99307 | Level 1 subsequent nursing facility care |
| 99308 | Level 2 subsequent nursing facility care |
| 99309 | Level 3 subsequent nursing facility care |
| 99310 | Level 4 subsequent nursing facility care |
| 99315 | Nursing facility discharge day management; 30 minutes |
| 99316 | Nursing facility discharge day management; more than 30 minutes |
| 99318 | Other nursing facility services; evaluation and management of a patient involving an annual nursing facility assessment |
| 99324 | Level 1 new patient domiciliary, rest home, or custodial care visit |
| 99325 | Level 2 new patient domiciliary, rest home, or custodial care visit |
| 99326 | Level 3 new patient domiciliary, rest home, or custodial care visit |
| 99327 | Level 4 new patient domiciliary, rest home, or custodial care visit |
| 99328 | Level 5 new patient domiciliary, rest home, or custodial care visit |
| 99334 | Level 1 established patient domiciliary, rest home, or custodial care visit |
| 99335 | Level 2 established patient domiciliary, rest home, or custodial care visit |
| 99336 | Level 3 established patient domiciliary, rest home, or custodial care visit |
| 99337 | Level 4 established patient domiciliary, rest home, or custodial care visit |
| 99339 | Individual physician supervision of a patient in home, domiciliary or rest home recurring complex and multidisciplinary care modalities; 30 minutes |
| 99340 | Individual physician supervision of a patient in home, domiciliary or rest home recurring complex and multidisciplinary care modalities; 30 minutes or more |
| 99341 | Level 1 new patient home visit |
| 99342 | Level 2 new patient home visit |
| 99343 | Level 3 new patient home visit |
| 99344 | Level 4 new patient home visit |
| 99345 | Level 5 new patient home visit |
| 99347 | Level 1 established patient home visit |
| 99348 | Level 2 established patient home visit |
| 99349 | Level 3 established patient home visit |
| 99350 | Level 4 established patient home visit |

Coordination of Primary Care Incentives with Other Payments

Section 5501 (a) (3) of The Affordable Care Act provides payment under the PCIP as an additional payment amount for specified primary care services without regard to any additional payment for the service under section 1833(m) of The Social Security Act. Therefore, an eligible primary care physician furnishing a primary care service in a HPSA may receive both a HPSA physician bonus payment under the established program and a PCIP payment for services rendered on and after January 1, 2011, and before January 1, 2016.