September 24, 2025

**Novel Medicare Primary Care Payment Approach including Integrated Behavioral Health:**

Medicare understands that most U.S. practices remain in a fee-for-service payment system getting paid for services performed.  Equally, Medicare seeks to gradually shift practices to accountable value-based care where clinicians are rewarded for their patients' positive health outcomes. In 2024 Medicare proposed a new primary care payment reform called **Advanced Primary Care Management (APCM)** to help primary care (PC) practices gain the capability to sustain high-quality primary care that includes behavioral health services. The new APCM base code (HCPCS\* codes G0556, G0557, G0558) is intended as an important step in a reform process channeling enhanced payment to primary care practices to support comprehensive, inter-professional (i.e. medical-behavioral) team-based care for patients.  Medicare views APCMs as a platform on which to support comprehensive prevention and management of chronic disease. In order to be reimbursed using the APCM billing code, practices must attest to having the availability to deliver 10 high-quality PC services including:  24/7 access; comprehensive care; team-based care; patient-centered comprehensive care plan; management of care transitions; enhanced communications opportunities, population-level management, performance management, among others.  The APCM base code became operational starting January 1, 2025.

For 2026, Medicare proposes establishing new **APCM add-on codes specifically for integrating behavioral services:**billing code GPCM1 for initial psychiatric collaborative care management; GPMC2 for subsequent psychiatric collaborative care management; and GPCM3 a monthly care management for clinician-directed services for BH conditions.  The add-on codes for behavioral health will not become effective until Medicare issues its Final Rule on the change likely by year-end 2025. The issue of patient co-pays is also presently unclear.

Potentially, starting in January 1, 2026, practices will be able to bill Medicare for the evaluation/management (E/M) code for the clinic visit,, plus the APCM base code, plus the BHI add-on codes. The APCM base code is a monthly per member per month prospective payment and practices can be applied to all primary care patients for whom the practice is responsible. The APCM base code does **not**require actual delivery of services, rather the practice must attest to having the capacity to deliver high quality PC services.  Further, the BHI add-on codes are no longer time-based requiring tracking clinicians' time.  And for the BHI add-on codes, unlike the APCM base code, practices **do** have to track the actual BH integration services delivered.

Medicare plans to closely monitor the uptake of this novel approach enabling primary care practices to deliver high quality care mental health services included.  What is clear to date is Medicare's consistent, strong commitment to reinvestment in primary care and to making behavioral health services an integral part of high-quality care delivery.  These developments are significant not only for the augmented new payments for primary care, but also for the direct linking of integration of mental health care to prevention and management of chronic disease, a top Administration priority.

\*Healthcare Common Procedure Coding System (HCPCS).