

Measure Requirements

Members who had at least one visit with a primary care physician (PCP) office between January 1, 2023, and December 31, 2023, using the following:

- CPT® code between 99201 – 99499 and/or HCPCS code G0246, G0402, G0438, or G0439
- The evaluation/visit was conducted through Telehealth, In-Office, In-Home, Assisted Living Facility, or at a Federally Qualified Health Center.
- The claim billing provider specialty was for a General Practice, Family Practice, Internal Medicine, Geriatric Medicine, CRNP PCP, or Continuing Care Retirement Center OR the claim billing provider specialty was for a Multi-Specialty, but the servicing provider specialty was one of the above listed specialties.

Note: The PCP does not have to be part of the practice the member is attributed or capitated to, but the PCP has to be in one of these specialties: Family/General Practice, Internal Medicine, Geriatrics, CRNP PCP, or Continuing Care Retirement Center.



Member Requirements

Medicare Advantage HMO and PPO members who are either capitated or attributed through claims to a practice for 11 consecutive months within the measurement year (2023).



QPM Targets	
Band 1	96.08% – 100%
Band 2	93.18% – 96.07%
Band 3	90.31% – 93.17%
Band 4	85.71% – 90.30%
Band 5	<85.70%

See payment details in [section 5](#) of guide.

Options to close Care Gaps

- **Option 1:** Claim/encounter submission with appropriate coding.

PCP Visit				
CPT® code	99201 – 99499			
HCPCS code	G0246	G0402	G0438	G0439

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