healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	PCP Scope of Reimbursement		
Policy Number:	PO-RE-135v1		
Effective Date:	01/01/2027	**Last Approval Date:**	08/17/2026

I. Policy Description

The purpose of this policy is to outline the reimbursement guidelines for services provided by Primary Care Physicians (PCPs). This policy will ensure that services rendered within the scope of PCPs are reimbursed fairly, and in accordance with State regulations and Healthfirst standards.

The information below applies to the following lines of business:

• Child Health Plus (CHP)	• Essential Plan (EP)
• Integrated Benefit Dual Plan (IB-Dual)	• Managed Long Term Care Plan (MLTCP – Senior Health Partners)
• Medicaid Managed Care (MMC)	• Medicaid Advantage Plus/MAP (CompleteCare)
• Medicare Advantage HMO	• Qualified Health Plan (QHP)
• Medicare PPO	• Personal Wellness Plan (HARP)

Definition of a PCP

A Primary Care Provider (PCP) refers to a healthcare provider who acts as the main point of contact for non-emergency medical needs. The PCP manages overall health through preventive care, routine checkups, and referrals to specialists when necessary, serving as the “go to” doctor for general health concerns.

Scope of Reimbursement

The scope of reimbursement refers to the specific services that may be performed by the primary care provider PCP. A list of these services is available upon request.

Policy Scope:

This policy applies to all Primary Care Physicians (PCPs) contracted with Healthfirst, including physicians, physician groups, and certified registered nurse practitioners. It does not apply to specialists who may provide PCP-related services within a larger scope of practice (e.g., OB/GYN

serving as PCP for some patients yet also managing other conditions). It encompasses the management and coordination of healthcare services for members, including, but not limited to:

- Primary and specialty care
- Hospital care
- Diagnostic testing
- Therapeutic care

Federally Qualified Health Centers (FQHCs) are recognized as operating under a distinct scope of services and reimbursement methodology. PCP services rendered by FQHCs are reimbursed in accordance with applicable federal and state regulations, FQHC-specific payment rules, and the provider's contract with Healthfirst, and may differ from standard PCP reimbursement.

This policy is relevant to all clinical specialty areas as defined by Healthfirst as primary care providers, included but not limited to:

Physicians	Nurse Practitioners
• Adolescent Medicine • Family Practice- General Care • General Practice • Geriatrics (Medicare and Commercial only • Infectious Disease (HIV Specialist PCP) • Internal Medicine • Pediatrics	• Adolescent Medicine • Adult Health • College Health • Family Health • Pediatrics • Women's Health • Women's Health

Reimbursement Guidelines:

1. Covered Services

   Reimbursement will be provided for services rendered by the primary care provider (PCP) that are all within the approved scope of reimbursement. Covered services include but are not limited to:

   - Preventive care (e.g., annual physical exams, vaccinations)
   - Diagnosis and treatment of acute and chronic conditions
   - Health screenings (e.g., blood pressure, cholesterol, diabetes)
   - Coordination of care with specialists
   - Patient education and counseling
   - Behavioral health assessments
   - Minor in-office procedures (e.g., wound care, suturing)

2. Documentation Requirements

   PCP must maintain accurate and complete medical records for each member, including:
   - Documentation of all services provided
   - Records of referrals made to specialty care and other services

- Nature of the services provided
- Diagnosis and treatment plan
- Length of time spent with the member (when applicable)
- Consent from member for telemedicine services (if applicable)

3. Operating Requirements

   PCP must follow all legal and contract requirements for the use of any diagnostic or treatment technology including, but not limited to:
   - The maintenance and calibration of technology
   - The interpretation of the results for any diagnostic or treatment technology, including required professional confirmation of the result

Limitation and Exclusion

- Obstetrics care is not included in this reimbursement policy. Please refer to our reimbursement policy for Obstetric Billing Guidelines.
- PCP services rendered by providers participating in capitated payment arrangements may be subject to alternative reimbursement methodologies. Services that are included within the scope of a capitation agreement are not separately reimbursable on a fee-for-service basis, unless otherwise specified in the provider's contract with Healthfirst.

Adjudication and Appeal Process

1. Reimbursement for PCP services will be determined based on the provider's scope of services, applicable payment methodology (including capitation, where applicable), and the reimbursement rates outlined in the provider's contract with Healthfirst.

2. Providers who offer services outside the defined scope of work will receive claim denials and will not be eligible for reimbursement.

3. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

4. This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit www.hfproviders.org.

5. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.

6. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17, "Billing & Claims Processing".*

For a list of services that are within the PCP Scope of Reimbursement, please reach out to your Healthfirst account manager.

II. Applicable Codes

Code	Description	Comment
Not Applicable		

III. Definitions

Term	Meaning
PCP	Primary care provider
PCP Scope	Refers to those activities that a person licensed to practice as a health professional is permitted to perform.

IV. Related Policies

Policy Number	Policy Description
PO-RE-132	Obstetric Billing Guidelines

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

Healthfirst Provider Manual
Healthfirst Personal Wellness Plan (HARP) Member Handbook, as applicable
New York State Medicaid Managed Care Model Contract – OB/GYN Providers as PCPs provision

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.