

# Humana's Patient-PCP Claims-Based Attribution

## How we attribute our members to primary care physicians\*

If you've wondered why or how Humana attributes our members to primary care physicians (PCPs), we'd like to explain.

### Why we attribute

To support you in helping your Humana-covered patients achieve lifelong well-being, we need to identify which physician each of those patients relies on most for healthcare.

Usually, your patients tell us who they see for primary care. When a patient doesn't, we analyze data to identify the physician the patient visits most often and attribute the patient to that physician.

Using our process, we assign patients to a PCP. Our various clinical initiatives then use this data to tell you about opportunities we have identified, such as possible tests or treatments you might consider when caring for your Humana-affiliated patients.

### How we attribute

We review up to 24 months of retrospective claims data for each member monthly to determine who the member's PCP should be. Physicians should note that Humana-covered patients with designated PCPs are not restricted from seeing other doctors for primary care.

### Questions?

If you would like to know more about Humana's patient-PCP attribution, please contact your Humana representative.

\*Humana's attribution process applies to patients with Humana preferred provider organization (PPO), private fee-for-service (PFFS) and select health maintenance organization (HMO OpenAccess) plans.

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### FACTORS AFFECTING ATTRIBUTION

- Claims for evaluation/management (E/M) visits, wellness visits, physical assessments and some OB-GYN visits are reviewed. (See back page for applicable codes.)
- Visits are evaluated within the most recent six months, then the remainder of a year, then 13-24 months.
- In the event of a tie, total visits, most recent visit date and total claim dollars are used.
- Patients must have three or more consecutive visits to cause a change in PCPs.
- Patients who currently do not have a PCP will be attributed with one visit.
- Patients can call us anytime to change PCPs.

#### Please note:

- Patients without an attributable visit in the past 24 months are not removed from a physician's panel.
- Patients whose PCP has changed in the past six months are not evaluated through the attribution model until the seventh month.

## Codes Considered for Attribution

CPT Codes	Code Range	POT Codes	Code
Office or Other Outpatient Services	99201-99215	Telehealth	02
Consultation Services	99241-99245	Homeless Shelter	04
Confirmatory Consult	99271-99275	Indian Free-Standing Facility	05
Nursing Facility Services	99304-99323	Indian Provider-Based Facility	06
Domiciliary, Rest Home or Custodial Care	99324-99340	Tribal 638 Free-standing Facility	07
Home Services	99341-99350	Tribal 638 Provider-Based Facility	08
Care Plan Oversight Services	99374-99380	Prison/Correctional Facility	09
Preventive Medicine Services	99381-99432	Office	11
Telephonic Care Management	99441-99444	Home	12
Chronic Care Management	99487-99490	Assisted Living Facility	13
Transitional Care Management	99495-99496	Group Home	14
Advanced Care Planning	99497-99498	Off Campus-Outpatient Hospital	19
Care Plan Oversight	G0179-G0182	On Campus-Outpatient Hospital	22
Preventive Physical Exam	G0344-G0402	Military Treatment Facility	26
Annual Wellness Visit	G0438-G0439	Nursing Facility	32
Hospital Outpatient Clinic Visit	G0463	Custodial Care Facility	33
FQHC Visits	G0466-G0470, G0511-G0512	Federally Qualified Health Center	50
		Public Health Clinic	71
Prolonged Care Services	G0513-G0514	Rural Health Clinic	72
Bundled Payments for Care Improvement	G9187		
Telehealth Codes	98966, 98967, 98968, 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99441, 99442, 99443, G0406, G0407, G0408, G0425, G0426, G0427, G0459, G0508, G0509, S0320, T1014		

Revenue Codes	Code
Clinic-General Classification	0510
Clinic-Psychiatric Clinic	0513
Clinic-OB/GYN Clinic	0514
Clinic-Family Practice Clinic	0517
Clinic-Other Clinic	0519
Freestanding Clinic-General Classification	0520
Freestanding Clinic-Clinic visit by member to RHC/FQHC	0521
Freestanding Clinic-Home visit by RHC/FQHC Practitioner	0522
Freestanding Clinic-Family Practice Clinic	0523
Freestanding Clinic-Visit by RHC/FQHC Practitioner to a member in a SNF or Skilled Swing Bed in a Covered Part A stay	0524
Freestanding Clinic-Visit by RHC/FQHC Practitioner to a member in a SNF (not in a Covered Part A stay) or NF or ICF MR or other Residential Facility	0525
Freestanding Clinic-Other Freestanding Clinic	0529
Professional Fees (Extension of 096X and 097X)-Clinic	0983