

# FY24 Medicare Physician Fee Schedule Final Rule Summary

Effective January 1, 2024

**Final Rule Published:** November 2, 2023 | **Link to Final Rule:** <https://bit.ly/48ELIRs>

## Highlights

- Includes new services to address health-related social needs, including community health integration (CHI), social determinants of health (SDOHs) risk assessments and principal illness navigation (PIN) services.
- Supports Medicare providers that desire to contract with community care hubs/community-based organizations (CBOs) to deliver reimbursable interventions to address health-related social needs for priority populations.
- Provides the first clear benefit structure for organizations that employ community health workers (CHWs) to address health-related social needs, under a community-clinical integration strategy as a reimbursable Medicare benefit.

## Final Rule Components

### *Community Health Integration (CHI)*

CHI services address the particular SDOH need(s) that are interfering with, or presenting a barrier to, diagnosis or treatment of the patient's problem(s) addressed in the CHI initiating visit.

- An initiating visit is a pre-requisite to billing for CHI services. During this visit, the billing practitioner assesses and identifies SDOH needs that significantly limit the practitioner's ability to diagnose or treat the patient's medical condition and establishes an appropriate plan.
  - Documentation in the medical record should support this goal:
    - Plan
    - Monthly CHI encounter notes
    - Clinical integration meetings
    - Re-evaluation documentation
  - Initiating visit types
    - Eligible provider: Physician or non-physician practitioner (NP or PA)
    - Approved visit type: Evaluation/management (E/M) visit or transitional care management
    - Not approved: Annual Wellness Visit (AWV) unless done with an E/M visit, health and behavior assessment and intervention (HBAI), emergency department (ED) visit, inpatient visit and skilled nursing facility (SNF) visit
- CHI services would be performed by a CHW or other auxiliary personnel incident to the professional services of the practitioner that bills the initiating visit.
- Consent and cost-sharing
  - Verbal or written consent is required
  - Consent must be documented in the medical record

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- Part B benefit
  - Deductible and co-insurance requirements apply.
  - Medicaid or Medigap coverage may cover some or all deductible or co-insurance fees, but the beneficiary is responsible for the cost.
  - The provider cannot elect to waive the deductible or cost-sharing requirement.
- Third party contract arrangement with CBOs
  - CHI and PIN services can be performed by staff provided by community-based organizations.
  - Requires clinical integration between the eligible billing provider and the CBO.
  - Documentation must be included in the EMR of the billing provider, but to reduce administrative burden, the provider can review documentation that is in a CBO system. The documentation responsibility ultimately rests with the billing provider.
- CBO types: Community care hub, area agencies on aging (AAAs), centers for independent living (CILs), community action agencies, housing agencies, aging and disability resource centers (ADRCs), or other non-profits that perform social services.

Code	Descriptor	Non-Facility Rate	Facility Rate*
G0019	CHI Services: 60 minutes/month	\$79.24	\$48.79
G0022	CHI Services: add 30 minutes	\$49.44	\$34.05

*\*The facility rate is less because the facility receives a separate "facility fee" in addition to the services rendered.*

## Principal Illness Navigation (PIN)

Through coding and payment policies, the Centers for Medicare & Medicaid Services (CMS) aims to better recognize when certified or trained auxiliary personnel [under the direction of a billing practitioner (which may include a patient navigator or certified peer specialist)], are involved in the patient's health care navigation as part of the treatment plan for a serious, high-risk disease that places the patient at significant risk of hospitalization or nursing home placement, acute exacerbation/decompensation, functional decline or death.

- PIN services include person-centered assessment, patient-driven goal setting, coordinating home and community-based care, health education and building self-advocacy skills.
- Target populations: Patients with serious, high-risk diseases for which patient navigation services could be reasonable and necessary such as cancer, HIV/Aids and dementia.
- Initiating visit: an E/M visit performed by the billing practitioner, including an E/M visit furnished as part of transitional care management (TCM) or an AWW.

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Code	Descriptor	Non-Facility Rate	Facility Rate
G0023	PIN Services: 60 minutes/month	\$79.24	\$48.79
G0024	PIN Services: add 30 minutes	\$49.44	\$34.05

## Principal Illness Navigation-Peer Support (PIN-PS)

Given the nature of work typically performed by peer support specialists, CMS is limiting these codes to the treatment of behavioral health conditions that otherwise satisfy the definition of a high-risk condition(s).

- For: Patients with a serious, high-risk behavioral health condition
- By: Auxiliary personnel, including peer support workers
- Initiating visit: An E/M visit performed by the billing practitioner, including an E/M visit furnished as part of TCM or an AWW

Code	Descriptor	Non-Facility Rate	Facility Rate
G0140	PIN-PS Services: 60 minutes/month	\$79.24	\$48.79
G0146	PIN-PS Services: add 30 minutes	\$49.44	\$34.05

*Note: PIN and PIN-PS services cannot be billed concurrently for the same condition for the same beneficiary.*

## Additional Policies in Final Rule

### SDOH Risk Assessment

Medicare will cover a new optional screening for SDOHs that can be added to an AWW. SDOHs may include, but are not limited to, food insecurity, transportation insecurity, housing insecurity and unreliable access to public utilities when they significantly limit the practitioner's ability to diagnose or treat the problem(s) addressed in the CHI initiating visit.

SDOH risk assessments can:

- Occur every six months
- Be completed during a E/M visit and documented in the EMR
- Be performed by a licensed psychologist and billed with behavioral health visits