



# Physician Fee Schedule developments supporting comprehensive + coordinated care

11.14.23

**Center for Health and Social Care Integration**  
Presentation to National Coalition on Care Coordination (N3C)

# CY2024 Physician Fee Schedule (PFS)

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**The PFS is a complete listing of fees used by Medicare to reimburse physicians and other providers. With annual updates, the PFS is intended to maintain care standards and drive health policy changes.**

**The annual proposed rule for fee changes and developments was released July 13, 2023. After a public comment period closed on September 13, the final rule was issued November 2.**

**Changes in the rule are effective on / after January 1, 2024.**

**<https://public-inspection.federalregister.gov/2023-24184.pdf>**



# **PFS developments of note**

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- 1. Social Determinants of Health (SDOH) Risk Assessment**
- 2. Community Health Integration (CHI) and Principal Illness Navigation (PIN)**
- 3. Health Behavior Assessment and Intervention (HBAI) Services**
- 4. Caregiver Training Services**
- 5. Mental health services valuation**



# **Medicare recognizes social care directly for the first time**

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**“Practitioners are increasingly expending resources to obtain information from the patient about SDOH and risks and formulate diagnosis and treatment plans that consider these needs. We believe that social workers, CHWs, and other auxiliary personnel are currently performing some of these activities and that the resources involved in these activities are not consistently appropriately reflected in current coding and payment policies. As such, we believe it would be appropriate to create codes to separately identify and more accurately value this work.**

**Accordingly, we proposed new coding to describe and separately value three types of services that may be provided by auxiliary personnel incident to the billing physician or practitioner’s professional services, and under the billing practitioner’s supervision, when reasonable and necessary to diagnose and treat the patient: community health integration services, SDOH risk assessment, and principal illness navigation.”**



# Social Determinants of Health (SDOH) Risk Assessment

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**SDOH Risk Assessment is finalized as a standalone service of Evaluation and Management and select other visits, and as an optional, additional element of the Annual Wellness Visit (AWV) with an additional payment.**

**The SDOH Risk Assessment is billed incident to a physician or other qualified health provider.**

	<b>CPT / HCPCS code</b>	<b>Description</b>	<b>RVU</b>
<b>Social Determinants of Health (SDOH) Risk Assessment</b>	G0136	Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5–15 minutes, not more often than every 6 months.	0.18



# Community Health Integration (CHI) and Principal Illness Navigation (PIN)

	CPT / HCPCS code	Description	RVU
Community Health Integration (CHI)	G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting ability to diagnose or treat problem(s) addressed in an initiating E/M visit...	1
	G0022	Community health integration services, each additional 30 minutes per calendar month	0.7
Principal Illness Navigation (PIN)	G0023	Principal Illness Navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator or certified peer specialist; 60 minutes per calendar month, in the following activities...	1
	G0024	Principal Illness Navigation services, additional 30 minutes per calendar month	0.7
	G0140	Principal Illness Navigation – Peer Support (PIN-PS) by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month, in the following activities...	1
	G0146	Principal Illness Navigation – Peer Support, additional 30 minutes per calendar month	0.7



# CHI & PIN services – auxiliary personnel

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**“In the proposed rule, we proposed that all auxiliary personnel who provide CHI / PIN services must be certified or trained to perform all included service elements and authorized to perform them under applicable State laws and regulations. Under § 410.26(a)(1) of our regulations, auxiliary personnel must meet any applicable requirements to provide the services performed incident to the billing practitioner’s professional services, including licensure, that are imposed by the State in which the services are being furnished. In States that do not have applicable licensure, certification, or other laws or regulations governing the certification or training of auxiliary personnel, we proposed to require auxiliary personnel providing CHI / PIN services be trained to provide all service elements.**

**Training must include the competencies of patient and family communication, interpersonal and relationship building, patient and family capacity building, service coordination and systems navigation, patient advocacy, facilitation, individual and community assessment, professionalism and ethical conduct, and the development of an appropriate knowledge base, including of local community-based resources (CHI) / including of specific certification or training on the serious, high-risk condition/illness/disease addressed in the initiating visit (PIN).”**



# CHI & PIN services – auxiliary personnel

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**“We note that our HCPCS G-code descriptors specify that auxiliary personnel may provide these services under general supervision. These codes were specifically designed to capture services commonly performed by community health workers, which are a type of auxiliary personnel. But the codes do not limit the types of other health care professionals, such as registered nurses and social workers, that can perform CHI services (and PIN services, as we discuss in the next section) incident to the billing practitioner’s professional services, so long as they meet the requirements to provide all elements of the service included in the code, consistent with the definition of auxiliary personnel at § 410.26(a)(1).”**





# Health Behavior Assessment and Intervention (HBAI) Services

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**Health Behavior (sometimes “Health and Behavior”) services are psychological assessments and interventions that help patients manage physical health problems.**

- The patient’s primary diagnosis is physical in nature, and the focus of the assessment and intervention is on factors complicating medical conditions and treatments.

## **Specific definitions used by CMS**

- “Health and Behavior Assessment procedures are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment or management of physical health problems. The focus of the assessment is not on mental health but on the biopsychosocial factors important to physical health problems and treatments.
- Health and Behavior Intervention procedures are used to modify the psychological, behavioral, emotional, cognitive, and social factors directly affecting the patient's physiological functioning, health and well being, or specific disease-related problems.”



# CMS expands access to HBAI services

**Clinical social workers, marriage & family therapists, and other mental health counselors newly recognized by Medicare can now bill for HBAI services described by CPT codes 96156, 96158, 96159, 96164, 96165, 96167, and 96168, and any successor codes.**

	CPT / HCPCS code	Description	RVU
<b>Health Behavior Assessment and Intervention (HBAI) Services</b>	96156	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)	2.1
	96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	1.45
	96159	Health behavior intervention, individual; Each additional 15 minutes	0.5
	96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	0.21
	96165	Health behavior intervention, group; Each additional 15 minutes	0.1
	96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	1.55
	96168	Health behavior intervention, family; Each additional 15 minutes	0.55



# Current Medicare Coverage Determination for HBAI

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## **Beneficiaries are eligible for HBAI service coverage if all of these are the case:**

1. The patient has an underlying physical illness or injury, and
2. There are indications that biopsychosocial factors may be significantly affecting the treatment or medical management of an illness or an injury, and
3. The patient is alert, oriented and has the capacity to understand and to respond meaningfully during the face-to-face encounter, and
4. The patient has a documented need for psychological evaluation or intervention to successfully manage his/her physical illness, and activities of daily living, and
5. The assessment is not duplicative of other provider assessments



# Current Medicare Coverage Determination for HBAI

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**“Health and Behavioral Assessment/Intervention will not be considered reasonable and necessary for the patient who:**

- Does not have an underlying physical illness or injury, or
- For whom there is no documented indication that a biopsychosocial factor may be significantly affecting the treatment, or medical management of an illness or injury (i.e., screening medical patient for psychological problems), or
- Does not have the capacity to understand and to respond meaningfully during the face to face encounter”



# Current Medicare Coverage Determination for HBAI

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**“Health and Behavioral Intervention services are not considered reasonable and necessary to:**

- Update or educate the family about the patient's condition
- Educate family members, primary care-givers, guardians, the health care proxy, or other members of the treatment team, e.g., health aides, nurses, physical or occupational therapists, home health aides, personal care attendants and co-workers about the patient's care plan.
- Assist in treatment-planning with staff
- Provide family psychotherapy or mediation
- Educate diabetic patients and diabetic patients' family members
- Deliver Medical Nutrition Therapy
- Maintain the patient's or family's existing health and overall well-being
- Provide personal, social, recreational, and general support services. Although such services may be valuable adjuncts to care, they are not medically necessary psychological interventions.”

**I.e.: the above activities are NOT eligible to count toward HBAI billing codes**



# Current Medicare Coverage Determination for HBAI

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**"Because of the impact on the medical management of the patient's disease, documentation must show evidence of coordination of care with the patient's primary medical care providers or medical provider responsible for the medical management of the physical illness that the psychological assessment/intervention was meant to address."**



# Caregiver Training Services (CTS)

	CPT / HCPCS code	Description	RVU
<b>Caregiver Training Services</b>	96202	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	0.43
	96203	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis; each additional 15 minutes (List separately in addition to code for primary service)	0.12
	97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; initial 30 minutes)	1
	97551	Caregiver training in strategies and techniques, each additional 15 minutes	0.54
	97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers	0.23

# More on CTS

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**Treating practitioners can include: physician; NPP such as a nurse practitioner, physician assistant, clinical nurse specialist, clinical psychologist; or a physical therapist, occupational therapist, or speech-language pathologist**

- Note: clinical social workers were *not* included in this list. CMS did not respond comments that we and others submitted about this consideration.





# Psychotherapy and HBAI valuation adjustments

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**CMS finalized a 19.1% increase in valuation and reimbursement for psychotherapy and HBAI services from 2024-2028**

**“After consideration of the public comments, we are finalizing our proposal to apply an upward adjustment of 19.1 percent to the work RVUs for the standalone psychotherapy services, in addition to the psychotherapy codes that are billed as an add-on to an E/M visit (CPT codes 90833, 90836, and 90838) and the codes describing HBAI services (CPT codes 96156, 96158, 96159, 96164, 96165, 96167, and 96168), and we are finalizing our proposal to implement this adjustment over a 4-year transition.”**

