



# PAYMENT

## Reimbursement Tips: Community Health Integration (CHI)

### Overview

Community Health Integration (CHI) are personalized and supportive services provided to patients with unmet social drivers of health (SDOH) needs that interfere with, or present a barrier to, the diagnosis, treatment, and self-management of illnesses, diseases, or conditions.

Effective January 1, 2024, CMS implemented CHI services and began reimbursing FQHCs separately from the Medicare Prospective Payment System (PPS) encounter rate for CHI services. CHI services are grouped in with the suite of care management services billable by FQHCs via G0511 (see NACHC resource: [Summary of Medicare Care Management Services Billed Using G0511](#)). This Tip Sheet provides FQHCs with simplified, easy-to-understand instructions for providing and billing Medicare for CHI services. Also see NACHC resource: [CMS Billing Lingo, Defined!](#) for definitions of terms used throughout this document.)

### Initiating Visit Requirements

The initiating visit, which is a separately billable and reimbursable service from CHI services, may be any one of the following:

- Evaluation and Management (E/M visit (CPT 99212-99215)
- Annual Wellness Visit (AWV) (CPT G0438, G0439)
- Transitional Care Management (TCM) (CPT 99495-99496)

*Note: Initial Preventive Physical Exam (IPPE) is NOT an accepted initiating visit for CHI services*

The initiating visit must:

- ✓ Precede the start of CHI services.
- ✓ Be performed by the same billing provider who will also furnish and bill for subsequent CHI services, regardless of whether the initiating visit is an E/M, AWV, or TCM encounter.
- ✓ Identify the unmet SDOH needs which "significantly limit" the practitioner's ability to diagnose or treat health conditions and thus, the patient's ability to receive treatment and self-manage such health conditions.
- ✓ Establish a patient-centered treatment plan that specifies how addressing unmet SDOH need(s) would remove barriers to diagnosis and treatment.
- ✓ If it is an AWV, the practitioner identifies and documents that an unmet SDOH need prevents or inhibits the AWV personalized prevention plan (see [AWV Reimbursement Tips](#)) from being carried out.
- ✓ Establish the CHI services as incidental to the practitioner's Medicare Part B services and explain to the patient that auxiliary personnel may perform subsequent CHI services.

## Reimbursement Tips: Community Health Integration (CHI)

### Eligible Patients

- ✓ Medicare Part B beneficiaries.
- ✓ Provide consent for services.
- ✓ Have unmet SDOH need(s) that interfere with, or present a barrier to, the diagnosis and treatment of the problems identified during an initiating visit.
- ✓ Have been seen for an initiating visit prior to the start of services.

SDOH include economic and social condition(s) that affect the health of people and communities. Examples of unmet SDOH needs may include:

- Food insecurity
- Housing insecurity
- Transportation insecurity
- Unreliable access to public utilities (i.e., heat, water, electricity)

See NACHC [SDOH Action Guide](#) for more information on social drivers of health.

### Authorized Billing Providers

What they do:

- ✓ Perform the initiating visit (before the start of CHI services).
- ✓ Determine medical necessity of CHI and order services.
- ✓ Obtain patient consent for services (verbal or written). If not obtained by billing provider, consent may also be obtained by auxiliary personnel under general supervision.
- ✓ Furnish services personally and/or via general supervision of auxiliary personnel as indicated by the service CPT code.
- ✓ Reviews any unmet SDOH identified by auxiliary personnel during their delivery of CHI services to determine if they should be included as part of the treatment plan.

*Note: Initial Preventive Physical Exam (IPPE) is NOT an accepted initiating visit for CHI services*

Who they are:

- Physicians (MD,DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Certified Nurse Midwife (CNM)

*Note: Must be qualified by education, licensure, scope of practice, and training to perform E/M and TCM level services or the specified AWW service.*

## Reimbursement Tips: Community Health Integration (CHI)

### Auxiliary Personnel

What they do:

- ✓ Obtain patient consent for services (verbal or written)
- ✓ Provide CHI services
- ✓ Document CHI service activities and time spent on such activities in the medical record.
- ✓ Communicate any newly identified SDOH concerns to the billing practitioner for review.

Who they are (examples):

- ✓ Community Health Workers
- ✓ Nurses (nurse care manager, clinical nurse specialist (CNS), RN, LPN)
- ✓ Social Worker

*Note: CMS has recognized Community Health Workers (CHWs) as auxiliary personnel who are members of the interdisciplinary team involved in the treatment of Medicare beneficiaries for both medical and behavioral health care. The U.S. Department of Labor finalized, in September 2023, the duties of Community Health Workers (CHWs) (Occupational Outlook Handbook). CMS acknowledges that while CHI services codes were created to capture the services of CHWs, these codes are not limited to just these types of auxiliary personnel.*

CMS specifically requires that in states where requirements for auxiliary personnel do not exist, they must be certified and trained in these areas:

- Applicable knowledge of services, including community-based resources
- Communication (family and patient) and relationship-building skills
- Patient advocacy and facilitation
- Professionalism and ethical conduct
- Care coordination and health care/community systems navigation and assessment
- Patient advocacy and its facilitation
- Individual patient and community assessment
- Develop and strengthen the skills and abilities of the patient and family to improve access to health care and community services



## Reimbursement Tips: Community Health Integration (CHI)


**Service Elements, Coding & Billing**

CODE	Service Elements	Service Provider	FQHC Medicare Billing Code & Rate
<b>G0019</b>	CHI services may be billed once per calendar month after at least 60 minutes of services performed by certified or trained auxiliary personnel under the direction of a physician or other practitioner. CHI activities address unmet SDOH needs that are significantly limiting the ability to diagnose or treat problems(s) identified in an initiating visit: <ul style="list-style-type: none"> <li>• Patient-centered assessment</li> <li>• Coordination with home- and community-based resources</li> <li>• Health education</li> <li>• Developing self-advocacy skills</li> <li>• Patient behavioral change facilitation</li> <li>• Facilitate and provide social and emotional patient support</li> </ul>	Auxiliary personnel under general supervision, or the billing provider may choose to personally deliver these services.	G0511: \$72.90  Along with the CPT© service codes, FQHCs must submit HCPCS G0511 on the claim to be reimbursed.  Since this service is reported by calendar month, the date of service may be set for the date when billing requirements have been met, or any date after that, as long as it is on or before the last day of the calendar month.
<b>G0022**</b>	CHI services, each addtl' 30 minutes per calendar month.		

\* The payment rate is based on the 2024 Medicare Physician Fee Schedule (PFS). The most up-to-date 2024 payment rates, reflecting the changes effective March 9th, can be confirmed [here](#). The payment rate is based upon the date of service as opposed to the billing date. No Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied; FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI.

\* Code descriptions taken from the AMA's CPT 2024 Manual, Professional Edition.

\*Not permitted to be billed by FQHCs. Once a minimum CPT service time threshold is reached, FQHCs are expected to continue furnishing services, as applicable, during the calendar month and are not permitted to bill for any additional time via add-on service codes.

**Be sure to capture the following documentation elements when billing for CHI services:**

- ✓ The unmet SDOH needs (i.e., ICD-10 Z-codes) that are significantly limiting the ability to diagnose or treatment problems(s).
- ✓ The date and practitioner who furnished the initiating visit.
- ✓ Patient consent.
- ✓ Details of patient-centered assessment, action plan, patient goals, and support plan needed to accomplish treatment plan.
- ✓ Communication and care coordination between care team and community-based services, including caregivers at home.
- ✓ Plans to support the patient in accessing community based social services (e.g., housing, utilities, transportation, food assistance) to address SDOH needs.
- ✓ Patient education contextualized for the patient's SDOH and treatment plan needs and on how to best participate in medical decision-making.
- ✓ Methods used to build patient self-advocacy skills.
- ✓ Activities designed to aid the patient in accessing healthcare providers, including appointment scheduling.
- ✓ Activities to facilitate any needed behavioral changes to meet diagnosis and treatment goals.
- ✓ Activities to facilitate and provide social and emotional support to the patient.
- ✓ Time spent on each CHI activity and who performed them.

## Reimbursement Tips: Community Health Integration (CHI)

The billing practitioner is ultimately responsible for documentation, including that of any contracted community-based organizations (CBOs) or other contracted personnel who furnish CHI services under the clinical care and treatment of this same billing practitioner.

As CHI activities do not include a face-to-face service (see [CMS Billing Lingo, Defined!](#)), CMS does not include CHI services (HCPCS G0019 and G0022) on the Medicare telehealth services list. CHI services may be provided in-person or virtually (i.e., audio-visual or two-way audio technology), or a combination of both. Additionally, some CHI activities may not directly involve the patient (for example, creating connections with local community-based resources on behalf of the patient).

Any additional service time above 60 minutes is typically billed for through the submission of HCPCS G0022; however CMS does not reimburse FQHCs for additional service time for any G0511 services. Once a minimum time threshold is reached, FQHCs are expected to continue furnishing services, as applicable, during the calendar month even after the minimum time threshold to bill the service has been reached.

Patients pay 20% coinsurance based upon the lesser of the submitted charges or the local payment rate for G0511.

It is important to note that due to the overlapping social services CMS believes are already accounted for under a home health care plan, CHI services may not be billed by FQHC practitioners while the beneficiary is receiving home health services.

CMS has a goal of improving the collection of SDOH data through the use of ICD-10-CM Z Codes which are represented in the Z55-Z65 code range. SDOH data can be collected before, during, or after a health care encounter through the various health risk assessments and screening tools available to providers, such as [PRAPARE](#). A new SDOH Risk Assessment code, G0136 was created by CMS to capture the administration of the risk assessment tool. The SDOH Risk Assessment is not a qualifying FQHC visit under the FQHC Prospective Payment System and is considered to be included in the overall FQHC PPS encounter rate when provided as part of a qualifying FQHC visit. For more information on SDOH coding, see the [NACHC SDOH Coding Infographic](#).

## Co-Occurring Care Management Services

CMS allows separately identifiable care management services to be delivered and billed during the same calendar month as CHI, including, CCM, TCM, Psych CoCM (G0512), and BHI. See NACHC resource: [Summary of Medicare Care Management Services Billed Using G0511](#) for more information on Medicare Care Management Services.

## References

- AMA. 2024 CPT 2024 Codebook
- AAPC. 2024 HCPCS Level II Codebook
- CMS. CY 2024 Physician Fee Schedule Final Rule <https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicare-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>
- U.S. Bureau of Labor Statistics. Community Health Workers [https://www.bls.gov/ooh/community-and-social-service/community-health-workers.htm?utm\\_campaign=enews20231019&utm\\_medium=email&utm\\_source=govdelivery#tab-2](https://www.bls.gov/ooh/community-and-social-service/community-health-workers.htm?utm_campaign=enews20231019&utm_medium=email&utm_source=govdelivery#tab-2)

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