



# PAYMENT

## Reimbursement Tips: Principal Illness Navigation (PIN)

### Overview

Principal Illness Navigation (PIN) are personalized and supportive services provided to patients with a high-risk condition and healthcare navigation needs. Patients may or may not have unmet social drivers of health (SDOH) needs.

Effective January 1, 2024, CMS implemented PIN services and began reimbursing FQHCs separately from the Medicare Prospective Payment System (PPS) encounter rate for PIN services. PIN 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 PIN services. Also see NACHC resource: [CMS Billing Lingo, Defined!](#) for definitions of terms used throughout this document.)

Unless otherwise stated, PIN service descriptions in this document apply also to PIN-Peer Support (PIN-PS) services. PIN-PS activities are limited to high-risk, severe behavioral health conditions, and do not include clinical care coordination as they are typically out of scope activities for peer support specialists.

### Initiating Visit Requirements

The initiating visit, which is a separately billable and reimbursable service from PIN 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)
- Psychiatric diagnostic evaluation (CPT 90791) performed by a Clinical Psychologist (CP)

#### Notes:

- *Initial Preventive Physical Exam (IPPE) is NOT an accepted initiating visit for PIN services.*
- *Additional health behavioral assessment and intervention (HBAI) services (CPT codes 96156, 96158, 96159, 96164, 96165, 96167, and 96168) that may be allowed as initiating visits are not qualifying visits under FQHC PPS and may not serve as initiating visits for PIN services in the FQHC setting.*

The initiating visit must:

- ✓ Precede the start of PIN services.
- ✓ Be performed by the same billing provider who will also furnish and bill for subsequent PIN services, regardless of whether the initiating visit is an E/M, AWV, TCM, or psychiatric diagnostic evaluation encounter.
- ✓ Establish a patient-centered treatment plan that specifies the benefit of health care navigation support for the patient's high-risk condition, illness, or disease.
- ✓ Establish the PIN services as incidental to the practitioner's Medicare Part B services and explain to the patient that auxiliary personnel may perform subsequent PIN services.
- ✓ Be repeated annually for continuation of PIN services.

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### Eligible Patients

- ✓ Medicare Part B beneficiaries.
- ✓ Provide consent for services.
- ✓ Have one or more high-risk condition (i.e. cancer, chronic obstructive pulmonary disease, congestive heart failure, dementia, Parkinson's, HIV/AIDS, severe mental illness, and substance use disorder (SUD)) expected to last at least 3 months, which place(s) the patient at significant risk of hospitalization or nursing home placement, acute exacerbation or decompensation, functional decline, or death.
- ✓ Have been seen for an initiating visit prior to the start of services.

The definition of a high-risk condition is dependent upon the clinical judgement of the practitioner. CMS provides additional parameters to help qualify the condition as one which may require:

- Development, monitoring, or revision of a disease-specific care plan, and
- May require frequent adjustments to the medication or care regimen, or
- May require substantial assistance from a caregiver

The identification of 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, is not a required element of the initiating visit or for PIN services. However, if present, these needs should be identified during the initiating visit. SDOH include those 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 PIN services).
- ✓ Determine medical necessity of PIN 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.
- ✓ Identifies unmet SDOH needs which may be present but are not required to be eligible for PIN services.

*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.*



## Auxiliary Personnel

What they may do (under general supervision, and after the initiating visit has taken place):

- ✓ Obtain patient consent for services (verbal or written)
- ✓ Provide PIN or PIN-PS services
- ✓ 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
- ✓ Peer Support Specialists (PIN-PS services)

*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 PIN 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

Auxiliary personnel performing PIN-PS services (G0140 and G0146) in states where requirements for peer support specialists do not exist, must have completed training consistent with the National Model Standards for Peer Support Certification as published by the Substance Abuse Mental Health Services Administration (SAMHSA). As of 2023, approximately 48 States currently have certification or training programs for peer support specialists.

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 Service Elements, Coding & Billing

CODE	Service Elements	Service Provider	FQHC Medicare Billing Code & Rate
<b>G0023</b>	<p>PIN 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. PIN activities are personalized and supportive services provided to patients with a high-risk condition (medical or behavioral health) and healthcare navigation needs identified in an initiating visit:</p> <ul style="list-style-type: none"> <li>• Patient-centered assessment</li> <li>• Identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services.</li> <li>• Health education</li> <li>• Developing self-advocacy skills</li> <li>• Coordinating and facilitating various aspects of health care access/health system navigation</li> <li>• Facilitate access to community-based social services (i.e., address any unmet SDOH needs)</li> <li>• Facilitating behavioral change as necessary for meeting diagnosis and treatment goals</li> <li>• Facilitating and providing social and emotional support</li> </ul> <p><i>Note: The activities listed are designed to assist the patient navigate through their course of care. Activities may vary by intensity and scope based upon the specific support needs of a particular patient; not all the listed activities have to be provided.</i></p>	Auxiliary personnel under general supervision, or the billing provider may choose to personally deliver these services.	<p>G0511: \$72.90</p> <p>Along with the CPT© service codes, FQHCs must submit HCPCS G0511 on the claim to be reimbursed.</p> <p>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.</p>
<b>G0024*</b>	PIN services, each addtl' 30 minutes per calendar month.		
<b>G0140</b>	<p>PIN-Peer Support (PIN-PS) services may be billed once per calendar month after at least 60 minutes of services performed by certified or trained auxiliary personnel, including a peer specialist, under the direction of a physician or other practitioner. PIN-PS services are personalized and support services provided to patient with a <b>high-risk behavioral health condition</b> and navigation needs identified in an initiating visit:</p> <ul style="list-style-type: none"> <li>• Patient-centered interview (<i>the term "interview" is used rather than "assessment" to reflect peer support competencies and scope of practice</i>)</li> <li>• Identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services</li> <li>• Health education</li> <li>• Assist in communication with practitioner, home, and community services</li> <li>• Facilitate access to community-based social services (i.e., address any unmet SDOH needs)</li> <li>• Developing self-advocacy skills</li> <li>• Facilitating behavioral change as necessary for meeting diagnosis and treatment goals</li> </ul>	Auxiliary personnel, specifically peer support specialists, under general supervision, or the billing provider may choose to personally deliver these services.	

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CODE	Service Elements	Service Provider	FQHC Medicare Billing Code & Rate
<b>G0140</b> <b>cont.</b>	<ul style="list-style-type: none"> <li>Facilitating and providing social and emotional support</li> <li>Leveraging lived experience to provide support, mentorship, or inspiration</li> </ul> <p><i>Note: Service elements address the scope of peer support specialists. The activities listed are designed to assist the patient navigate through their course of care. Activities may vary by intensity and scope based upon the specific support needs of a particular patient; not all the listed activities have to be provided.</i></p>		
<b>G0146*</b>	PIN-PS 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 date and practitioner who furnished the initiating visit.
- ✓ Patient consent.
- ✓ The goals of the treatment plan for the serious, high-risk disease expected to last at least 3 months, which places the patient at significant risk of hospitalization or nursing home placement, acute exacerbation/ decompensation, function decline, or death.
- ✓ Details of patient-centered assessment (for PIN), interview (for PIN-PS), 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.
- ✓ 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 adjust daily routines to achieve patient-centered treatment goals.
- ✓ 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 PIN or PIN-PS activity and who performed them.
- ✓ Any unmet SDOH needs (i.e., ICD-10 Z-codes) that are significantly limiting the ability to diagnose or treat problem(s).
- ✓ Any plans to support the patient in accessing community based social services (e.g., housing, utilities, transportation, food assistance) to address SDOH needs.

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

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As PIN activities do not include a face-to-face service (see [CMS Billing Lingo, Defined!](#)), CMS does not include PIN services (HCPCS G0019 and G0022) on the Medicare telehealth services list. PIN services may be provided in-person or virtually (i.e., audio-visual or two-way audio technology), or a combination of both. Additionally, some PIN 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 G0024 (PIN) or G0146 (PIN-PS); 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. Coinsurance may be covered in part or in full by secondary coverage (Medigap, private, or Medicaid). Coinsurance may be “slid” commensurate with the sliding fee discount program (SFDP) policy of the health center [Sliding Coinsurance for CMS/Medicare Care Management](#) for more information).

SDOH needs may be present but are not required to be eligible for PIN 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

PIN and PIN-PS services may not be billed simultaneously for the same serious, high-risk condition/illness/disease. In situations where multiple, co-occurring high-risk conditions/illnesses/diseases require the use of separate navigators, please contact your MAC for guidance to determine if concurrent billing is allowed in these instances.

CMS allows separately identifiable care management services to be delivered and billed during the same calendar month as PIN, including, PCM, 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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