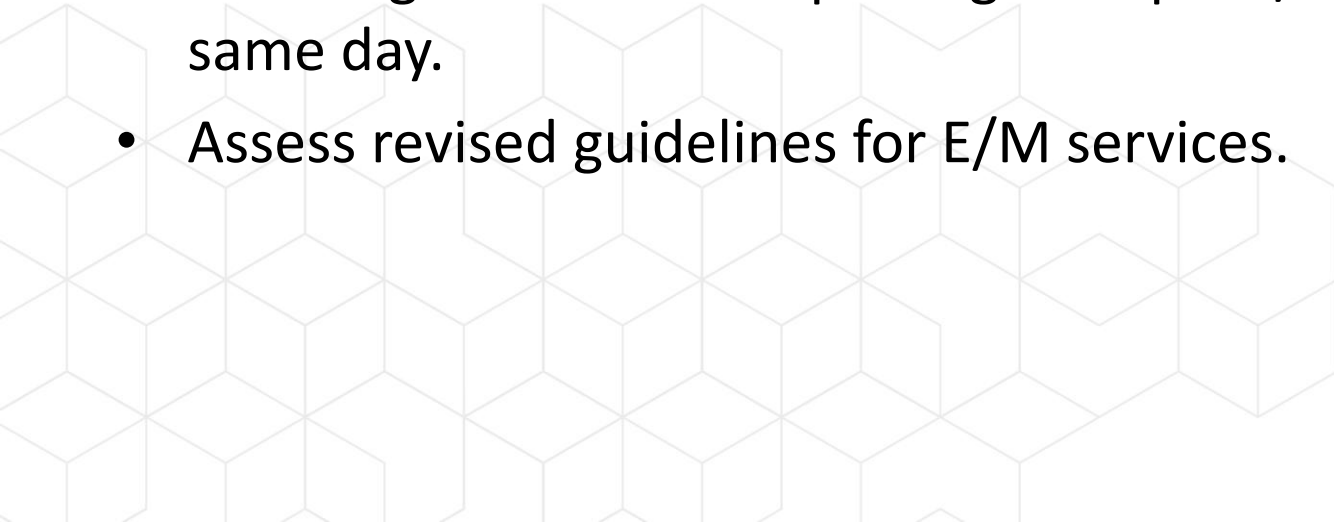# Learning Objectives

- Review new patient care management codes for 2024.

- Examine new SDOH Risk Assessment codes.

- Review guidelines for reporting multiple E/M services on the same day.

- Assess revised guidelines for E/M services.

New Care Management Codes for Medicare

- Principal Illness Navigation
  - Patient Navigator (G0023, G0024)
  - Peer Specialist (G0140, G0146)
- Community Health Integration (SDOH) (G0019, G0022)
- Social Determinants of Health (SDOH) Risk Assessment (G0136)

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New Care Management Codes for Medicare

Patient Navigator	Peer Specialist	Community Heath Workers
Patient Navigators are committed to removing the client's barriers to care by identifying critical resources for clients, helping them navigate through health care services and systems, and promoting client health. They work closely with the Care Team, which may include doctors, nurses, and other clinical staff to support positive client health outcomes.	Provide ongoing support to individuals and their families receiving mental health substance and/or chronic or serious medical diagnoses use recovery supports and services. CPSs work from the perspective of their lived experience to help build environments conducive to recovery.	Lay members of the community who work either for pay or as volunteers in association with the local health care system in both urban and rural environments. CHWs usually share ethnicity, language, socioeconomic status, and life experiences with the community members they serve. Focus on SDOH problems primarily.

New Care Management Codes Patient Navigator

Code	Description
G0023	Principal Illness Navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, <u>including a patient navigator or certified peer specialist</u>; 60 minutes per calendar month
+G0024	Principal Illness Navigation services, additional 30 minutes per calendar month

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New Care Management Codes Peer Specialist

Code	Description
G0140	Principal Illness Navigation – Peer Support 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,
+G0146	Principal Illness Navigation – Peer Support, additional 30 minutes per calendar month

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New Care Management Codes
Community Health Integration Services

Code	Description
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
+G0022	Community health integration (CHI) services, each additional 30 minutes per calendar month

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New Care Management Codes
Activities

Understanding the individuals high risk condition & SDOH		
Patient Navigator	Peer Specialist	CHIS
Conducting a person-centered **assessment** to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs	Conducting a person-centered **interview** to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet SDOH	Conducting a person-centered **assessment** to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs
Facilitating patient-driven goal setting and establishing an action plan.	Facilitating patient-driven goal setting and establishing an action plan.	Facilitating patient-driven goal-setting and establishing an action plan
Providing tailored support as needed to accomplish the practitioner's treatment plan.	Providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan	Providing tailored support to the patient as needed to accomplish the practitioner's treatment plan

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New Care Management Codes
Activities

Supporting Services		
Patient Navigator	Peer Specialist	CHIS
Identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services.	Identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services.	N/A

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New Care Management Codes
Activities

Practitioner, Home, and Community-Based Care Coordination		
Patient Navigator	**Peer Specialist**	**CHIS**
Coordinating receipt of needed services from healthcare practitioners, providers, and facilities; home- and community-based service providers; and caregiver (if applicable).	***Assist the patient in communicating with their practitioners, home-***, and community- based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors.	***Coordinating receipt of needed services*** from healthcare practitioners, providers, and facilities; and from home and community-based service providers, ***social service providers***, and caregiver (if applicable).
Communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors.	***Facilitating access*** to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address SDOH need(s).	***Communication*** with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors.

New Care Management Codes
Activities

Practitioner, Home, and Community-Based Care Coordination		
Patient Navigator	Peer Specialist	CHIS
Coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities.	N/A	Coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities.
Facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address SDOH need(s).	N/A	Facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the SDOH need(s).

New Care Management Codes Activities

Health Education		
Patient Navigator	Peer Specialist	CHIS
Helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making.	Helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making.	Helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, *in the context of* the SDOH need(s), and educating the patient on how to best participate in medical decision-making

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New Care Management Codes Activities

Self Advocacy Skills		
Patient Navigator	Peer Specialist	CHIS
Building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (*as needed*), in ways that are more likely to promote personalized and effective treatment of their condition.	Building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (*as needed*), in ways that are more likely to promote personalized and effective treatment of their condition.	Building patient self-advocacy skills, so that the patient can interact with members of the health care team ***and related community-based services addressing the SDOH need***(s), in ways that are more likely to promote personalized and effective diagnosis or treatment.

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New Care Management Codes
Activities

Health Care Access/Navigation		
Patient Navigator	Peer Specialist	CHIS
Helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them.	N/A	Helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them.
Providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable.	N/A	

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New Care Management Codes
Activities

Facilitating Change		
Patient Navigator	Peer Specialist	CHIS
Facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals.	N/A	Facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals.

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New Care Management Codes
Activities

Social & Emotional Support		
Patient Navigator	Peer Specialist	CHIS
Facilitating and providing social and emotional support to help the patient cope **with the condition,** SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals	Facilitating and providing social and emotional support to help the patient cope **with the condition**, SDOH need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals.	Facilitating and providing social and emotional support to help the patient **cope with the problem(s) addressed in the initiating visit**, the SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals.

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New Care Management Codes Activities

Leverage Knowledge		
Patient Navigator	Peer Specialist	CHIS
Leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals.	***Leverage knowledge of the serious, high-risk condition and/or lived experience*** when applicable to provide support, mentorship, or inspiration to meet treatment goals.	***Leveraging lived experience*** when applicable to provide support, mentorship, or inspiration to meet treatment goals.

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Related Existing Care Management Codes

Chronic Care Management – Clinical Staff Time

- 99940 -Chronic care management services with the following required elements: <u>multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient</u>, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of <u>clinical staff time</u> directed by a physician or other qualified health care professional, per calendar month.

- Code 99439 is reported in conjunction with 99490 for each additional 20 minutes of clinical staff time spent in care management activities during the calendar month up to a maximum of 60 minutes total time (ie, 99439 may only be reported twice per calendar month).

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Related Existing Care Management Codes

Principle Care Management – Clinical Staff Time

- 99426 -Principal care management services, for a single high-risk disease, with the following required elements: <u>one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death</u>, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; <u>first 30 minutes</u> of clinical staff time directed by physician or other qualified health care professional, per calendar month.

- Code 99427 is reported in conjunction with 99426, when at least an additional 30 minutes of clinical staff time is spent in care management activities during the calendar month.

Care Management Tip Sheet

	CM 99490	PCM 99426	PIN G0023	PS G0140	CHI G0019
Staff Type	Clinical	Clinical	Patient Navigator	Peer Support	CHW
Minimum Time	20 min	30 min	60 min	60 min	60 min
Patient Illness	2 or more chronic	1 high risk	1 complex	BH	SDOH
Care Plan	Comprehensive	Dz specific	Dz specific	Dz specific	SDOH Needs

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New Care Management Codes
SDOH Risk Assessment

Code	Description
G0136	Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months.

Coding Tips:

• This is an assessment, not a screening

• Must use standardized instruments that include food, housing, transportation, utilities – more optional

• May use Z codes- not required

• Should have referral or other capacity to address – very general, do not need to be able to do CHI

• Does not need to be same day as the E/M

• See also CPT 96160, 96161 (Patient and caregiver focused health risk assessment

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SDOH Risk Assessment Sample

CMSs 10-question Health-Related Social Needs Screening Tool (AHC-HRSN) is meant to be self-administered.

Living Situation

1. What is your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today, but I am worried about losing it in the future
- ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY

☐ Pests such as bugs, ants, or mice

☐ Mold

☐ Lead paint or pipes

☐ Lack of heat

☐ Oven or stove not working

☐ Smoke detectors missing or not working

☐ Water leaks

☐ None of the above

SDOH Risk Assessment Sample

CMSs 10-question Health-Related Social Needs Screening Tool (AHC-HRSN) is meant to be self-administered.

<u>Food</u>

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

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SDOH Risk Assessment Sample

CMSs 10-question Health-Related Social Needs Screening Tool (AHC-HRSN) is meant to be self-administered.

Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

    ☐ Yes

    ☐ No

Utilities

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

    ☐ Yes

    ☐ No

    ☐ Already shut of

SDOH Risk Assessment Sample

<u>Safety</u>

7. How often does anyone, including family and friends, physically hurt you?

☐ Never (1)

☐ Rarely (2)

☐ Sometimes (3)

☐ Fairly often (4)

☐ Frequently (5)

8. How often does anyone, including family and friends, insult or talk down to you?

☐ Never (1)

☐ Rarely (2)

☐ Sometimes (3)

☐ Fairly often (4)

☐ Frequently (5)

SDOH Risk Assessment Sample

Safety

9. How often does anyone, including family and friends, threaten you with harm?
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

10. How often does anyone, including family and friends, scream or curse at you?
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

A score of 11 or more when the numerical values for answers to questions 7-10 are added shows that the person might not be safe.

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MULTIPLE E/M VISITS

Multiple E/M Same Day

New Guidelines:

2024 updates included new guidelines provide reporting instructions for circumstances in which multiple E/M services are provided to patient on the same date.

- Multiple services in the same setting/facility
- Multiple services in different settings/facilities
- ER services and services in other settings
- Discharge and readmission to the same facility
- Discharge from one facility and admission to another facility
- Critical care services and other E/M services
- Transition between outpatient, home, or ED and hospital inpatient and observation care services or nursing facility services.

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Multiple E/M Same Day

New Guidelines:

Per day:

- The hospital inpatient and observation care services and the nursing facility services are "per day" services.

- When multiple visits occur over the course of a single calendar date in the same setting, a single service is reported.

- When using MDM for code level selection, use the aggregated MDM over the course of the calendar date.

- When using time for code level selection, sum the time over the course of the day using the guidelines for reporting time.

Multiple E/M Same Day

New Guidelines:

Multiple encounters in different settings or facilities:

- A patient may be seen and treated in different facilities (eg, a hospital-to-hospital transfer).
- When more than one primary E/M service is reported and time is used to select the code level for either service, only the time spent providing that individual service may be allocated to the code level selected for reporting that service. No time may be counted twice when reporting more than one E/M service.
- Prolonged services are also based on the same allocation and their relationship to the primary service.
- The designation of the facility may be defined by licensure or regulation. Transfer from a hospital bed to a nursing facility bed in a hospital with nursing facility beds is considered as two services in two facilities because there is a discharge from one type of designation to another.
- An intra-facility transfer for a different level of care (eg, from a routine unit to a critical care unit) does not constitute a new stay, nor does it constitute a transfer to a different facility.

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Multiple E/M Same Day

New Guidelines:

Emergency department (ED) and services in other settings (same or different facilities):

- Time spent in an ED by a physician or other QHP who provides subsequent E/M services may be included in calculating total time on the date of the encounter when ED services are not reported and another E/M service is reported (eg, hospital inpatient and observation care services).

Multiple E/M Same Day

New Guidelines:

Discharge services and services in other facilities:

- Each service may be reported separately as long as any time spent on the discharge service is not counted towards the total time of a subsequent service in which code level selection for the subsequent service is based on time. This includes any hospital inpatient or observation care services (including admission and discharge services) time (99234, 99235, 99236) because these services may be selected based on MDM or time.

- When these services are reported with another E/M service on the same calendar date, time related to the hospital inpatient or observation care service (including admission and discharge services) may not be used for code selection of the subsequent service.

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Multiple E/M Same Day

New Guidelines:

Discharge services and services in the same facility:

- If the patient is discharged and readmitted to the same facility on the same calendar date, <u>report a subsequent care service instead of a discharge or initial service</u>. For the purpose of E/M reporting, this is a single stay.

Discharge services and services in a different facility:

- If the patient <u>is admitted to another facility, for the purpose of E/M reporting this is considered a different stay.</u>

- Discharge and initial services may be reported as long as time spent on the discharge service is not counted towards the total time of the subsequent service reported when code level selection is based on time.

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Multiple E/M Same Day

New Guidelines:

Transitions between office or other outpatient, home or residence, or emergency department and hospital inpatient or observation or nursing facility:

- See the guidelines for Hospital Inpatient and Observation Care Services or Nursing Facility Services.

- If the patient is seen in two settings and only one service is reported, the total time on the date of the encounter or the aggregated MDM is used for determining the level of the single reported service.

- If prolonged services are reported, use the prolonged services code that is appropriate for the primary service reported, regardless of where the patient was located when the prolonged services time threshold was met. The choice of the primary service is at the discretion of the reporting physician or other QHP.

HOSPITAL INPATIENT AND OBSERVATION CARE SERVICES

Initial Inpatient/Observation Care

Codes:

Code	Description
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **straightforward or low level medical decision making**. When using total time on the date of the encounter for code selection, **40 minutes** must be met or exceeded.
99222	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **moderate level of medical decision making**. When using total time on the date of the encounter for code selection, **55 minutes** must be met or exceeded.
99223	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, **75 minutes** must be met or exceeded.

Admitted and Discharged on the Same Date

Codes:

Code	Description
99234	Hospital inpatient or observation care, for the evaluation and management of a patient including <u>admission and discharge on the same date</u>, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99235	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.
99236	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.

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Discharged Day Management

Codes:

Code	Description
99238	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter
99239	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter

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Hospital Inpatient and Observation Care

Revised Guidelines:

- The following codes are used to report hospital inpatient or observation care services provided to patients admitted and discharged on the same date of service when the stay is more than eight hours.

- These services are only used by the physician or other qualified health care professional team who performs both the initial and discharge services.

- Other physicians and other qualified health care professionals may report 99221, 99222, 99223, as appropriate.

Hospital Inpatient and Observation Care

Revised Guidelines:

- When a patient receives hospital inpatient or observation care for fewer than eight hours, only the initial hospital inpatient or observation care codes (99221, 99222, 99223) may be reported for the date of admission. Hospital or observation discharge day management codes (99238, 99239) may not be reported.

- When a patient receives hospital inpatient or observation care for a minimum of eight hours and is discharged on the same calendar date, observation or inpatient care services (including admission and discharge services) codes (99234, 99235, 99236) may be reported. Codes 99238, 99239 are not reported.

Hospital Inpatient and Observation Care

Revised Guidelines:

- Codes 99234, 99235, 99236 require two or more visits on the same date of which one of these visits is an initial admission and another being a discharge.

- For a patient admitted and discharged at the same visit (ie, one visit), see 99221, 99222, 99223.

- Do not report 99238, 99239 in conjunction with 99221, 99222, 99223 for admission and discharge services performed on the same date.

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CODING REFERENCE SHEET

Discharged On	LOS	Bill For	Code Range
Same calendar date as admission	Less than 8 hours	Initial services only	99221, 99222, 99223**
	8 or more hours	Same-day admit/discharge	99234, 99235, 99236**
Different calendar date as admission	Less than 8 hours	Initial services only	99221, 99222, 99223**
	8 or more hours	Initial hospital services & discharge day management	99221, 99222, 99223** and 99238, 99239

** Prolonged services can be reported with 99223 and 99236 if applicable.

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E/M SERVICES GUIDELINES
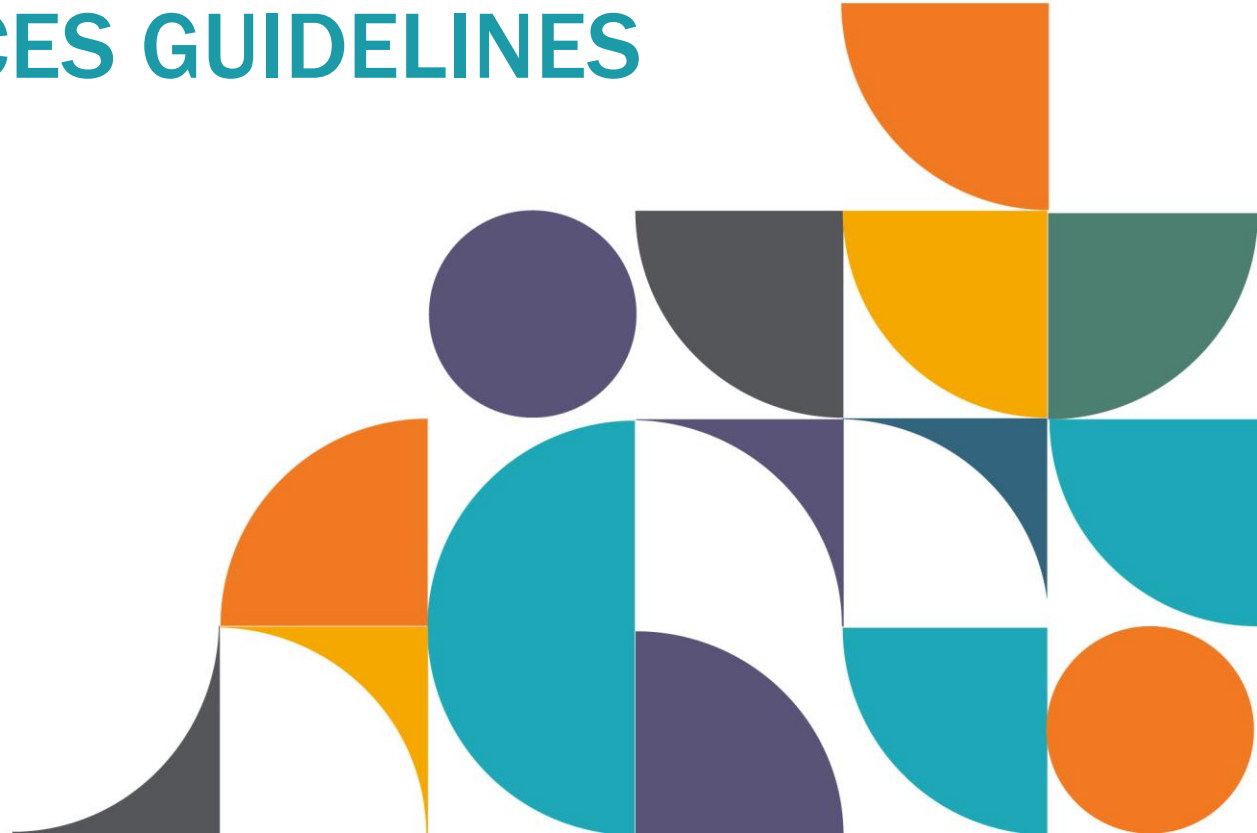
E/M Services Guidelines

Technical Corrections and Clarification

Element 1 Number and Complexity of Problems Addressed:

- The term "risk" as used in these definitions of this element relates to risk from the condition. While condition risk and management risk may often correlate, the risk from the condition is distinct from the risk of the management.

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Risk Example

Scenario A A patient is admitted to the ER with acute chest pain – serial enzymes were normal aswas a chest X-ray. Patient discharged from the ER.		Scenario B A patient is admitted to the ER with acute chest pain – serial enzymes were elevated and was admitted for emergent cath.	
Condition Risk	Moderate – Undiagnosed problem with uncertain prognosis	Condition Risk	Moderate – Undiagnosed problem with uncertain prognosis
Management Risk	Low of morbidity	Management Risk	High – Decision to admit

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E/M Services Guidelines

Technical Corrections and Clarification

Element 2: Amount and/or complexity of data to Be Reviewed and Analyzed:

- Independent interpretation: The interpretation of a test for which there is a CPT code, and an interpretation or report is customary. This does not apply when the physician or other qualified health care professional who reports the E/M service is reporting or has previously reported the test. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test. <u>A test that is ordered and independently interpreted may count both as a test ordered and interpreted.</u>

E/M Services Guidelines

Technical Corrections and Clarification

Element 2: Amount and/or complexity of data to Be Reviewed and Analyzed:

- Appropriate source: For the purpose of the discussion of management data element (see Table 1, Levels of Medical Decision Making), an appropriate source includes professionals who are not health care professionals but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers. <u>For the purpose of documents reviewed, documents from an appropriate source may be counted.</u>

E/M Services Guidelines

Technical Corrections and Clarification

Element 3: Risk of Complication and/or Morbidity or Mortality of Patient Management

- Parenteral controlled substances: The level of risk is based on the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty and subspecialty and <u>not simply based on the presence of an order for parenteral controlled substances</u>.

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Parenteral Controlled Substance

- Parenteral Controlled Substance - a schedule I, II, III, IV, or V drug or other substance.

- Parenteral – substance administered/given by a route other than the alimentary canal.

- There are four potential routes of parenteral injections, including intradermal (IM), subcutaneous (SQ), intramuscular (IM), and intravenous (IV).

- Look documentation to support assigning "high risk of morbidity"
  - Document the need (condition/symptom) for the substance
  - Required monitoring after administration
  - Decision to alter the substance dosage
  - Potential adverse effects to check for

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References

- Examples of SDOH Assessment Tools

[Three tools for screening for social determinants of health | AAFP](#)

- Medicare Physician Feel Schedule Final Rule Summary

[MM13452 - Medicare Physician Fee Schedule Final Rule Summary: CY 2024 (cms.gov)](#)

Thank you!