

**2024 Medicare/Medicare Advantage CHI (Community Integration Services)
Codes for Primary Care & Community Health Workers**

Code	Description	Non-Facility Allowed
G0136	SDOH Risk Assessment	\$17.63
G0019	CHI Services SDOH 60 min	\$75.20
G0022	CHI Services add. 30 min	\$47.05
G0511 (FQHC/RHC Only)	CHI Services SDOH- no limit to billing monthly	\$72.98

What are the Code Definitions?

G0136: During initiating E/M visit with billing provider. Review of individual’s SDOH, 5-15 min, no more than once every 6 months.

G0019: CHI services performed by auxiliary personnel including a CHW under supervision of Physician or qualified provider who can bill incident to. Activities include but are not limited to full assessment of SDOH to understand life story, setting of goals, tailored support of billing practitioner’s treatment plan, health education, and coordination of community services and support (housing, transport, food assistance), with periodic administration of SDOH tools.

G0022: Each additional 30 minutes per calendar month. No frequency restriction.

G0511: FQHC/RHC Code- Care Management Code encompassing CHI services. Can be billed multiple times in a calendar month as long as requirements are met and resource costs are not counted more than once.

Additional Billing Details:

- Billed per calendar month as an aggregate of time spent. Documentation should include date, start time, stop time and activities rendered, including travel and admin time.
- Documentation should support treatment goal with plan, monthly CHI encounter notes, re-evaluation documentation, addressing how social barriers are affecting treatment.
- Verbal or written consent is required and must be documented in the EHR.
- Billable by PCP, and 1 provider can bill for services per patient per month. CHW may be employed by PCP or CBO (Community-Based Org.).

(continued on next page)

- Part B benefit- deductible and cost sharing requirements apply and cannot be waived- beneficiary is responsible for cost.
- Sample billing flow- Initial Encounter with provider (E/M Code + **G0136**)---Provider refers to CHW---Encounters with CHW (**G0019** and **G0022** as aggregated)---continued evaluation.

Resources:

[Medicare Physician Fee Schedule \(PFS\) Final Rule Summary](#)

[Webinar- Medicare PFS Codes to Address HRSNs- What Happens Next?](#)

For additional assistance, please contact your regional AHEC or email practicesupport@ncahec.net.