Resource

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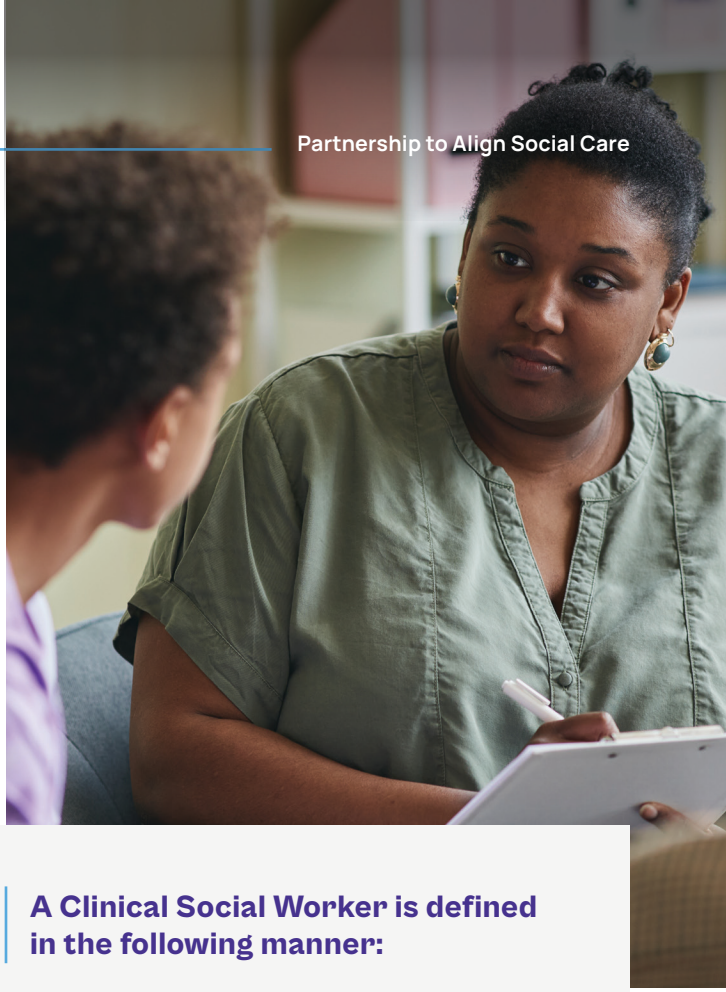
The Role of Clinical Social Workers in Providing Community Health Integration and Principal Illness Navigation

Partnership to Align Social Care

A National Learning & Action Network



In the CY2024 Physician Fee Schedule Final Rule, the Centers for Medicare & Medicaid Services (CMS) established new HCPCS codes to address Health-Related Social Needs (HRSNs) or provide health navigation services under the following Medicare Part B benefits:

- Community Health Integration (CHI)
- Principal Illness Navigation (PIN)
- Principal Illness Navigation – Peer Support (PIN-PS)

The guidance allows for trained auxiliary personnel to provide these services under general supervision of an eligible healthcare practitioner. Clinical Social Workers (CSWs) are in a unique position as they can operate as auxiliary personnel and, in some instances, as the eligible healthcare practitioner. This guidance is intended to provide clarification on the application of CHI/PIN when services are rendered by a CSW.

CSW in the role of auxiliary personnel

A CSW has applicable training and State licensure that enables the CSW to meet the training/certification requirement to operate as auxiliary personnel to provide CHI & PIN services. CHI & PIN reimburse for labor costs for addressing identified HRSNs or delivering navigation services. The labor of a CSW would count towards the time-based billing requirements when the following requirements are met (incident to an eligible healthcare practitioner under general supervision requirements):

A Clinical Social Worker is defined in the following manner:

42 CFR § 410.73 - Clinical social worker services.

(a) Definition: clinical social worker. For purposes of this part, a clinical social worker is defined as an individual who—

(1) Possesses a master's or doctor's degree in social work; AND

(2) After obtaining the degree, has performed at least 2 years of supervised clinical social work; AND

(3) Either is licensed or certified as a clinical social worker by the State in which the services are performed and the clinical social worker is licensed or certified at the highest level of practice provided by the laws of the State in which the services are performed.

Community Health Integration (CHI):

- The beneficiary must have an initiating visit, with an eligible healthcare practitioner, and there are HRSNs identified that impact the ability of the healthcare practitioner to treat or diagnose a health condition.
- The clinical record should reflect the identified HRSNs in the problem list.
- Identified HRSNs should be coded with applicable Z-Codes (* Z-Coding is recommended but not required).
- Consent is required for CHI (verbal or written) and confirmation of obtaining consent must be in the clinical record.
- A person-centered plan has been developed to address identified HRSNs.
- The person-centered plan must be accessible to the CSW and the other members of the care team.
- The CSW will spend time (labor) to address identified HRSNs according to the person-centered plan, under general supervision of the healthcare practitioner that conducted the initiating visit.
- The CSW documents each intervention deployed on behalf of the beneficiary to address identified HRSNs.
- Clinical integration is maintained between the CSW and healthcare practitioner that conducted the initiating visit, to provide regular bi-directional communication on the status of addressing identified HRSNs and in accordance with the person-centered plan.
- The CSW submits all time spent, per calendar month, for inclusion in aggregate billing of CHI, per beneficiary.
- Claims for CHI are billed under the NPI of the qualified healthcare practitioner that conducted the initiating visit.
- The time-based billing for CHI includes the time (labor) spent by the CSW and represents the aggregate of all time spent providing CHI services during the calendar month.

Principal Illness Navigation (PIN):

- The beneficiary must have a serious high-risk condition that is expected to last at least three (3) months, and there is a risk of worsening health outcomes that could include hospitalization, nursing home placement, or even death.
- The beneficiary must have an initiating visit with an eligible healthcare practitioner where it is identified that the beneficiary has navigation needs related to a specified serious high-risk condition.
- Consent is required for PIN (verbal or written) and confirmation of consent must be in the clinical record.
- A person-centered plan has been developed for PIN services.
- The person-centered plan must be accessible to the CSW and the other members of the care team.
- The CSW will spend time (labor) to address identified HRSNs according to the person-centered plan under general supervision of the healthcare practitioner that conducted the initiating visit.
- The CSW documents each intervention deployed on behalf of the beneficiary to address identified needs in accordance with the person-centered plan.
- Clinical integration is maintained between the CSW and healthcare practitioner, who conducted the initiating visit, to provide regular bi-directional communication on the status of addressing identified needs and in accordance with the person-centered plan.
- The CSW submits all time spent per calendar month for inclusion in aggregate billing of PIN, per beneficiary.
- Claims for PIN are billed under the NPI of the qualified healthcare practitioner that conducted the initiating visit.
- The time-based billing for PIN includes the time (labor) spent by the CSW and represents the aggregate of all time spent providing PIN services during the calendar month.

CSW in the role of eligible practitioner for PIN

A clinical social worker can enroll as an eligible provider in the Medicare program. CSW services must be limited to a person with a behavioral health diagnosis; therefore, the focus of PIN activities must be focused around a behavioral health diagnosis. The qualifying behavioral health diagnosis is not limited to a persistent serious mental illness but can include any documented behavioral health condition that is medically indicated, regardless of severity, and including dementia.

Enrolling as a Medicare provider

A clinical social worker (CSW) cannot provide reimbursable services to Medicare beneficiaries until the CSW has completed enrollment with Medicare as a Medicare Provider. The Centers for Medicare & Medicaid Services Medicare provider enrollment system is called PECOS (Provider, Enrollment, Chain, and Ownership System). PECOS can be used in lieu of the paper CMS-855 enrollment application to submit an enrollment application. Upon successful completion of Medicare provider enrollment, the CSW will be issued a PTAN (Provider Transaction Access Number). A PTAN is not the same as a National Provider Identification (NPI) number.

A PTAN is a Medicare-only number issued to providers by Medicare Administrative Contractors upon enrollment to Medicare. The PTAN and NPI are both submitted on claims for Medicare reimbursement. Please consult your Medicare Administrative Contractor if you have questions regarding Provider enrollment with Medicare. There is a designated Medicare Administrative Contractor serving each area of the United States. You can find more information about the MAC serving your area by using the following link: www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/who-are-macs#MapsandLists

Initiating visit

A CSW with current enrollment as a Medicare Provider with the applicable MAC, can provide PIN after completion of a PIN initiating visit. A beneficiary is not eligible for PIN unless the beneficiary has a serious, high-risk condition that has potential for deterioration that can include hospitalization, nursing home placement, or even death. For CSWs, the serious high-risk condition must be a behavioral health condition or dementia diagnosis. During the initiating visit, the CSW will establish that the beneficiary has a qualifying health condition and a need for PIN services.

The CSW will document the indication for PIN services reviewed during the initiating visit. A CSW can complete an initiating visit by providing at least one of the following visit types and filing a Medicare reimbursement claim for the provision of the service:

- Psychiatric diagnostic evaluation performed by a non-physician provider
- Psychotherapy
- Health Behavior Assessment and Intervention (HBAI)

Incident to services

When a CSW is providing PIN services, the CSW cannot provide general supervision to auxiliary personnel in the provision of PIN. As a result, the time of auxiliary personnel providing services cannot be included in the time-based billing allocation for PIN services billed by a CSW. The only time that can be included in the time-based billing allocation for PIN billed by a CSW is the aggregate of time spent directly by the CSW. No other staff member's time can be included in the allocation of time submitted for PIN services that are billed by a CSW.

Steps to billing for PIN services rendered by a CSW

- The CSW must complete an initiating visit that includes one of the types of visits listed above.
- The beneficiary must have a qualifying health condition.
- The CSW must file at least one qualifying claim for the initiating visit completed for the beneficiary.
- The CSW must obtain consent (verbal or written) and the consent must be documented in the medical record.
- The CSW develops a person-centered PIN plan.
- The CSW deploys interventions in accordance with the person-centered PIN plan.
- The CSW documents all PIN services provided during the calendar month.
- The CSW submits all time spent per calendar month for inclusion in aggregate billing of PIN, per beneficiary.
- Claims for PIN are billed under the NPI of the CSW that conducted the initiating visit.
- The time-based billing for PIN includes the time (labor) spent by the CSW and represents the aggregate of all time spent providing PIN services during the calendar month.
- Any time spent by auxiliary personnel to support the PIN service plan cannot be included in the aggregate of time included in claims filed for PIN services provided by a CSW.

Concurrent billing

A CSW can be a qualified healthcare practitioner providing PIN services to an eligible beneficiary. Other care management services can be provided concurrently with PIN services. Care management services include the following: chronic care management, principal care management, advanced primary care management, collaborative care management, and community health integration. In addition, transitional care management services can be billed concurrently with all care management services, including PIN. Concurrent billing for care management services occurs when more than one care management service is billed for the same beneficiary during the same billing period. The billing period for care management services is the calendar month. As a result, more than one care management service can be billed for the same beneficiary for the same calendar month billing period.

When there is concurrent billing for more than one care management service, the beneficiary must meet the eligibility criteria for each care management service and there must be medical necessity for the service.

When providing services concurrently, it is important to ensure that time is not double counted and that there is no duplication in the services rendered. In addition, there should be a distinct person-centered plan for each care management service being rendered and the services provided should be in accordance with the person-centered plan.

Example of concurrent billing

A CSW conducts a HBAI assessment (CPT 96156) with a beneficiary and determines that the person has psychosocial barriers to providing effective disease self-management for diabetes and congestive heart failure diagnoses. The beneficiary would benefit from participating in an evidence-based disease self-management program. The CSW and a trained health coach provide a chronic disease self-management education program licensed by the Self-Management Resource Center.

The beneficiary participates in group self-management education and training that is billed under the group HBAI codes filed by the CSW. During the HBAI assessment (CPT 96156), the beneficiary reports that they have social isolation and have symptoms of depression. Depression is a common comorbidity with chronic conditions such as diabetes or congestive heart failure. The beneficiary reports that depressive symptoms are becoming debilitating and negatively impacting the ability of the beneficiary to implement the self-management skills that are being provided during the chronic disease self-management education (CDSME) classes. The CSW determines that the beneficiary would benefit from PIN services.

During the initiating visit (HBAI assessment), the CSW completes a social determinants of health risk assessment (G0136). The CSW bills for the SDOH risk assessment and the HBAI initiating visit. During the initiating visit, the CSW determines that the beneficiary also has food insecurity and has limited ability to complete activities of daily living. The beneficiary lives in HUD-supported housing and must have the ability to live independently to remain in their HUD-supported housing unit. The limited ability to complete ADLs leads to housing insecurity because the beneficiary could lose their HUD-supported housing unit if it is determined that they cannot complete ADLs without assistance. The CSW develops a PIN plan to address the impact of depressive symptoms on self-management for the identified chronic conditions.

The CSW refers the beneficiary to a CHI qualified practitioner that has an existing contract with a local CBO (i.e., Area Agency on Aging (AAA), Center to Independent Living (CIL), or other non-profit). The CHI qualified practitioner conducts an initiating visit. The referring CSW shares the clinical assessment findings, obtained during the HBAI assessment, with the qualified practitioner as part of the referral. During the CHI initiating visit, the qualified practitioner documents food and housing insecurity as HRSNs that negatively impact the ability of the provider to treat their diabetes and congestive heart failure.

The qualified practitioner uses auxiliary personnel from the CBO to provide CHI services to address the food insecurity and housing insecurity, after obtaining beneficiary consent. The CHI services rendered by the auxiliary staff provided by the CBO are billed concurrently to the PIN services billed by the CSW. The reimbursement for PIN is provided to the CSW. The reimbursement for CHI is provided to the CHI qualified practitioner. The qualified practitioner reimburses the CBO that provided the auxiliary personnel deployed to provide CHI services to address food and housing insecurity.

Partnership to Align Social Care

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The Partnership to Align Social Care ("Partnership") is a national learning and action network whose purpose is to enable cross-sector collaboration focused on co-designing and sharing solutions that advance sustainable and aligned health and community care delivery systems leveraging community care hubs (CCHs) to promote whole-person health. The Partnership consists of leaders from across the healthcare and social care sectors, including health plans, health systems, providers, community-based organizations, national associations, and government. Partnership stakeholders collectively advance initiatives that build awareness about opportunities to promote whole-person health through coordination across health care providers and CCHs, expand CCH and CBO adoption of opportunities to bill for labor and services that improve whole-person health, and elevate innovative practices among health care sector stakeholders, CCHs, and CBOs pursuing cost-effective partnerships to drive high-quality care.

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- **Timothy McNeill,** Chief Executive & Founding Member, Freedmen's Health Consulting
- **Bonnie Ewald,** Managing Director, Center for Health and Social Care Integration, Department of Social Work and Community Health, Rush University Medical Center

For more information about the Partnership to Align Social Care, visit **www.partnership2asc.org**.