National Caregiver Support Collaborative

Caregivers As Partners in Care Teams

Billing Guide for Medicare Fee-for-Service Health-Related Social Needs (HRSN)[1]

HRSN codes allow health care professionals to bill for addressing upstream drivers (social and economic factors) that affect the patient's health, which caregivers are often responsible for managing.

This guide reflects the latest as of the CY 2026 CMS Physician Fee Schedule (PFS) Final Rule; the PFS is updated annually.

If the answers to these two questions are "yes," you can bill these codes:

A. Could the patient have upstream drivers that need identification or that might be limiting the ability to diagnose or treat the patient?

B. Is the provider a physician, non-physician practitioner (NPP), or auxiliary personnel billing under the direction of a physician or NPP?

Important: *Before receiving the following services, patients must have an initiating visit, which is separately billable and reimbursable, where the billing practitioner identifies unmet HRSN. The initiating visit includes evaluation and management (E/M); transitional care management; annual wellness visits (AWV); psychiatric diagnostic evaluation; or Health Behavior Assessment and Intervention (HBAI) services. The initiating visit must be performed by the same billing provider who will bill for subsequent services or by certified or trained auxiliary personnel under the direction of the billing provider.*

What is the service aiming to address?

Community Health Integration (CHI)[2]	Principal Illness Navigation (PIN)[2]	Principal Illness Navigation – Peer Support (PIN-PS)[2,3]	Physical Activity & Nutrition Assessment[4,5,6]
CHI services help address non-medical factors that may be limiting the ability to diagnose or treat problem(s) addressed in the patient's initiating visit.	PIN services help patients understand their condition or diagnosis and navigate treatment.	PIN peer-support services help patients understand their condition or diagnosis and navigate treatment.	Administration of a standardized, evidence-based assessment of physical activity and nutrition.
Services Provided	**Services Provided**	**Services Provided**	**Services Provided**
• Care coordination • Health education • Health system navigation • Patient self-advocacy training • Social and emotional support	• Care coordination • Facilitating behavior change • Health education • Identification or referral to appropriate services • Patient-centered assessment • Referral to supportive and community-based services • Self-advocacy skills • Social and emotional support	• Assistance in communicating with healthcare and social care providers • Facilitating behavior change • Health education • Identification or referral to appropriate services • Leveraging lived experiences to provide support • Patient-centered interview • Referral to supportive and community-based services • Self-advocacy skills • Social and emotional support	• Assessing risk related to the root causes of chronic conditions to support disease prevention and improvement of chronic disease management
Consider billing this code![6]	**Consider billing this code![6]**	**Consider billing this code![6]**	**Consider billing this code![6]**
G0019: 60 minutes per calendar month **G0022:** Each additional 30 minutes per calendar month	**G0023:** 60 minutes per calendar month **G0024:** Each additional 30 minutes per calendar month	**G0140:** 60 minutes per calendar month **G0146:** Each additional 30 minutes per calendar month	**G0136:** 5 to 15 minutes, not more often than every 6 months

Definitions and Acronyms:

Certain Non-Physician Practitioners (NPPs) can bill these codes, including, but not limited to: Nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse midwives (CNMs), physician assistants (PAs), and clinical psychologists (CPs) when it is part of a patient's treatment plan.

Auxiliary personnel can bill through authorized providers: § 410.26(a)(1) defines this as any individual who is acting under the supervision of a physician (or other practitioner), regardless of whether the individual is an employee, leased employee, or independent contractor of the physician (or other practitioner) or of the same entity that employs or contracts with the physician (or other practitioner), has not been excluded from the Medicare, Medicaid, and all other federally funded health care programs by the Office of Inspector General or had his or her Medicare enrollment revoked, and meets any applicable requirements to provide incident to services, including licensure, imposed by the State in which the services are being furnished.

Reasonable and Necessary: HRSN may be reasonable and necessary when they are integral to a patient's overall treatment and furnished after the treatment plan[9] is established.

Notes:

1. CHI, PIN, and PIN-PS codes are not eligible for telehealth. Instead, provider-patient interactions are primarily non-face-to-face, which include activities such as secure electronic messaging and phone calls. Providers, auxiliary personnel, or patients may engage in in-person interactions if it is deemed beneficial to the patient. The physical activity and nutrition assessment is eligible for telehealth.

2. Clinical social workers (CSWs), marriage and family therapists (MFTs), and mental health counselors (MHCs) can bill CHI, PIN, and PIN-PS codes directly if they relate to the diagnosis or treatment of mental illness and substance use disorders. If they are not performing diagnostic / treatment services related to mental illness, they are considered auxiliary personnel under a billing practitioner.

3. Providers eligible to bill PIN-PS include patient navigators or certified peer specialists.

4. Nutrition assessment examples include the Mini-EAT tool, the Starting the Conversation: Diet tool, and Short Dietary Assessment Instruments. Physician activity assessment examples include the Physical Activity Vital Sign tool, the CHAMPS Physical Activity Questionnaire for Older Adults, and the Rapid Assessment of Physical Activity or Telephone Assessment of Physical Activity.

5. The assessment is payable when both physical activity and nutrition risk assessments are completed, or when only one of these (physical activity or nutrition) is performed in a clinical situation where a single assessment is reasonable and necessary. For example, if a beneficiary has recently begun a new diet but their physical activity has not been evaluated, a physical activity risk assessment alone may be reasonable and necessary.

6. CNSs are considered authorized personnel that can bill for the Physical Activity and Nutrition Assessment.

7. All codes can be administered in facility and non-facility settings.

8. Consent must be documented in the patient's medical record.

9. A treatment plan is a patient-centered plan of care that appropriately accounts for clinical circumstances. Caregivers can play a key role in carrying out treatment plans related to physical, occupational, or speech-language therapy, and other activities.

Community Health Integration Services. Medicare. Accessed October 2025; CY 2026 Physician Fee Schedule Final Rule. CMS. Accessed October 2025; Health-Related Social Needs FAQ. CMS. Accessed October 2025; List of Telehealth Services. CMS. Accessed October 2025; Principal Illness Navigation Services. Medicare. Accessed October 2025; Principal Illness Navigation Services. Rural Health Information Hub. Accessed October 2025; Reimbursement Tips: Principal Illness Navigation. National Association of Community Health Centers. Accessed October 2025.

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