G0023

PRINCIPAL ILLNESS NAVIGATION SERVICES BY CERTIFIED OR TRAINED AUXILIARY PERSONNEL UNDER THE DIRECTION OF A PHYSICIAN OR OTHER PRACTITIONER, INCLUDING A PATIENT NAVIGATOR; 60 MINUTES PER CALENDAR MONTH, IN THE FOLLOWING ACTIVITIES: PERSON-CENTERED ASSESSMENT, PERFORMED TO BETTER UNDERSTAND THE INDIVIDUAL CONTEXT OF THE SERIOUS, HIGH-RISK CONDITION. ++ 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 (THAT ARE NOT SEPARATELY BILLED). ++ FACILITATING PATIENT-DRIVEN GOAL SETTING AND ESTABLISHING AN ACTION PLAN. ++ PROVIDING TAILORED SUPPORT AS NEEDED TO ACCOMPLISH THE PRACTITIONER'S TREATMENT PLAN. IDENTIFYING OR REFERRING PATIENT (AND CAREGIVER OR FAMILY, IF APPLICABLE) TO APPROPRIATE SUPPORTIVE SERVICES.

PRACTITIONER, HOME, AND COMMUNITY-BASED CARE COORDINATION. ++ COORDINATING RECEIPT OF NEEDED SERVICES FROM HEALTHCARE PRACTITIONERS, PROVIDERS, AND FACILITIES; HOME- AND COMMUNITY-BASED 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. ++ 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). HEALTH EDUCATION-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. 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. HEALTH CARE ACCESS / HEALTH SYSTEM NAVIGATION. ++ 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. 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. 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. LEVERAGE KNOWLEDGE OF THE SERIOUS, HIGH-RISK CONDITION AND/OR LIVED EXPERIENCE WHEN APPLICABLE TO PROVIDE SUPPORT, MENTORSHIP, OR INSPIRATION TO MEET TREATMENT GOALS

Healthcare Common Procedure Coding System

The Healthcare Common Procedure Coding System (HCPCS) is a collection of codes that represent procedures, supplies,products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs. HCPCS codes primarily correspond to services, procedures, and equipment not covered by CPT® codes.

G0023 Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities: person-centered assessment, performed to better understand the individual context of the serious, high-risk condition. ++ 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 (that are not separately billed). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; home- and community-based 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. ++ 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). health education- 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. 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. health care access / health system navigation. ++ 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. 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. 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. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals

HCPCS Code	G0023	The Healthcare Common Prodecure Coding System (HCPCS) is a collection of codes that represent procedures, supplies, products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs.The codes are divided into two levels, or groups, as described Below: Level I Codes and descriptors copyrighted by the American Medical Association's current procedural terminology, fourth edition (CPT-4). These are 5 position numeric codes representing physician and nonphysician services. **** NOTE: **** CPT-4 codes including both long and short descriptions shall be used in accordance with the CMS/AMA agreement. Any other use violates the AMA copyright. Level II Includes codes and descriptors copyrighted by the American Dental Association's current dental terminology, seventh edition (CDT-2011/12). These are 5 position alpha-numeric codes comprising the d series. All other level II codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are 5 position alpha- numeric codes representing primarily items and nonphysician services that are not represented in the level I codes.

Code Description	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities: person-centered assessment, performed to better understand the individual context of the serious, high-risk condition. ++ 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 (that are not separately billed). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; home- and community-based 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	Contains all text of procedure or modifier long descriptions. As of 2013, this field contains the consumer friendly descriptions for the AMA CPT codes. The AMA owns the copyright on the CPT codes and descriptions; CPT codes and descriptions are not public property and must always be used in compliance with copyright law.

	cultural and linguistic factors. ++ 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). health education- 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. 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. health care access / health system navigation. ++ 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.	

	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. 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. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals	
Short Description	Pin service 60m per month	Short descriptive text of procedure or modifier code (28 characters or less). The AMA owns the copyright on the CPT codes and descriptions; CPT codes and descriptions are not public property and must always be used in compliance with copyright law.
Pricing Indicator Code #1	13	Code used to identify the appropriate methodology for developing unique pricing amounts under part B. A procedure may have one to four pricing codes.
Pricing Indicator Code #1 Description	Price established by carriers (e.g., not otherwise classified, individual determination, carrier discretion). Linked To The Physician Fee Schedule.	Description of Pricing Indicator Code #1
Multiple Pricing Indicator Code	A	Code used to identify instances where a procedure could be priced under multiple methodologies.
Multiple Pricing Indicator Code Description	Not applicable as HCPCS priced under one methodology	HCPCS Multiple Pricing Indicator Code Description
Coverage Code	C	A code denoting Medicare coverage status.
Coverage Code Description	Carrier judgment	HCPCS Coverage Code Description

Berenson-Eggers Type Of Service Code	M5D	This field is valid beginning with 2003 data. The Berenson-Eggers Type of Service (BETOS) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services.
Berenson-Eggers Type Of Service Code Description	Specialist - other	HCPCS Berenson-Eggers Type Of Service Code Description
Type Of Service Code #1	1	The carrier assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code.
Type Of Service Code #1 Description	Medical care	Description of HCPCS Type Of Service Code #1
Anesthesia Base Unit Quantity	0	The base unit represents the level of intensity for anesthesia procedure services that reflects all activities except time. These activities include usual preoperative and post-operative visits, the administration of fluids and/or blood incident to anesthesia care, and monitering procedures. **** NOTE: **** The payment amount for anesthesia services is based on a calculation using base unit, time units, and the conversion factor.
Code Added Date	20240101	The year the HCPCS code was added to the Healthcare common procedure coding system.
Action Effective Date	20240101	Effective date of action to a procedure or modifier code
Action Code	N	A code denoting the change made to a procedure or modifier code within the HCPCS system.
Action Code Description	No maintenance for this code	HCPCS Action Code Description
Status	Actual	
Last Update Date	2026	

Contact Information for HCPCS
HCPCS Email Address: hcpcs@cms.hhs.gov
The PDAC has a toll free helpline
(877) 735-1326
HCPCS-related questions must be submitted online
via the www.codingclinicadvisor.com website

For all questions regarding this bundle please contact Support@DataLabs.Health. Also feel free to let us know about any suggestions or concerns. All additional information as well as customer support is available at https://www.datalabs.health/.