

Community Health Workers (CHW)

Policy Number: SC14P0029A6

Effective Date: January 1, 2015

Last Update: February 29, 2024

PAYMENT POLICY HISTORY

Date	Summary of Change
February 29, 2024	Policy updated to provide information about procedure codes G0019 and G0022 (community health integration services).
June 8, 2023	Annual review completed. Formatting and grammar updates applied.
August 31, 2021	Annual policy review completed. Grammatical and typographical corrections were made to the policy. The changes did not impact the technical requirements of the policy.
July 6, 2020	Annual review completed. The Community Health Workers policy was moved to an updated UCare template. No other changes were made to the policy.
May 15, 2019	Based on annual review of the policy the following updates were made to the policy: <ul style="list-style-type: none"> • Added the U9 modifier to the modifier section of the policy. • Added 98962 appended with the –U9 modifier to the CPT / HCPCS code section of the policy. • Directions regarding billing by RHCs and FQHCs added to the revenue code and billing guidelines. • The UCare logo was updated.
September 11, 2018	The Policy has been updated to incorporate the following change: Effective 8/14/2018 MHCP will allow CHW services for groups that have more than 8 participants. Directions are to bill CPT code 98962 appended with a –U9 modifier when more than 8 patients are present.
June 3, 2018	Effective 1/19/2018 the MHCP Provider Manual added RNs to the list of providers who can supervise CHWs.
January 1, 2017	Replaced eligibility requirements to those now outlined in the MHCP Provider manual. The language now states, “Community Health Workers must have a valid certification from the Minnesota State Colleges and Universities (MnSCU) demonstrating that the applicant has completed an approved Community Health Worker curriculum.
January 1, 2016	<ul style="list-style-type: none"> • Replaced definition (previous was description of educational requirements) with information regarding scope of practice for a CHW. • Moved educational requirements to the provider eligibility section of the Policy.

Date	Summary of Change
	<ul style="list-style-type: none"> Under the Billing section changed the number of eligible monthly visits from 8 to 24 based on MHCP update that took place in Sept. 2015 and added the need to bill separate lines for each date of service and submit only one calendar month per claim. Clarification that diagnosis-related patient education includes diabetes prevention, and pediatric obesity treatment. Deleted the link to the Family Planning Policy.

APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Minnesota Senior Care Plus (MSC+)	✓
UCare Prepaid Medical Assistance (PMAP)	✓
UCare Connect	✓
UCare Connect +Medicare (When MHCP is the primary payer)	✓
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	✓

TABLE OF CONTENTS

TABLE OF CONTENTS	PAGE
PAYMENT POLICY HISTORY	1
APPLICABLE PRODUCTS	2
TABLE OF CONTENTS.....	2
PAYMENT POLICY OVERVIEW	5
POLICY DEFINITIONS	5
ENROLLEE ELIGIBILITY CRITERIA.....	5
ELIGIBLE PROVIDERS OR FACILITIES.....	6

Provider.....	6
Supervision Requirements	6
Other and/or Additional Information	6
EXCLUDED PROVIDER TYPES	6
MODIFIERS, CPT, HCPCS, AND REVENUE CODES	7
General Information	7
Modifiers.....	7
Revenue Codes.....	7
CPT and/or HCPCS Code(s).....	7
PAYMENT INFORMATION	8
Covered Services	8
Non-Covered Services	9
Allowed Amount	9
BILLING REQUIREMENTS AND DIRECTIONS.....	9
PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION	10
Prior Authorization and Notification Requirements	10
Threshold Information	10
RELATED PAYMENT POLICY INFORMATION.....	11
SOURCE DOCUMENTS AND REGULATORY REFENCES.....	11
DISCLAIMER.....	11

This page was intentionally left blank

PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

The role of community health worker is that of trained educator who works with individuals who may have difficulty interacting or understanding medical providers due to cultural or language barriers.

Community Health Worker (CHW) services are diagnosis-related medical intervention and are not a social service. CHW services focus on providing patient education for health promotion and disease management.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Community Health Worker (CHW)	Means a trained health educator who works with individuals who may have difficulty understanding health care professionals due to cultural or language barriers. CHW services are a diagnosis-related medical intervention, not a social service.

ENROLLEE ELIGIBILITY CRITERIA

THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

The member must be actively enrolled in an UCare State Public Programs product.

ELIGIBLE PROVIDERS OR FACILITIES**OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT.****Provider**

Community Health Workers must have a valid certification from the Minnesota State Colleges and Universities (MnSCU) demonstrating that the applicant has completed an approved Community Health Worker curriculum.

The following providers are eligible billing providers:

- Advance Practice Registered Nurse (APRN)
- Clinic
- Community Health Clinic
- Critical Access Hospitals
- Dentist
- Family Planning Agency
- Federally Qualified Health Center (FQHC)
- Hospital
- Indian Health Services (HIS) Facility
- Mental Health Professionals
- Physician
- Public Health Nurse Clinic (PNHC)
- Rural Health Center (RHC)

Supervision Requirements

A CHW requires an order from and general supervision by an enrolled physician, advance practice nurse, certified public health nurse, registered nurse, dentist, or mental health professional.

Other and/or Additional Information

Not applicable.

EXCLUDED PROVIDER TYPES**OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.**

Not applicable.

MODIFIERS, CPT, HCPCS, AND REVENUE CODES

General Information

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Modifiers

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers, they should be added after the modifiers listed below.

MODIFIER(S)	NARRATIVE DESCRIPTION
U9	For purposes of this policy when the -U9 is appended to CPT code 98962 it indicates the self-management education and training is being provided face-to-face to group of more than 8 patients.

Revenue Codes

Not applicable.

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER	NARRATIVE DESCRIPTION
98960		Self-management education and training, face-to-face, 1 patient
98961		Self-management education and training, face-to-face, 2-4 patients

98962		Self-management education and training, face-to-face, 5-8 patients
98962	U9	Self-management education and training, face-to-face, groups with more than 8 patients
G0019		Community health integration services performed by certified or trained auxiliary personnel, including a community health worker that is under the direction of a physician or other practitioner. The services may be billed for 60 minutes per calendar month in the following activities to address social determinants of health (SDOH) needs that are significantly limiting the ability to diagnose or treat needs addressed in an initiating visit (see “Billing Requirements and Directions” for more information).
G0022		Community health integration services, each additional 30 minutes per calendar month. List separately in addition to G0019.

CPT® is a registered trademark of the American Medical Association.

PAYMENT INFORMATION

Covered Services

A CHW is eligible to provide diagnosis-related patient education services, including diabetes prevention and pediatric obesity treatment when the following criteria is met:

- The CHW must be supervised by an eligible physician, advance practice registered nurse, certified public health nurse, dentist, or mental health professional, or registered nurse;
- An eligible physician, advance practice registered nurse, dentist, certified public health nurse must order the patient education service(s) and the order must state that the services are to be furnished by a CHW;
- The service involves teaching the patient how to effectively self-manage their health or oral health in conjunction with the health care team;
- The service is provided face-to-face with the patient (individually or in a group) in an outpatient, home or clinic, or other community setting; and,
- The content of the education and training program is a standardized curriculum consistent with established or recognized health or dental health care standards. The curriculum may be modified as necessary for the clinical needs, cultural norms and health or dental literacy of the patient.

Non-Covered Services

UCare does not cover social services such as enrollment assistance, case management or advocacy delivered by a CHW.

Allowed Amount

Payment for services furnished by a community health worker is based on the current UCare professional fee schedule.

BILLING REQUIREMENTS AND DIRECTIONS

The following guidelines must be followed when billing for eligible CHW services:

- Submit eligible using the 837P format or the electronic equivalent;
- Enter the non-pay UMPI or NPI of the CHW who provided the services, as the rendering provider
- Use the hospital's, clinic's, physician's, advance practice registered nurse's, public health nursing organization's or mental health professional's National Provider Identifier (NPI) as the pay to provider;
- Eligible services should be billed in 30-minute increments (1 unit of service equals 30 minutes)
- Eligible CHW services are limited to 4 units per 24 hours; no more than 24 units per calendar month per patient; and
- Bill separate lines for each day service is provided (only one calendar month of service per claim).
- Rural Health Clinics and Federally Qualified Health Centers should submit claims based on their required format and billing guidelines.
- CHWs may also bill the following procedure codes for community health integration services. Follow Medicare guidance about the following services that may be performed by CHWs.
 - **G0019:** Community health integration services performed by certified or trained auxiliary personnel, including a community health worker that is under the direction of a physician or other practitioner. The services may be billed for 60 minutes per calendar month in the following activities to address social determinants of health (SDOH) needs that are significantly limiting the ability to diagnose or treat needs addressed in an initiating visit.
 - Needs that are addressed in an initiating visit may include, but are not limited to, the following:

- Person-centered assessment, performed to better understand the individualized context of the intersection between the SDOH needs and the needs addressed in the initiating visit;
 - 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 (not separately billed)
 - Facilitating patient driven goal setting and establishing an action plan;
 - Coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians;
 - Facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivations to participate in care and reach person-centered diagnosis or treatment goals
 - Providing tailored support to the patient as needed to accomplish the practitioner’s treatment plan;
 - Facilitating access to community based social services (housing, utilities, transportation, food assistance) to address the SDOH need.
- **G0022:** Community health integration services, each additional 30 minutes per calendar month. List separately in addition to G0019.
 - An E&M visit must be billed before providing community health integration services. The practitioner will determine medical necessity as well as assess and identify the SDOH that interfere with the diagnosis and treatment plan of the member. The services may be rendered by CHW and billed under the provider who initiates the service.
 - CHWs must bill G0019 and G0022 following [MHCP Medicare and Other Insurance](#) billing policy.

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization and Notification Requirements

UCare does not have any prior authorization requirements for CHW services. UCare does update its’ authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

Threshold Information

Not applicable.

RELATED PAYMENT POLICY INFORMATION

OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

POLICY NUMBER	POLICY TITLE

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

SOURCE DOCUMENTS AND REGULATORY REFENCES

LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY

[MHCP Provider Manual, Community Health Workers](#)

[Minnesota Statutes 256B.0625](#), subd. 49 (Community health worker)

DISCLAIMER

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation, or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage

Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”