REIMBURSEMENT POLICY

Community Health Worker

Active

Policy Number: General Coding - 078
Policy Title: Community Health Workers
Section: General Coding
Effective Date: 12/01/2022

Product: ☒Commercial ☐FEP ☐Medicare Advantage ☐Platinum Blue

Description

This policy addresses coding and reimbursement of services provided by Community Health Workers (CHW).

Policy Statement

A Community Health Worker is a trained health educator who works with primary care providers and public health professionals to provide culturally appropriate assistance and education to minimize the gaps between our health care system and community members. The CHW serves as a liaison between health care, social services, and the community to facilitate access to services and improve the quality and cultural competency of service delivery.

Service Eligibility:
CHWs must have a valid CHW certificate and be enrolled with the Minnesota Department of Human Services.

Billing:
CHW services should be billed to Blue Cross and Blue Shield of MN (Blue Cross) as follows:

- Claims format: Professional (837P)
- Codes: 98960, 98961 or 98962; for groups with more than 8 patients, use 98962 with the U9 modifier
- Bill in 30-minute units: limit 4 units per 24 hours; no more than 24 units per calendar month per member
- Provider Number: CHWs are employed by a health care provider and must bill under their employer's Blue Cross provider number.

Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, Blue Cross fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier:	U9		
ICD-10 Diagnosis:	N/A		
ICD-10 Procedure:	N/A		
CPT/HCPCS:	98960	98961	98962
Revenue Codes:	N/A		

Cross Reference

Cross Reference: GC-071 Bundling Policy
GC-007 Televideo Consultations-Telehealth Telemedicine Services

Policy History

10/26/2021	Initial Committee Approval Date
11/22/2022	Revised