

CHW Program Facts

- Requirements are governed by KRS 205.648 and 907 KAR 3:310, Community Health Worker services and reimbursement.
- Qualifications:
 - Legal United States resident;
 - Employed as a community health worker in the state of Kentucky;
 - Be at least eighteen (18) years of age; and
 - Meet and maintain the certification or recertification requirements.
- Practitioners allowed to order services:
 - Physician;
 - Physician assistant;
 - Nurse practitioner;
 - Certified Nurse Midwife; or
 - Dentist.
 - Optometrist
- Provider Types allowed to bill services:
 - Physician Offices – 64, 65
 - Certified Community Behavioral Health Centers (CCBHS) - 16
 - Federally Qualified Health Centers (FQHC) - 31
 - Rural Health Centers (RHC) - 35
 - Community Mental Health Centers (CMHC) 30
 - Local Health Departments (LHD) - 20
 - Behavioral Health Services Organization (BHSO) – 03
 - Behavioral Health Multi-Specialty Group - 66
 - Dentists – 60, 61
 - Nurse Practitioner - 78
 - Physician Assistant - 95
 - Nurse Midwife – 72
 - School Services – 21
 - Optometrist – 77
- Services must be delivered according to a plan of care and may include:
 - Health system navigation;
 - Health promotion and coaching;
 - Preventative health training and assistance; and
 - Health education and training.

- Billing codes include:
 - CPT 98960
 - 1 patient
 - \$22.53 per 30 minute increment
 - CPT 98961
 - 2-4 patients
 - \$10.88 per patient, per 30 minute increment
 - CPT 98962
 - 5-8 patients
 - \$8.03 per patient, per 30 minute increment
 - Dental providers will bill the above codes on a CMS1500 claim form, via paper, KYHealth Net, or via 837P for electronic submission. DMS is currently working on adding a D-Code for these services.
- Federally Qualified Health Centers, Rural Health Centers, or Certified Community Behavioral Health Center will not receive a wrap payment up to the daily Prospective Payment System (PPS) rate if this is the only service being billed. If it is the only service provided, it will be paid based on the fee schedule. If CHW services are provided on the same day as a service that does generate a wrap, then the CHW service will be bundled into the PPS rate.
- Managed Care Organizations (MCOs) will reimburse for CHWs. Reimbursement is determined by the provider's contract with the MCO. MCOs may also employ CHWs but may not deny reimbursement to a provider based on duplication.
- Fee-for-Service (FFS) will reimburse for CHW services according to the FFS fee schedule.
- Hospitals utilizing CHW services are part of the Hospital Rate Improvement Program. They are not able to bill separately for the service.
- Community based organizations are not currently eligible for reimbursement for CHW services unless they are enrolled as an eligible Medicaid provider type or contract through an enrolled eligible Medicaid provider type.
- If a provider receives federal, state, or private grant funding supporting a CHW, the provider cannot also bill Medicaid for services provided by that CHW for a Medicaid member. Provider must maintain records demonstrating no duplication of funding for the CHW and Medicaid reimbursement.
- Providers may contact KY_Provider_Inquiry@gainwelltechnologies.com for CHW billing questions.

Questions and Answers

Q: Is there a limit on the number of increments that can be billed per client per day or per month?

A: Two (2) units per member per week and no more than 104 units per calendar year per provider type as shown below.

- CHW service limitations to be by billing provider type. Provider types are broken down as follows:
 - Physician – 64, 65, 78, 95 These provider types equal one provider type. A total of 2 units per calendar week regardless of if billing provider type is 64, 65, 78 or 95. A total of 104 units per calendar year regardless of if billing provider type is 64, 65, 78 or 95.
 - Behavioral Health – 03, 16, 30, 66 These provider types equal one provider type. A total of 2 units per calendar week regardless of if billing provider type is 03, 16, 30, and 66. A total of 104 units per calendar year regardless of if billing provider type is 03, 16, 30, and 66.
 - Health Center – 20, 31, 35 These provider types equal one provider type. A total of 2 units per calendar week regardless of if billing provider type is 20, 31, or 35. A total of 104 units per calendar year regardless of if billing provider type is 20, 31, or 35.
 - Dentists – 60, 61 A total of 2 units per calendar week and 104 per calendar year if billing provider type is 60 or 61.
 - Nurse Midwife – 72 A total of 2 units per calendar week and 104 per calendar year if billing provider type is 72.
 - School Services – 21 A total of 2 units per calendar week and 104 per calendar year if billing provider type is 21.
 - Optometrist – 77 A total of 2 units per calendar week and 104 per calendar year if billing provider type 77.

Q: Will the medical provider first have to see the patient before ordering CHW services, or will they simply have to approve the services?

A: There is no requirement the provider must see the patient first. However, the patient's file should clearly document the need for the service.

Q: For CHWs working in behavior health programs, are there plans to include changes so that an LCSW or LPCC can also order CHW services?

A: There are no current plans to change who can order the service. However, this change would require a State Plan Amendment. DMS plans to monitor the program and consider future changes as necessary.

Q: Will providers be able to bill for the CHW services on the same day as they see the provider, or will it have to be on a different day?

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A: They may bill on the same day.

Q: Are there place of service restrictions for CHW services?

A: There are no place of service requirements or restrictions for CHW services.

Q: Will there be a simplified guide to billing Medicaid for CHW services, including documentation requirements?

A: Billing manuals will be updated for all eligible Medicaid providers on how to bill for the service. Documentation requirements are referenced in the administrative regulation.

Q: For CHWs holding health education classes, if there are more than 8 Medicaid participants, will they be able to bill Medicaid for the additional participants?

A: No, the maximum number to bill is 8 according to the coding guidelines of the Centers for Medicare and Medicaid Services. Providers will need to ensure that a claim for Medicaid reimbursement is not submitted if the CHW delivering the service is funded through federal, state or private grants.

Q: If clients are getting services bundled together as part of the same wrap funding, are there guidelines around how CHW services will be billed in addition to those services?

A: Billing manuals will be updated for all eligible Medicaid providers on how to bill the service.

Q: If providers bill Medicaid for CHW services, are they required to bill non-Medicaid patients themselves for CHW services as well?

A: There are no requirements for non-Medicaid patient billing.

Q: If CHWs transport clients to appointments, are they able to bill for non-emergency medical transport (NEMT)?

A: The CHW would have to contract with the DMS NEMT contractor to provide and be reimbursed for those services. The current contractor is the Kentucky Department for Transportation, Office of Transportation Delivery and may be contacted at 1-888-941-7433.

Q: How will Medicaid pay for travel time for CHW visits?

A: Currently only 3 codes are billable for CHWs, mileage is not reimbursed.

Q: What is an acceptable plan of care?

A: The plan of care would be the same needed for that provider type in their current DMS billing manual or applicable regulation.

Q: Do providers send in CHW certifications?

A: No, providers will keep CHW certifications on file to ensure compliance in the event of an audit.

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Q: What is the link for CHW certification?

A: Below is the link for certification and additional information.

<https://www.chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/chwp.aspx>