

# Community Health Worker Primary Care billing guide

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Columbia Pacific Coordinated Care Organization is committed to supporting our membership to live better lives, prevent illness, and respond effectively to health issues. Community Health Workers (CHWs) are valuable resources in addressing social determinants of health, reducing health disparities, and improving patients' experience of care. CHWs have expertise or experience in public health and often share ethnicity, language, socioeconomic status, and/or life experiences with the members of the community where they work.

CHW services are a covered benefit for all Oregon Health Plan members. Below is information outlining the requirements and process for receiving reimbursement for CHWs serving Columbia Pacific members within Primary Care settings. Please note that while Columbia Pacific will routinely update the information in this guide, all THWs are responsible for completing and complying with the most recent OHA requirements.

## Covered Community Health Worker services

CHWs assist individuals to improve their health and wellness and increase the community's capacity to meet the health care needs of its residents. They serve as a liaison, link, and intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural responsiveness of service delivery. Covered CHW services include:

- Providing culturally appropriate health information and guidance on health behaviors
- Delivering health education and training sessions to patients, using a standardized curriculum
- Providing direct services and health screenings
- Assisting individuals to receive the care they need

While CHW roles may also include advocacy, evaluation, research, outreach, or administration activities (please see the [OHA THW Toolkit](#) for full CHW scope of work), current OHP Fee-for-Service CHW reimbursement is limited to services that include direct engagement with patients.

## Reimbursement for CHW services

### THW certification and enrollment as an Oregon Medicaid Provider

Columbia Pacific is committed to reimbursing Community Health Worker (CHW) services when they are provided by a certified CHW who is enrolled as an Oregon Medicaid Provider. Requirements for certification and enrollment are listed below, and step-by-step instructions are available in Columbia Pacific's [THW Claims Submission Guide](#).

1. Complete a CHW training program approved by the Oregon Health Authority's Office of Equity and Inclusion, and obtain THW certification, including being listed on [OHA's THW Registry](#).
2. Obtain a National Provider ID and enroll as an Oregon Medicaid Provider.
  - a. When enrolling as an Oregon Medicaid Provider, enter provider type 13, specialty code 601 on your application.
3. Enroll as a provider with Columbia Pacific.

## Supervision by a Licensed Health Care Professional

Community Health Workers (CHWs) must be supervised by existing Licensed Health Care Professionals (LHCP) and perform services for them within the LHCP's scope of practice. LHCPs are responsible for the work that they order, delegate or supervise when health care professionals (i.e., CHWs) work under their supervision. According to OHA, Licensed Health Care Professionals include:

- Physicians
- Certified Nurse Practitioners
- Physician Assistants
- Dentists
- Dental hygienists with an Expanded Practice License
- PhD Psychologists
- PsyD Psychologists
- LCSW Social Workers
- Licensed Professional Counselors

CHWs must work and bill "under the supervision of a licensed provider." When submitting claims, the CHW should be listed as the rendering provider. Please note that your Electronic Health Record may need to be configured to allow the CHW to be listed as the rendering provider.

## Confirming insurance status

Before submitting a claim, the patient's insurance status needs to be verified so that the correct insurer is billed. You can confirm that the patient is a Columbia Pacific member through the resource below. More information about accessing these resources to verify insurance status can be found in Columbia Pacific's [THW Claims Submission Guide](#).

- Medicaid Management Information System (MMIS) – access is provided through enrollment as an Oregon Medicaid Provider.
- CareOregon Connect Portal—obtained through a OneHealthPort account.

## Submitting CHW claims

- CHWs should be listed as the rendering provider on a claim and must bill under the supervision of a Licensed Health Care Professional.
- All claims are subject to the Prioritized List of Health Services and diagnosis code requirements listed in OAR 410-120-1280 (8) (a-c). Procedure codes should be paired with the diagnosis code or codes that most accurately represent the client's condition. You can check the diagnosis code with the procedure code through [OHA's searchable prioritized list](#).
- CHW services do not require prior authorization.

Please see Columbia Pacific's [THW Claims Submission Guide](#) for details on how to become eligible to bill CHW services to Columbia Pacific, the claims submission process, access to our provider portal to check member eligibility and claims status, and other helpful resources around billing CHW services.

## Available codes

Below is a list of codes that are eligible for reimbursement for CHW services provided in primary care settings. Please note that [OHA's list of billable codes for CHW services](#) also includes Behavioral Health codes that cannot be provided in primary care settings. These codes are not included in the list below.

Codes	General Description (see OAR 309-019 for additional definitions of services)
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes.
98960	Education and training for patient self-management by a qualified nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient.
98961	(see 98960); for 2-4 patients.
98962	(see 98960); for 5-8 patients.
99211	Office or other outpatient visit with an established patient for evaluation and management that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes.
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes.
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes.
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes.
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes.
99600	Unlisted home visit service or procedure.
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more).
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more).

## Payment

For enrolled CHWs, CHW services will be reimbursed based on existing payment terms outlined within your clinic's provider contract. Please note that it is important that you bill your standard billing costs even if they are higher than the established reimbursement. Billing your standard rates will allow us to capture this data for encounter purposes and take that into consideration for future rate setting. When rates are not established through your provider contract, Columbia Pacific will reimburse according to the [DMAP/OHP Fee Schedule](#) rates in effect on the date of service.

## Helpful links

### Oregon Administrative Rules for CHWs

Please refer to the following Oregon Administrative Rules (OAR) and Oregon Revised Statutes (ORS) for more information about CHW services and requirements:

- [OAR 410-180-0305](#), Traditional Health Workers
- [ORS 414.025 \(7\)](#), Definitions for ORS chapters 411, 413, and 414
- [ORS 414.665](#), Traditional health workers utilized by coordinated care organizations

### OHA Office of Equity and Inclusion contact information

For additional Information about the THW program, please contact OHA/OEI at:

- Telephone: 971-673-3353
- Fax: 971-673-1128
- Email: [thw.program@dhsoha.state.or.us](mailto:thw.program@dhsoha.state.or.us)

## Columbia Pacific Coordinated Care Organization support

- Traditional Health Worker Liaison: [colpacthwliaison@careoregon.org](mailto:colpacthwliaison@careoregon.org)

## Additional resources

- » [OHA's Office of Equity and Inclusion CHW Webpage](#)
- » [OHA's THW Registry](#)
- » [Oregon Community Health Worker Association \(ORCHWA\) webpage](#)
- » [Columbia Pacific CCO Traditional Health Worker Claims Submission Guide](#)