

A photograph of a woman with dark curly hair carrying a young girl with dark curly hair on her back. Both are laughing heartily. The woman is wearing a purple long-sleeved shirt, and the girl is wearing a white long-sleeved shirt and blue overalls. They are outdoors with green foliage in the background.

Community Health Worker Medicaid Benefit

Nikki Banks, MPH
May 2025

Objectives



Background & structure of Community Health Worker (CHW) benefit

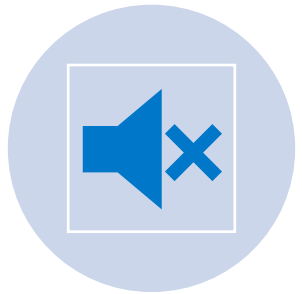


Review official Washington Administrative Code (WAC) language



Review CHW billing guide

Housekeeping rules



Please stay on mute unless speaking to minimize background noise



Use chat box for questions and comments



For Q&A, raise your hand



Be respectful of time and other's perspectives

Communications Update

- CHW inbox change starting June 30th
 - change from hcachwgrant@hca.wa.gov to hcachwbenefit@hca.wa.gov
- New billing guide FAQ in June
- Community TA ppt posted after 2nd community call on 5.13
- First CHW benefit Office Hours on 5/27

Webinars and workshops

Date and times	Meeting details
<ul style="list-style-type: none">• Date: Tuesday, March 6• Time: 10 a.m. - noon• Join Teams meeting (no registration required)	<ul style="list-style-type: none">• Topic: CHW Apple Health (Medicaid) reimbursement• Audience: CHWs, health care professionals, advocates, community members
<ul style="list-style-type: none">• Date: Tuesday, May 13• Time: 10 a.m. - noon• Join Teams meeting (no registration required)	<ul style="list-style-type: none">• Topic: CHW Apple Health (Medicaid) reimbursement• Audience: CHWs, health care professionals, advocates, community members
<p>Open office hours</p> <ul style="list-style-type: none">• Join Teams meeting (no registration required) <p>Dates</p> <p>The following office hours will be held from 10 - 11:30 a.m.</p> <ul style="list-style-type: none">• May 27• June 10• June 27	<ul style="list-style-type: none">• Topic: CHW Apple Health (Medicaid) open office hours• Audience: CHWs, health care professionals, advocates, community members

CHW Benefit: Background and Structure

CHW benefit background

For fiscal year 2023, **HCA** received funding in **[ESSB 5693, Sec. 211 (103)]** and were mandated to:

- Administer grant to primary care settings serving children, youth, and their families
- Collaborate with Department of Health (DOH) to align with CHW core curriculum and new health specific modules
- Conduct a mixed methods evaluation to assess impact and support sustainability efforts

Additionally, HCA must **establish a community health worker benefit** under the medical assistance program (Medicaid).

Community Health Worker (CHW)

“A frontline public health worker who is a trusted member of and/or has a close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.”

- CHW Task Force (2019)



Communication and interpersonal relationship building



Cultural humility and responsiveness



Outreach



Education and facilitation



Individual and community assessment and direct services



Service coordination and navigation



Advocacy and capacity building



Experience and knowledge base



Professional skills and conduct



Evaluation and research

HCA's State Plan Approach: Preventive services associated with licensed practitioner (Option 2)

- ▶ Alignment with feedback received, including:
 - ▶ Prevention focused services
 - ▶ Reduction of administrative burden on CHWs
 - ▶ Encourages collaboration within care teams
 - ▶ Timeline for implementation
 - ▶ Does not require development of a state credential
- ▶ Additional benefits of this approach:
 - ▶ Expanded CHW services for Apple Health enrollees
 - ▶ Encourage embedding CHWs in places where enrollees receive care

Administrative Tasks

- Clinic and/or supervising licensed practitioner would do the following:
 - Support CHW as the servicing provider through supervision
 - Negotiate adding CHW services to their contracts with MCOs
 - Support submitting of claims for CHW services

Scope of Services

- CHWs would receive referral from a licensed practitioner. Services must meet the following:
 - Prevent disease, disability, and other health conditions or their progression
 - Prolong life
 - Promote physical and mental health and efficiency

State Credential

- Not required

Supervision

- CHW would practice under the supervision of a licensed practitioner

Payment

- Payments would go to the clinic and/or supervising licensed practitioner who would establish a contract and employment with CHW

CHW WAC Overview

WAC 182-562-0200 Client eligibility

To receive community health worker (CHW) services, a person must:

- (1) Be eligible for one of the Washington apple health programs listed in the table in WAC 182-501-0060, except for the medical care services (MCS) programs; and
- (2) Be recommended by a physician or other licensed practitioner of the healing arts, as specified in 42 C.F.R. 440.130, following an initiating visit with one of the following criteria:
 - (a) An unmet health-related social need (HRSN) that limits the ability to engage in health care services;
 - (b) A positive adverse childhood experiences (ACEs) screening;
 - (c) One serious, high-risk condition that places the client at risk of any of the following:
 - (i) Hospitalization;
 - (ii) Institutionalization/out-of-home placement;
 - (iii) Acute exacerbation or decompensation; or
 - (iv) Functional health decline or death;
 - (d) Two or more missed medical appointments within the previous six months;
 - (e) The client, client's spouse, or client's family member expressed a need for support in health system navigation or resource coordination services;
 - (f) A need for recommended preventive services; or
 - (g) A condition that requires monitoring or revision of a disease-specific care plan and may require frequent adjustment of the medication or treatment regimen or substantial assistance from a caregiver.

WAC 182-562-0300

Initiation and recommendation

- (1) Community health worker (CHW) services must be initiated and recommend by a licensed, qualified health care professional as defined in 42 CFR 440.130.**
- (2) During the initiating visit, the health care professional:**
 - (a) Identifies that the client exhibits one of the criteria found in WAC 182-562-0200(2);
 - (b) Establishes a care plan; and
 - (c) Provides a written recommendation for the client to see a CHW or community health representative (CHR). A written recommendation for services may be provided in physical or electronic form, including but not limited to electronic health records (EHRs), secure digital forms, or other compliant electronic documentations.
- (3) The initiating visit must be personally performed by the licensed practitioner of the healing arts, as specified in 42 C.F.R. 440.130.**

WAC 182-562-0400

Community health workers—Provider requirements

1) To be eligible to provide community health worker (CHW) services to Washington apple health clients, a CHW must:

- (a) Deliver services under the supervision of any licensed practitioner within the scope of their licensure as described in state law;
- (b) Have **lived experience** that aligns with and provides a connection between the CHW and the community being served;
- (c) Have **two-thousand supervised hours** working as a CHW in paid or volunteer positions within the previous three years and demonstrated skills and practical training in the areas determined by the supervising provider;
- (d) Meet any applicable state rules and requirements, and possess the following skills or core competencies:
 - (i) Communication;
 - (ii) Interpersonal and relationship-building;
 - (iii) Service coordination and navigation;
 - (iv) Advocacy;
 - (v) Capacity building;
 - (vi) Professional conduct;
 - (vii) Outreach; (viii) Individual and community assessment;
 - (ix) Knowledge base in public health principles and social determinants of health;
 - (x) Education and facilitation; and
 - (xi) Evaluation and research.

Community health workers—Provider requirements (cont.)

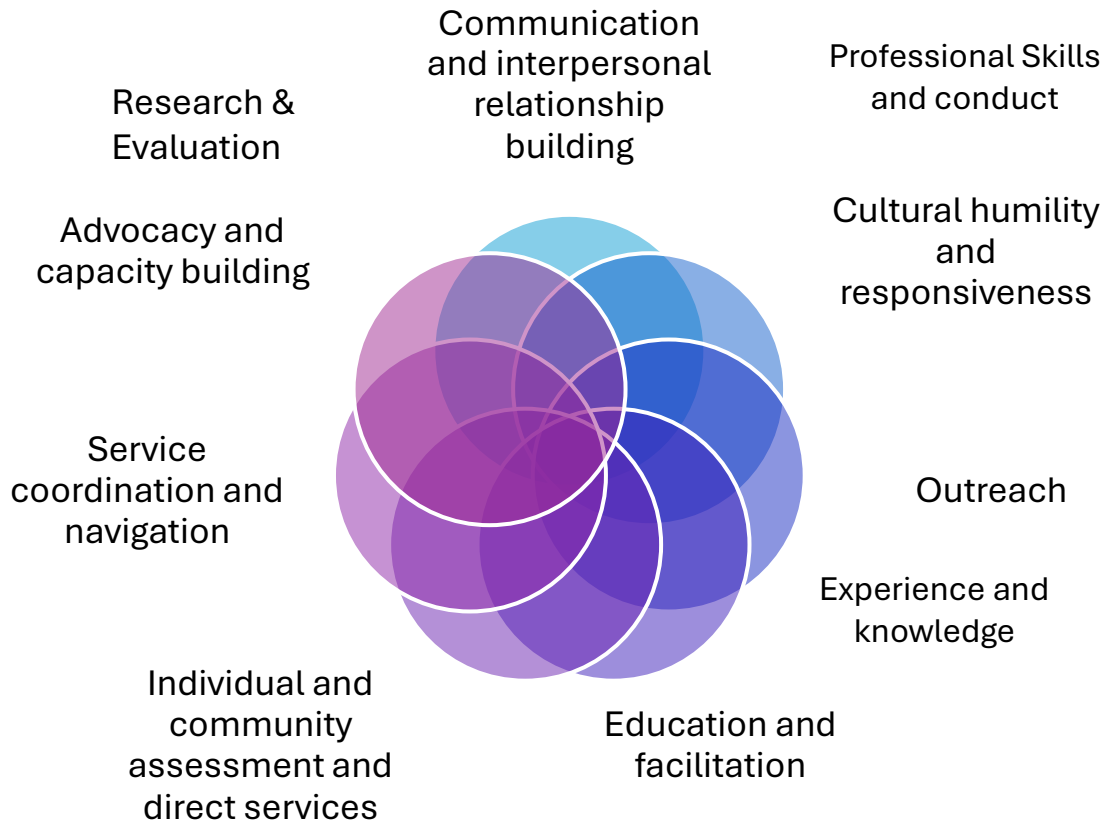
(d) Demonstrate minimum qualifications through one of the following:

(i) CHW/CHR Certificate. A certificate of completion, including but not limited to any certificate issued by the Washington State department of health or its designee, of a curricula that attests to the demonstrated skills or competencies in subsection (d).

(ii) Supervision Attestation. Medicaid-enrolled, licensed supervisors may demonstrate the CHW's skills and competencies by conducting a CHW assessment and attesting to the CHW skills and proficiencies competencies. The supervising provider must maintain documentation of the CHW assessment. Trainings may also include health specific topics including, but not limited to:

- (A) Health coaching and motivational interviewing;
- (B) Immunization across the lifespan;
- (C) Family Planning and wellness;
- (D) Cardiovascular health and heart disease;
- (E) Understanding disparities and social determinants;
- (F) Behavioral health care;
- (G) Cancer screening and prevention;
- (H) Conducting food insecurity screening;
- (I) Child development/early relational health; and
- (J) Mental health first aid;
- (K) Substance use.

CHW Core Competencies



C3 Project CHW Roles and Competencies Review Checklist

Use the following checklists to assess how CHW role and skills linked to CHW trainings, practice, and/or policies align with the Community Health Worker Core Consensus Project.

ROLES

Table 1: COMMUNITY HEALTH WORKER ROLES/SCOPE OF PRACTICE	
Checklist for personal, programmatic, and policy review	Community Health Worker Core Consensus Project Roles/Scope of Practice
Role: Functions that CHWs serve in communities and the health care system. For example, CHWs provide health education.	
Scope of Practice: An all-inclusive list of roles and tasks which an occupation includes in its scope of work. The exact mix of these roles and tasks for any one individual will vary based on the needs of those served and host organizations.	
ROLE	SUB-ROLES
<input type="checkbox"/> 1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems	a. Educating individuals and communities about how to use health and social service systems (including understanding how systems operate) b. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards) c. Building health literacy and cross-cultural communication
<input type="checkbox"/> 2. Providing Culturally Appropriate Health Education and Information	a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)
<input type="checkbox"/> 3. Care Coordination, Case Management, and System Navigation	a. Participating in care coordination and/or case management b. Making referrals and providing follow-up c. Facilitating transportation to services and helping address barriers to services d. Documenting and tracking individual and population level data e. Informing people and systems about community assets and challenges
<input type="checkbox"/> 4. Providing Coaching and Social Support	a. Providing individual support and coaching b. Motivating and encouraging people to obtain care and other services c. Supporting self-management of disease prevention and management of health conditions (including chronic disease) d. Planning and/or leading support groups
<input type="checkbox"/> 5. Advocating for Individuals and Communities	a. Advocating for the needs and perspectives of communities b. Connecting to resources and advocating for basic needs (e.g. food and housing)

WAC 182-562-0400

Community health workers—Provider requirements (cont.)

(iii) **Continuing education.** Complete a minimum of six hours of additional training annually. The supervising provider must maintain documentation of the CHW's completion of continuing education requirements. CHWs that do not meet any of the identified skills or practical training areas listed in this section must obtain the necessary training within eighteen months of employment.

(3) **CHWs must obtain client consent.** This consent may be obtained by the referring provider or the CHW/CHR. As part of the consent, providers must explain to the client that cost sharing applies and that only one practitioner may furnish and bill for the services provided during each month.

WAC 182-562-0500

Community health workers— Documentation Requirements

Community health workers must fulfill the documentation requirements in the Medicaid agency's community health worker (CHW) services billing guide including, but not limited to, documenting in the client's health record:

- (1) Advance client consent. Consent must be obtained by the licensed, qualified health care professional or CHW before rendering services and billing for CHW/CHR services. Consent may be verbal or in writing;
- (2) The date and time/duration spent with the client and the nature of the activities;
- (3) The location of services;
- (4) The services performed, specifying the following:
 - (a) Whether they were provided to an individual or a group; and
 - (b) If they were provided to a group, the number of clients in the group;
- (5) All identified needs of the client served including, but not limited to, health-related social needs that services are addressing (e.g., the client's diagnosis as defined by the current revision of the International Statistical Classification of Diseases and Related Health Problems); and
- (6) The name of the CHW or CHR rendering the services.

WAC 182-562-0600

Community health workers—Covered services

The Medicaid agency covers the following community health worker (CHW) services:

- (a) Person-centered assessment and planning;
- (b) Care coordination and health system navigation;
- (c) Facilitating behavior change and client self-advocacy; and
- (d) Health education and promotion

The agency determines the maximum number of units of services allowed per client when directed by the legislature to achieve targeted expenditure levels for payment of community health worker services for any specific biennium.

(The maximum number of units allowed per client is published in the agency's current billing guide.) The agency evaluates requests for authorization of covered services that exceed limitations on a case-by-case basis in accordance with WAC 182-501-0169

WAC 182-562-0700

Community health worker services—Noncovered services

(1) The Medicaid agency does not cover:

- (a) Clinical care management services that require a state credential;
- (b) Childcare;
- (c) Chore services, including shopping and cooking;
- (d) Companion services;
- (e) Employment services;
- (f) Enrollment assistance for government programs or insurance that is not related to improving health;
- (g) Delivery of medication, medical equipment, or medical supplies;
- (h) Respite care;
- (i) Services that duplicate another medicaid-covered service;
- (j) Socialization; and
- (k) Transportation.

(2) The agency evaluates a request for any noncovered service under the provisions of **WAC 182-501-0160**.

(3) When a noncovered service is recommended based on the early and periodic screening, diagnosis, and treatment (EPSDT) program, the agency evaluates the request for medical necessity based on the definition in WAC 182-500-0070 and the process in **WAC 182-501-0165**.

WAC182-562-0800

Supervising providers—Provider requirements

(1) Under this chapter, a supervising provider must:

- (a) Be enrolled as a provider with the Medicaid agency;
- (b) Be one of the following licensed practitioners:
 - (i) Health care professional;
 - (ii) Health care entity;
 - (iii) Supplier; or
 - (iv) Contractor of service; and
- (c) Meet the requirements under chapter [182-502 WAC](#).

(2) A supervising provider must also:

- (a) Understand the specific roles, responsibilities, and scope of practice for CHWs;
- (b) Provide or facilitate training and professional development for CHWs; and
- (c) Maintain accurate and thorough records related to supervision, performance, and compliance.

WAC 182-562-0800

Supervising providers—Provider requirements

WACs > Title 182 > Chapter 182-502 >
Section 182-502-0002

HTML has links - PDF has Authentication

[Print This Page](#)

Beginning of Chapter << 182-502-0002 >> 182-502-0003

[Agency filings affecting this section](#)

[PDF](#) **WAC 182-502-0002**

Eligible provider types.

The following health care professionals, health care entities, suppliers or contractors of service may request enrollment with the Washington state health care authority (medicaid agency) to provide covered health care services to eligible clients. For the purposes of this chapter, health care services include treatment, equipment, related supplies, and drugs.

- (1) Professionals:
 - (a) Advanced registered nurse practitioners;
 - (b) Advanced social workers;
 - (c) Advanced social worker associates;
 - (d) Anesthesiologists;
 - (e) Applied behavior analysis (ABA) professionals, as provided in WAC [182-531A-0800](#);
 - (i) Licensed behavior analyst;
 - (ii) Licensed assistant behavior analyst; and
 - (iii) Certified behavior technician;
 - (f) Audiologists;
 - (g) Behavioral health support specialists (BHSS);
 - (h) Birth doulas;
 - (i) Chiropractors;
 - (j) Dentists;
 - (k) Dental health aide therapists, as provided in chapter [70.350](#) RCW;
 - (l) Dental hygienists;
 - (m) Denturists;
 - (n) Dietitians or nutritionists;
 - (o) Hearing aid fitters/dispensers;
 - (p) Home health aide credentialed with DOH as nursing assistant certified or nursing assistant registered;
 - (q) Independent clinical social workers;
 - (r) Independent clinical social worker associates;
 - (s) Licensed practical nurse;
 - (t) Marriage and family therapists;
 - (u) Mental health counselors;
 - (v) Mental health counselor associates;
 - (w) Mental health care providers;

WAC 182-562-0900

Supervising providers—Documentation requirements

In addition to the requirements in WAC [182-502-0020](#), supervising providers must document the following:

- (1) Required supervision records for community health workers;
- (2) Continued education verification and renewal of credentials for professional staff; and
- (3) Consent forms and documentation for screening, assessments, care plans, case conferences, case management, care coordination, and health system navigation for each client.

WAC 182-562-1000

Supervising providers—Payment and billing

(1) The Medicaid agency pays for the covered community health worker (CHW) services described in this chapter when they are:

(a) Initiated and recommended by a physician or other licensed practitioner of the healing arts, as specified in 42 C.F.R. 440.130;

(b) Provided and billed according to the agency's community health worker (CHW) services billing guide; and

(c) Documented in the client's record or chart per WAC [182-562-0900](#).

(2) The agency pays providers for covered services provided to eligible clients using the agency's published fee schedule.

(3) The agency uses the appropriate payment methodology found in WAC [182-531-1850](#) for community health worker services.

(4) For children aged 20 and younger, providers must follow the rules for the early periodic screening, diagnosis, and treatment (EPSDT) program. See chapter [182-534](#) WAC. EPSDT is defined under WAC [182-500-0030](#).



Questions?

Rates | Codes | Billing instructions

Community Health Integration V. Principal Illness Navigation Services

Community Health Integration Services (CHI)

Address social determinants of health needs that significantly limit the ability to diagnose or treat problems. This includes:

- Housing
- Transportation
- Food insecurities
- Utility difficulties

Principle Illness Navigation Services (PIN)

Services focused on a serious, high-risk illness by certified or trained auxiliary personnel. Examples of a serious, high-risk condition, illness, or disease include:

- Cancer
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Dementia
- HIV/AIDS
- Severe mental illness
- Substance use disorder

G0019:

Community Health Integration services for HRSN/SDOH

Primary Code:

- **G0019**
- \$47.83 (NFS); \$ 28.85 (FS)
- Cover 60 mins per calendar month

Add on code:

- **G0022**
- \$ 29.80 (NFS); \$20.12 (FS)
- Covers additional 30 mins per month



Health
assessment &
screenings



Health education &
targeted skill
building



Care Coordination
services



System Navigation
services



Social Support and
tailored resources
for HRSN/SDOH

Rates are subject to change during the months of Jan and July

NFS-maximum fee for non-facility setting
FS-maximum fee for facility setting

G0019 & G0022:

Community Health Integration services for HRSN/SDOH

Primary (G0019)

- Services **MUST** equal 60 mins to bill for CHI services
- First CHW visit of **each month** can be performed in person or via telemedicine.
- Includes services provided directly or on behalf of client including administrative task.

Adds-On (G0022)

- Services **MUST** equal 30 mins to bill for add on CHI services.
- Max allowance = **3 units** per calendar month.
- Must be listed on claim with primary code

Only **1** practitioner can bill for CHI services per month. Claims must be submitted using the agency's NPI.

Correct CHI Submission – G0019 + G0022 x3

Date of Service	HCPCS Code	Units	Modifiers	Diagnosis	Charge	Status
04/10/2025	G0019	1		Z71.89	\$47.83	Approved
04/12/2025	G0022	3		Z71.89	\$89.40	Approved

- *Within monthly limit: 1 G0019 + up to 3 G0022. Proper pairing and timing*
- *All add ons must be listed on one line (if occurred on the same date)*

Incorrect CHI Submission –G0022 billed separately

Date of Service	HCPCS Code	Units	Modifiers	Diagnosis	Charge	Status
04/20/2025	G0022	1		Z71.89	\$29.80	Denied
04/20/2025	G0022	1		Z71.89	\$29.80	Denied
04/20/2025	G0022	1		Z71.89	\$29.80	Denied

- *Claim denied. Add-ons must be listed with primary code to bill for CHI services*
- *All add ons must be listed on one line for the correct units being “3”*

Incorrect CHI Submission – G0019 Billed Twice

Date of Service	HCPCS Code	Units	Modifiers	Diagnosis	Charge	Status
04/01/2025	G0019	1		Z71.89	\$47.83	Approved
04/20/2025	G0019	1		Z71.89	\$47.83	Denied

G0019 is limited to 1 per calendar month. Second submission will be denied.

Connecting ICD-10-CM codes to SDOH

IMPROVING THE COLLECTION OF Social Determinants of Health (SDOH) data with ICD-10-CM Z Codes

Exhibit 1. Recent SDOH Z Code Categories and New Codes

Z55 – Problems related to education and literacy

- Z55.5 – Less than a high school diploma (Added, Oct. 1, 2021)

NEW • Z55.6 – Problems related to health literacy

Z56 – Problems related to employment and unemployment

Z57 – Occupational exposure to risk factors

Z58 – Problems related to physical environment (Added, Oct. 1, 2021)

- Z58.6 – Inadequate drinking-water supply (Added, Oct. 1, 2021)

NEW • Z58.8 – Other problems related to physical environment

- NEW** • Z58.81 – Basic services unavailable in physical environment

- NEW** • Z58.89 – Other problems related to physical environment

Z59 – Problems related to housing and economic circumstances

- Z59.0 – Homelessness (Updated)

- Z59.00 – Homelessness unspecified (Added, Oct. 1, 2021)

- Z59.01 – Sheltered homelessness (Added, Oct. 1, 2021)

- Z59.02 – Unsheltered homelessness (Added, Oct. 1, 2021)

- Z59.1 – Inadequate Housing (Updated)

- NEW** • Z59.10 – Inadequate housing, unspecified

- NEW** • Z59.11 – Inadequate housing environmental temperature

- NEW** • Z59.12 – Inadequate housing utilities

- NEW** • Z59.19 – Other inadequate housing

- Z59.4 – Lack of adequate food (Updated)

- Z59.41 – Food insecurity (Added, Oct. 1, 2021)

- Z59.48 – Other specified lack of adequate food (Added, Oct. 1, 2021)

- Z59.8 – Other problems related to housing and economic circumstances (Updated)

- Z59.81 – Housing instability, housed (Added, Oct. 1, 2021)

- Z59.811 – Housing instability, housed, with risk of homelessness (Added, Oct. 1, 2021)

- Z59.812 – Housing instability, housed, homelessness in past 12 months (Added, Oct. 1, 2021)

- Z59.819 – Housing instability, housed unspecified (Added, Oct. 1, 2021)

- Z59.82 – Transportation insecurity (Added, Oct. 1, 2022)

- Z59.86 – Financial insecurity (Added, Oct. 1, 2022)

- Z59.87 – Material hardship due to limited financial resources, not elsewhere classified (Added, Oct. 1, 2022; Revised, April 1, 2023)

- Z59.89 – Other problems related to housing and economic circumstances (Added, Oct. 1, 2021)

Z60 – Problems related to social environment

Z62 – Problems related to upbringing

- Z62.2 – Upbringing away from parents

- NEW** • Z62.23 – Child in custody of non-parental relative (Added, Oct. 1, 2023)

- NEW** • Z62.24 – Child in custody of non-relative guardian (Added, Oct. 1, 2023)

- Z62.8 – Other specified problems related to upbringing (Updated)

- Z62.81 – Personal history of abuse in childhood

- NEW** • Z62.814 – Personal history of child financial abuse

- NEW** • Z62.815 – Personal history of intimate partner abuse in childhood

- Z62.82 – Parent-child conflict

- NEW** • Z62.823 – Parent-step child conflict (Added, Oct. 1, 2023)

- Z62.83 – Non-parental relative or guardian-child conflict (Added Oct. 1, 2023)

- NEW** • Z62.831 – Non-parental relative-child conflict (Added Oct. 1, 2023)

- NEW** • Z62.832 – Non-relative guardian-child conflict (Added Oct. 1, 2023)

- NEW** • Z62.833 – Group home staff-child conflict (Added Oct. 1, 2023)

- Z62.89 – Other specified problems related to upbringing

- NEW** • Z62.892 – Runaway [from current living environment] (Added Oct. 1, 2023)

Z63 – Other problems related to primary support group, including family circumstances

Z64 – Problems related to certain psychosocial circumstance

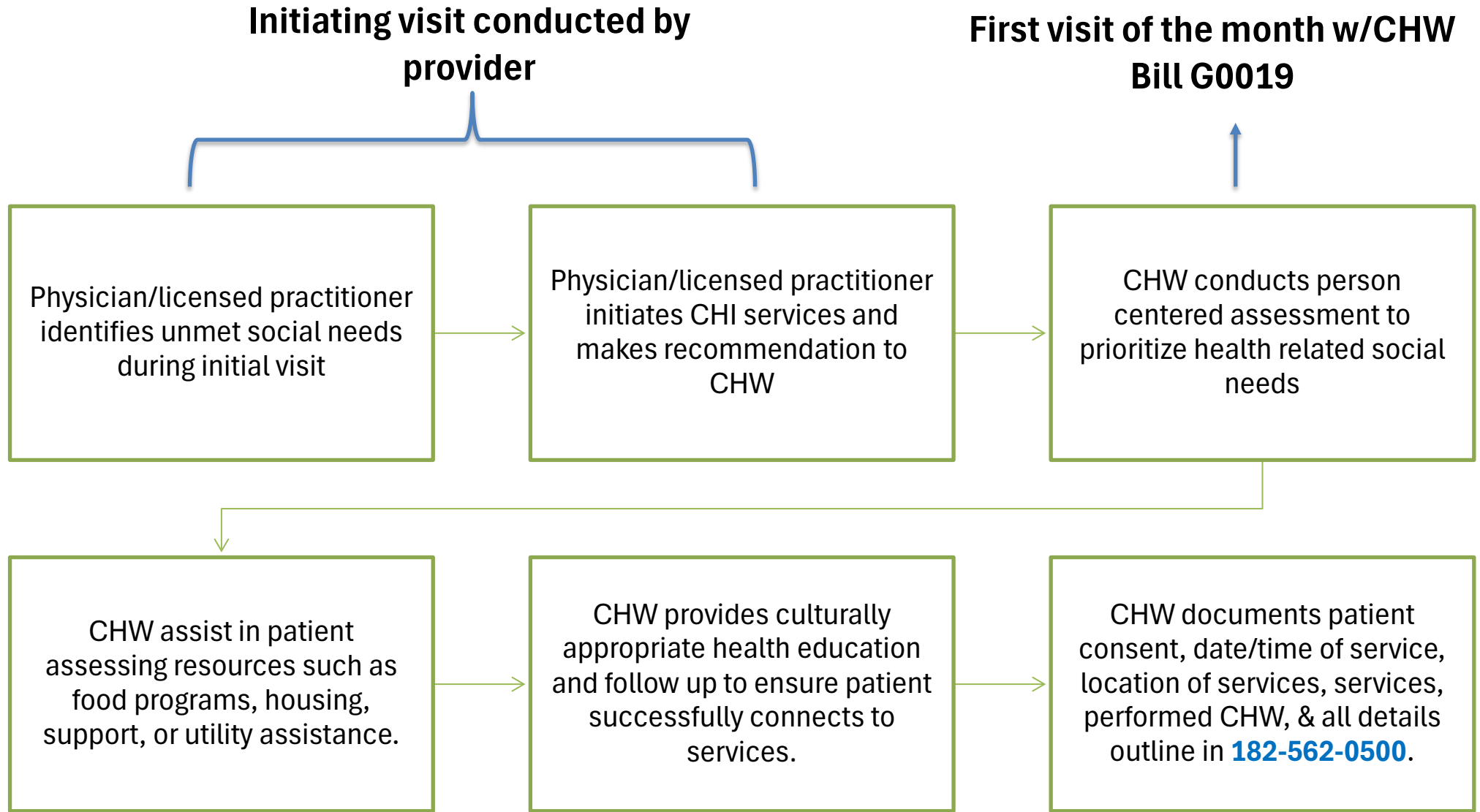
Z65 – Problems related to other psychosocial circumstances

go.cms.gov/OMH



Provider Note: Documenting ICD-10 Z-codes can count as the appropriate documentation

Community Integration Services Example



G0023: Principal Illness navigation for high-risk & chronic conditions

Primary Code:

- **G0023**
- \$47.83 (NFS); \$ 28.85 (FS)
- Cover 60 mins per calendar month

Add on code:

- **G0024**
- \$ 29.80 (NFS); \$20.12 (FS)
- Covers additional 30 mins per month

Navigation to address serious, high-risk



Health
assessment &
screenings



Health education &
targeted skill
building



Care Coordination
services



System Navigation
services



Social Support and
tailored resources
for HRSN/SDOH

Rates are subject to change during the months of Jan and July

NFS-maximum fee for non-facility setting
FS-maximum fee for facility setting

G0023 & G0024:

Principle Illness navigation for high-risk & chronic conditions

Primary (G0023)

- Services **MUST** equal 60 mins to bill for PIN services
- First CHW visit of **each month** can be performed in person or via telemedicine.
- Includes services provided directly or on behalf of client including administrative task.

Add-ons (G0024)

- Services **MUST** equal 30 mins to bill for add on PIN services.
- Max allowance = **3 units** per calendar month.
- Must be listed on claim with primary code

Only **1** practitioner can bill for Principal Illness Navigation (PIN) services per month for a single serious high-risk condition. Claims must be submitted using the agency's NPI.

Correct PIN Submission – G0023 + G0024 x2

(same date of service)

Date of Service	HCPCS Code	Units	Modifiers	Diagnosis	Charge	Status
04/12/2025	G0023	1			\$47.83	Approved
04/12/2025	G0024	2			\$59.60	Approved

- *G0023 billed once with up to 3 G0024 add-ons. Within monthly limit.*
- *All add ons must be listed on one line (same date of service)*

Incorrect PIN Submission – G0024 Without G0023

(same date of service)

Date of Service	HCPCS Code	Units	Modifiers	Diagnosis	Charge	Status
04/10/2025	G0024	2		F41.1	\$59.60	Denied

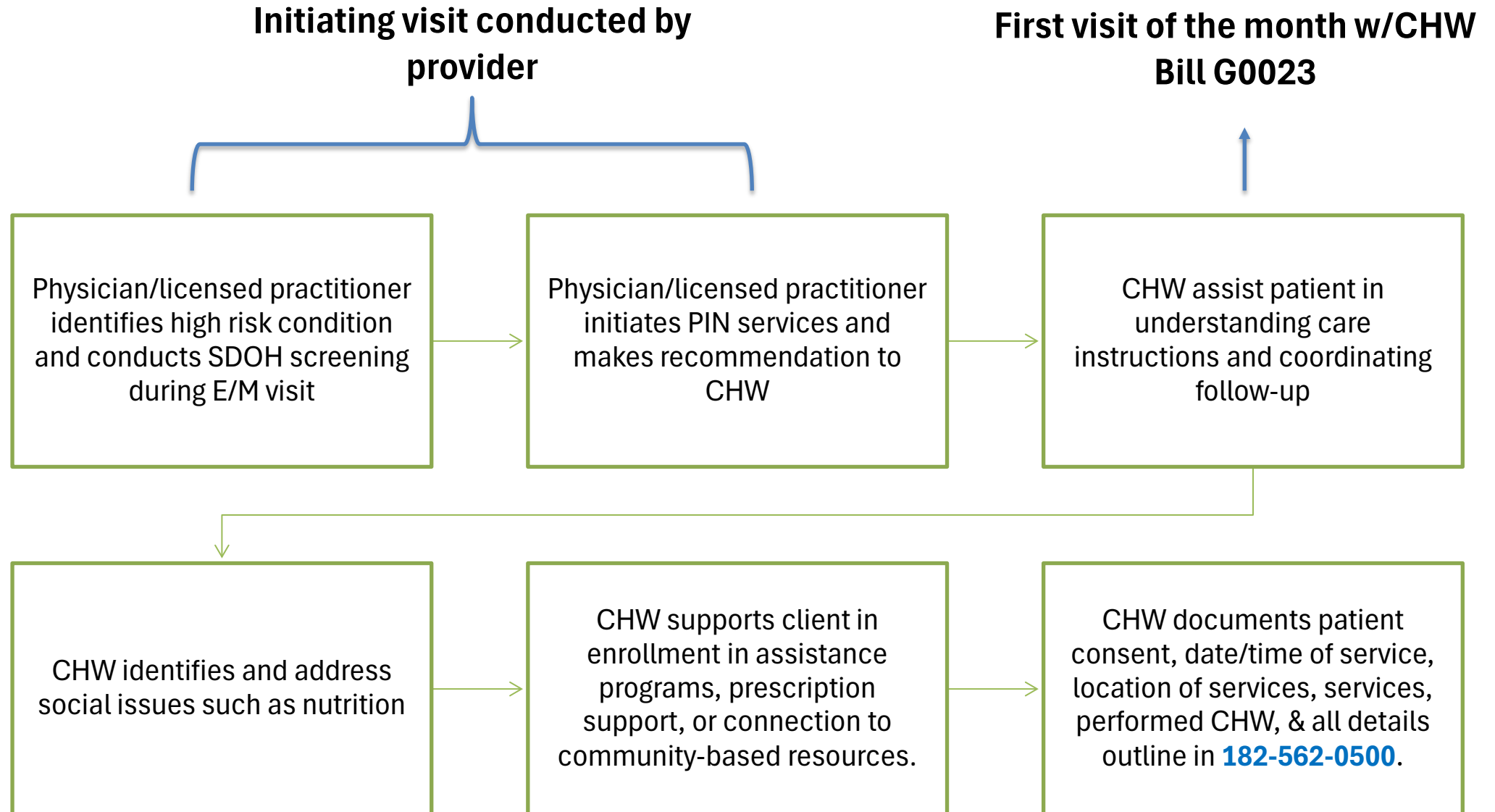
Correct PIN Submission – G0024 Without G0023

(same date of service)

Date of Service	HCPCS Code	Units	Modifiers	Diagnosis	Charge	Status
04/10/2025	G0023	1		F41.1	\$29.80	Approved
04/12/2025	G0024	2		F41.1	\$59.60	Approved

- Add-on code G0024 requires a G0023 on the same claim/month. Denied.
- Adds on code should be billed with primary code
- All add ons must be listed on one line for the correct units being “2”

Principal Illness Navigation Example



S9446: Health education & training

Education to address serious, high-risk condition

Primary code:

- **S9446 (groups)**
- \$5.26 (NFS); \$5.26 (FS)
- No time limit
- No patient limit



Health education & targeted skill building

Rates are subject to change during the months of Jan and July

NFS-maximum fee for non-facility setting
FS-maximum fee for facility setting

S9446: Health education & training

- Covers group education for chronic/high risk conditions per session
- Must be billed with **HQ modifier**
- Can only bill 2 sessions per day
- Max allowance is 8 sessions per month
 - More than 8 sessions warrants a limitation ext (LE)
- Services allowed in-person and via telemedicine (audio-visual only)

***No restrictions on time limit or number of clients per session**

Correct Group Education – S9446 (Maxed at 8)

Date of Service	HCPCS Code	Units	Modifiers	Diagnosis	Charge	Status
04/02/2025	S9446	2	HQ		\$10.52	Approved
04/09/2025	S9446	2	HQ		\$10.52	Approved
04/16/2025	S9446	2	HQ		\$10.52	Approved
04/23/2025	S9446	2	HQ		\$10.52	Approved

Max 2 sessions/day and 8/month. This claim is within allowable limit.

Incorrect Group Education – 9 Sessions

Date of Service	HCPCS Code	Units	Modifiers	Diagnosis	Charge	Status
04/02/2025	S9446	2	HQ		\$10.52	Approved
04/09/2025	S9446	2	HQ		\$10.52	Approved
04/16/2025	S9446	2	HQ		\$10.52	Approved
04/30/2025	S9446	3	HQ		\$15.78	Denied

- *Exceeded monthly max (8 sessions) and daily session (2 session).*
- *Session on 04/30 will also be denied if a LE is not approved.*

Incorrect Group Education – Max daily sessions

Date of Service	HCPCS Code	Units	Modifiers	Diagnosis	Charge	Status
04/02/2025	S9446	2	HQ	Z71.3	\$10.52	Approved
04/02/2025	S9446	2	HQ	Z71.3	\$10.52	Denied

- *Exceeded daily max (2 sessions).*
- *Second date of service for 04/02 will be denied.*



Questions?

Commonly Asked Questions

What does this look like through a Community Care Hub?

Under Washington State's Section 1115 Medicaid demonstration waiver, known as the Medicaid Transformation Project 2.0 (MTP 2.0), each of the nine regional Accountable Communities of Health (ACHs) will develop, oversee, and manage a Community Care Hub. Community Care Hubs function as a central source for connecting individuals with health care needs and related social services – a service known as Social Care Support service.

Community Care Hubs coordinate referrals by working closely with

- community organizations,
- community partners,
- health care facilities,
- correctional institutions,
- and governmental bodies.

Community Care Hubs match individuals with trained community-based workers (CBW), who provide personalized support to achieve health goals and link individuals with health-related social need (HRSN) services. Further details on Community Care Hubs will follow.

Does the benefit exclude Community Based Organizations (CBO)?

The benefit does not exclude community-based organizations. To reimburse for CHW services, CBO must:

- Contract with a Medicaid enrolled agency or MCO;
- Hire/contract a licensed professional to oversee supervision; and
- Recommendations must come from a licensed practitioner.

***Future guidance will be provided on provider enrollment for non-medical entities. Must contract with medical entities for reimbursement**

Can FQHCs bill under the Medicaid benefit while including CHW salaries in cost-based report?

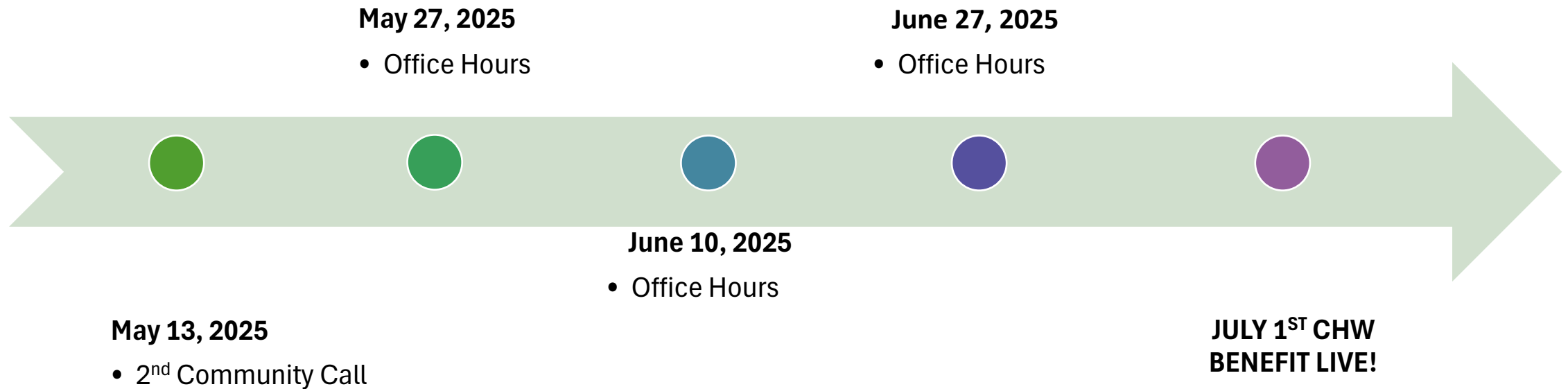
Yes, FQHCs can bill for CHW services under the benefit while also including CHW salaries and benefits in their cost-based reports.

Since an FQHC's encounter rate is based on all allowable costs, CHW salaries and benefits can still be included in cost reports for rate-setting purposes, while CHW services are being billed separately under the benefit.

Services under the benefit are not encounter eligible.

Next steps

CHW Benefit Implementation - Next steps





Thank you!

Stay informed by signing up for
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Questions regarding the billing process for
FQHCs: FQHCRHC@HCA.WA.GOV

Questions regarding rates can be
submitted by emailing:
ProfessionalRates@hca.wa.gov

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