



## ***Community Health Worker***

Louisiana Department of Health posted an informational bulletin related to the new Community Health Worker (CHW) service reimbursement policy effective for dates of service on or after January 1, 2022. Services are covered when rendered by a qualified CHW meeting the criteria below.

A qualified Community Health Worker is defined as someone who:

- Has completed state-recognized training curricula approved by the Louisiana Community Health Worker Workforce Coalition; or
- Has a minimum of 3,000 hours of documented work experience as a CHW

CHW services are covered if the enrollee has one or more of the following:

- Diagnosis of one or more chronic health (including behavioral health) conditions;
- Suspected or documented unmet health-related social need; or
- Pregnancy.

Covered services include:

- Health promotion and coaching. This can include assessment and screening for health-related social needs, setting goals and creating an action plan, on-site observation of enrollees' living situations, and providing information and/or coaching in an individual or group setting.
- Care planning with the enrollee and their healthcare team. This should occur as part of a person-centered approach to improve health by meeting an enrollee's situational health needs and health-related social needs, including time-limited episodes of instability and ongoing secondary and tertiary prevention.
- Health system navigation and resource coordination services. This can include helping to engage, re-engage, or ensure patient follow-up in primary care; routine preventive care; adherence to treatment plans; and/or self-management of chronic conditions.
- Maximum of two hours per day and ten hours per month per enrollee.

Services must be ordered by a physician, advanced practice registered nurse (APRN), or physician assistant (PA) with an established clinical relationship with the enrollee. Services must be rendered under this supervising provider's general supervision, defined as under

the supervising provider's overall direction and control, but the provider's presence is not required during the performance of the CHW services.

The following services are not covered when provided by CHWs:

- Insurance enrollment and insurance navigator assistance;
- Case management;
- Direct provision of transportation for an enrollee to and from services; and
- Direct patient care outside the level of training an individual has attained.

When the CHW provides services to more than one enrollee, they are required to document in the clinical record and bill appropriately using the approved codes associated with the number of people receiving the service simultaneously. This shall be limited to eight unique enrollees per session.

Services may be performed at a health care facility, clinic setting, community setting, or the enrollee's home. And can also be delivered via a synchronous audio/video telehealth modality.

In order for FQHC/RHC community health worker claims to be considered for reimbursement, claims must include all of the following:

- A Healthcare Common Procedure Coding System (HCPCS) for the visit (T1015, H2020, or D0999);
- An evaluation and management code; and
- The corresponding Current Procedural Terminology (CPT) code for the CHW services to receive reimbursement.
- FQHCs/RHCs will be reimbursed the rate on file for the encounter visit in addition to the rate on file for the CHW services for the date of service.
- The NPI of the billing provider should be the FQHC NPI.
- The NPI of the rendering provider should be the supervising physician NPI.

Questions?

For answers to specific coverage or claims questions call our Provider Services team at 866-675-1607.