

Health Care Organization Checklist: CHW Health Integration Codes

Health Care Organization (HCO) - non-FQHCs for Medicare only Community Health Worker (CHW) Community Health Integration (CHI) Codes

Category	Completed Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
a. Patients and Needs:		<ul style="list-style-type: none"> • Determine patient populations to be served and how pt will be referred to CHW services <ul style="list-style-type: none"> ○ Estimate what percent of populations to be served are Minnesota Health Care Programs (MHCP) and/or Medicare recipients ○ Determine referral mechanisms that maintain required security of patient data 		X
		<ul style="list-style-type: none"> • Billing Provider (Who will provide initiating visit?) <ul style="list-style-type: none"> ○ Billing Provider can be a physician, nurse practitioner, physician assistant, certified nurse midwife or clinical nurse specialist. ○ The Billing Provider must be the same practitioner who provides continuity of care for pt in the community ○ The Billing Provider must also provide general supervision to the CHWs delivering CHI services ○ The initiating visit can be an Evaluation and Management (E/M) visit, Annual Wellness Visit (AWV), Transitional Care Management (TCM), Psychiatric Diagnostic Evaluation, or a Health Behavior Assessment and Intervention (HBAI) 		X
		<ul style="list-style-type: none"> • Determine if CHW services will be provided in-house or contracted out <ul style="list-style-type: none"> ○ If contracted out, SEE ALSO the CBO and/or Hub workflows and checklists for CHI services 		X
		<ul style="list-style-type: none"> • Determine patient needs and develop CHW best practices <ul style="list-style-type: none"> ○ What are the patients’ upstream drivers of health (or social determinants of health (SDOH)) that are impacting the provider’s ability to diagnose and/or treat them? (Including but not limited to food insecurity, transportation insecurity, housing insecurity and unreliable access to public utilities) ○ Define and document the assessments, tools, messages and services CHWs will provide to patients to address upstream drivers of health (or SDOH). ○ Covered services: 		X

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		<ul style="list-style-type: none"> ▪ Person-centered assessment ▪ Facilitating patient driven goal setting and establishing an action plan ▪ Coordination of care transitions ▪ Facilitating behavioral change to meet diagnosis and treatment goals ▪ Facilitating access to community based social services ▪ Health education ▪ Building patient self-advocacy skills ▪ Health care access / health system navigation ▪ Facilitating and providing social and emotional support; and ▪ Leveraging lived experience, when applicable. <p>NOTE: CHI services can be delivered via telehealth and are reimbursed at the same rates as in-person (Rural Health Information Hub CHI Services)</p>		
		<ul style="list-style-type: none"> • Determine Community Health Integration (CHI) billing codes to be used <ul style="list-style-type: none"> ○ G0019: Community Health Integration (CHI) services to address upstream drivers of health (or SDOH) needs that are significantly limiting the ability to diagnose or treat needs addresses in an initiating visit (60-minute unit per calendar month) ○ G0022: Community Health Integration (CHI) services add-on code, each additional 30 minutes ○ No frequency limit on code G0022 ○ Note: CHI services provided in a group setting are not covered. 		X
b. Supervision and Oversight:		<ul style="list-style-type: none"> • Determine workflow for Billing Provider delivering initiating visit to also provide general supervision of CHW services (CHI requirement) 		X
		<ul style="list-style-type: none"> • Identify methods and frequency of Billing Provider contact with CHW <ul style="list-style-type: none"> ○ Provider determines how general supervision will be provided, and organization assures methods are followed. Can be a combination of regular in-person and/or virtual meetings of CHWs and supervising provider, chart reviews, and contact as-needed to respond to patient situations. 		X

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c. Documentation and Billing Standards:		<p>NOTE: If HCO is contracting with CBO for CHW services, both HCO and CBO will need the items below</p> <ul style="list-style-type: none"> • Identify Health Insurance Portability and Accountability Act (HIPAA) compliant documentation and billing software (clearinghouse) <ul style="list-style-type: none"> ○ Conduct research to assure product(s) meet organization’s needs – there are many options 		X
		<ul style="list-style-type: none"> • Develop documentation, coding and billing workflows <ul style="list-style-type: none"> ○ EXAMPLE documentation for CHI services: <ul style="list-style-type: none"> ▪ Patient consent ▪ Unmet social needs addressed ▪ The treatment plan ▪ Amount of time spent ▪ Description of activities performed • See Appendix 9: CHI Reimbursement Tips, Appendix 10: Coding Intel CHI Services, and Appendix 11: Understanding Medicare Physician Fee Schedule (PFS) CHI Codes for guidance 		X
		<ul style="list-style-type: none"> • Work with your organizational billing compliance office or a health care attorney to create or modify intake forms <ul style="list-style-type: none"> ○ Consent Form <ul style="list-style-type: none"> ▪ When billing CHI codes to Medicare, patients must be informed that cost sharing will apply and that only one practitioner per month can bill CHI codes. ○ Release of Information ○ Notice of Privacy Practices and Acknowledgement of Receipt ○ Organization-specific intake form that includes fields for patient’s insurance information 		X
		<ul style="list-style-type: none"> • HIPAA: Develop policies and practices to ensure organization meets HIPAA and other data security requirements <ul style="list-style-type: none"> ○ Work with your organizational privacy and security office or a health care attorney to develop internal manuals and practices to follow the laws 		X

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d. Contracting:		<ul style="list-style-type: none"> If HCO is contracting with a CBO for CHW services, HCO and CBO enter into contract and Business Associate Agreement outlining the terms of the relationship <ul style="list-style-type: none"> Assure contract outlines each entity’s responsibilities related to referrals, documentation, supervision/oversight, data collection, transmission and privacy, claims submission, and reimbursement. 		X

Category	Completed Yes or No	2. Training Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
a. CHW Certificate:		<ul style="list-style-type: none"> CHW completes approved certificate program --OR-- CHR (Community Health Representative) with Federal Indian Health Services (IHS) training or 5 years supervised experience 	X	
b. Organization Training:		<p>Organization Training: NOTE: If HCO is contracting with CBO for CHW services, both HCO and CBO will need to provide training on the items below:</p> <ul style="list-style-type: none"> Organization trains Billing Provider and CHW on HIPAA, Fraud Waste and Abuse, and CHW service delivery, supervision and documentation requirements <ul style="list-style-type: none"> Use materials and practices developed in the Preparation phase to assure CHWs have knowledge and skills to meet expectations 		X

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Category	Completed Yes or No	3. Enrollment Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
a. National Provider Identifier (NPI) Number:		<ul style="list-style-type: none"> • CHW (individual) and billing organization (organizational) both obtain NPI numbers <ul style="list-style-type: none"> ○ See Appendix 5: NPI QuickStart Guide ○ CHW (individual) taxonomy code is 172V00000X ○ When applying for your NPI #, the response generates two emails – first to confirm receipt of application, and second contains the NPI # (these emails often stack in Google Mail platform, so watch closely for both emails) 	X	X
b. Minnesota Health Care Programs (MHCP) (if submitting CHI service claims for MHCP):		<ul style="list-style-type: none"> • Health Care Organization enrolls with MHCP as Provider <ul style="list-style-type: none"> ○ See MHCP Provider Portal ○ Organizations must enroll with MHCP before enrolling with Managed Care Organizations (MCOs) 		X
		<ul style="list-style-type: none"> • CHW enrolls with MHCP <ul style="list-style-type: none"> ○ Applications require some sections be completed by CHW and other sections by the organization for which they work (CHWs cannot enroll directly – they must be working with an enrolled organization) ○ See Appendix 6: Example Department of Human Services (DHS Forms 4016, 4138, 5308, and 6806 	X	X
c. MEDICARE:		<ul style="list-style-type: none"> • See Appendix 3: Centers for Medicare & Medicaid Services (CMS) Provider Enrollment Assistance Guide to enroll HCO as Medicare provider (Note: CHWs do not enroll in Medicare due to their auxiliary status) • Medicare Enrollment and Billing Resources: <ul style="list-style-type: none"> ○ Medicare Enrollment Guide ○ Medicare Learning Network ○ Medicare has regional MACs (Medicare Administrative Contractor) and NGS (National Government Services) is the MAC for Medicare billing in Minnesota. Start with “Step 1: Confirm Eligibility to Enroll” at the NGS Initial Provider Enrollment Process website, and follow Steps 1-9 in the boxes to complete enrollment. 		X

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d. Managed Care Organization (MCO) Contracting:		<ul style="list-style-type: none">• HCO enters contracts with MCOs covering their patient population, and assures CHW services (and specifically the CHI codes) are included• HCOs should be prepared to share with MCOs the names and others requested information about their enrolled CHWs (each MCO has different requirements)		X
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Category	Completed Yes or No	4. Service Delivery Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
a. Order for CHW Services at Initiating Visit:		<ul style="list-style-type: none"> Billing Provider orders CHW services after conducting an initiating visit with patient The initiating visit can be an Evaluation and Management (E/M) visit, Annual Wellness Visit (AWV), or Transitional Care Management (TCM) During initiating visit, Billing Provider identifies and/or screens for upstream drivers of health (or Social Determinants of health (SDOH)) that significantly limit the provider's ability to diagnose or treat the patient 		X
b. CHW Delivers Services:		NOTE: If CHW services are contracted out to a CBO, see CBO CHI Workflow <ul style="list-style-type: none"> Intake forms completed with patient 	X	
		<ul style="list-style-type: none"> CHW provides services in clinic, community or home settings, or via telehealth following established protocols and practices (includes services rendered on behalf of the patient when patient is not present) 	X	
c. Documentation:		<ul style="list-style-type: none"> CHW documents required service and billing information following established protocols 	X	
d. Oversight:		<ul style="list-style-type: none"> Day-to-day CHW supervisor and Billing Provider support and direct CHW, and assure best practices and workflows are followed 		X

Category	COMPLETED Yes or No	5. Billing Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
a. Claim Preparation and Submission:		<ul style="list-style-type: none"> Billing organization prepares and submits claims via clearinghouse and form 837P (form 837P is the electronic version of CMS 1500 form) <ul style="list-style-type: none"> Follow system procedures for submitting each claim through a clearinghouse Clearinghouses are often connected to Electronic Health Records (EHRs), so patient and visit information is already populated. Minnesota also has a stand-alone clearinghouse (MN E-Connect) Submit claims to MHCP (MNITS), Medicare, and MCOs. NOTE: When billing through MNITS for straight Medical Assistance (MA), you will need rendering, supervising and ordering provider NPIs 		X

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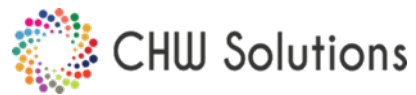
		<ul style="list-style-type: none"> ○ Assure all required elements of the 837P – electronic version of the CMS 1500 – are completed. See Appendix 8: Sample CMS 1500 ○ Assign diagnosis code (Z71.89 is the diagnosis code most often used with CHW CPT (procedure) codes) ○ Assign CPT (procedure) codes based on the amount of time spent delivering CHI services to patient in the month (G0019 for first 60 minutes; G0022 for additional 30-minute units; no frequency limit for G0022) ○ To reduce need for troubleshooting when billing CHI codes to MHCP, at patients first visit and the first of every month, go to MNITS and verify MHCP eligibility ○ To reduce need for troubleshooting, assure information is entered completely and correctly ○ Billing entities/providers should consult their MCO provider contracting contact to confirm billing details such as: Rendering Provider (Field 24J) -- Depending on the MCO and the entity’s contract details, the rendering provider could be the CHW, the supervising physician/provider, or the entity themselves. Keep in mind, MCOs do not credential individual CHWs, so this field may look different than when billing for other services. 		
		<ul style="list-style-type: none"> ● Biller uses payer portals to track payment status <ul style="list-style-type: none"> ○ Each MCO, DHS (for straight MA), and Medicare have self-service provider portals that give access to a wide range of resources including claim payment information. Once contracted, providers should use these portals to access the Explanation of Benefits (EOBs)/electronic 835 form to better understand how each claim was processed. Use the EOB documents to reconcile claim submissions and payments. Understanding EOBs will help providers/billers quickly troubleshoot denials. ○ Providers/billers can also access real time payment information on individual claims as the payments move through the payer’s system. 		X
b. Claim Payment:		<ul style="list-style-type: none"> ● Payer pays claims that meet all requirements 		

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		<ul style="list-style-type: none"> • Billing organization downloads EOBs and reconciles payments <ul style="list-style-type: none"> ○ Providers/billers will want to develop a system to reconcile payments. EOBs are created by the payer and explain how CHW service claims have been processed and how the MCO calculated payment. This is the most accurate and efficient way to reconcile payments. ○ 		X
		<ul style="list-style-type: none"> ○ Providers/billers can download the EOBs from their provider portals using a variety of search criteria. Each payer provides multiple different ways to search for EOBs. For example, check number or EFT, date of service, date range for service, claim number, individual member number. 		
c. Troubleshooting:		<ul style="list-style-type: none"> • Billing organization addresses denials and rejections, investigates reasons, and resubmits or appeals claim <ul style="list-style-type: none"> ○ Quickly contact Medicare, DHS and MCO Provider Services by phone when you get a denial. Ask about the specific claim’s denial and learn changes needed before resubmitting. ○ Keep in mind the first error on a claim form will deny the claim, and the system will not look for other errors on the same claim. Be prepared to resubmit the claim and try again. ○ Visit NGS - National Government Services (the MAC for Minnesota) for assistance troubleshooting Medicare claims 		X

Health Care Organization Checklist: CHW Health Education Codes



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