

Health Care Organization Checklist: CHW Health Education Codes

Health Care Organization (HCO) - non-FQHC Community Health Worker (CHW) Health Education Codes Billing Requirements

Category	Completed Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
a. Patients and Needs:		<ul style="list-style-type: none"> Determine patient populations to be served and how they will be referred <ul style="list-style-type: none"> Estimate what percent of populations to be served are Minnesota Health Care Programs (MHCP) recipients. 		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' health risks and/or conditions, and how will CHW services address these? Define and document the messages and services CHWs will provide to patients. The service must involve teaching the patient how to self-manage their health effectively in conjunction with the health care team. The service can be provided individually or in a group, in an outpatient, home clinic, other community setting or via telehealth. The content of the patient education plan or training must be consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms and health or dental literacy of the individual patients. See Appendix 1: Healthy Communities Task Force Report for examples of covered Health Education services. 		X
		<ul style="list-style-type: none"> Determine Health Education billing codes to be used (1:1 and/or Groups) <ul style="list-style-type: none"> 98960 (1:1 services) 98961 (groups of 2-4 people) 98962 (groups of 5-8 people) 98962 (U9) (groups of >8 people) 		X

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b. Supervision and Oversight:		<ul style="list-style-type: none"> Identify ordering and supervising provider(s) <ul style="list-style-type: none"> Will CHW services be ordered when providers see patients 1:1 and then refer patients to the CHW team, or will standing orders be used to define medical necessity for at-risk populations? Which provider(s) will provide general supervision to CHWs? (OPTIONS: MHCP-enrolled physician, Advance Practice Registered Nurse (APRN), dentist, mental health professional, non-enrolled certified public health nurse working for an enrolled organization) 		X
		<ul style="list-style-type: none"> Identify methods and frequency of CHW contact <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
c. Documentation and Billing Standards:		<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"> Required documentation items (as of 8/31/2025 – see CHW Provider Manual for updates): <ul style="list-style-type: none"> Signed order for CHW services specifying the number of units Patient education plan or training program used by CHW Periodic assessment of patient's progress and need for ongoing CHW services Date of service Start and end time of the service (exact minute) Group or individual – If group, # of patients present, summary of content, CHW signature See Appendix 4: Example Health Education Code Billing Template for required billing items 		X

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Category	Completed Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
		<ul style="list-style-type: none"> Work with your organizational billing compliance, privacy and security office, or a health care attorney to create or modify intake forms <ul style="list-style-type: none"> Consent Form 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 organization's privacy and security office or a health care attorney to develop internal manuals and practices to follow the laws. 		X

Category	Completed Yes or No	2. Training Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
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:		<ul style="list-style-type: none"> Organization trains CHW and Ordering and Supervising Provider(s) 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: HCO
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):		<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. 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 Health Education service codes) are included <ul style="list-style-type: none"> HCOs should be prepared to share with MCOs the names and other 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: HCO
a. Order for CHW Services:		<ul style="list-style-type: none"> An authorized provider initiates CHW services with an individual or standing order 		X
b. CHW Delivers Services:		<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 orders (1:1 or standing) and best practices. See Appendix 7: Example Standing Orders and Best Practices 	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 MHCP enrolled Provider support and direct CHW 		X
		<ul style="list-style-type: none"> CHW, day-to-day supervisor, and/or MHCP enrolled provider assure documentation of periodic assessment of patient's progress and need for continuing CHW services 	X	X

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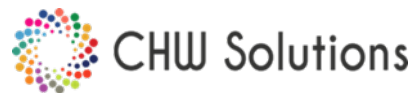
Category	Completed Yes or No	5. Billing Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
a. Claim Preparation and Submission:		<ul style="list-style-type: none"> Billing organization prepares and submits claims via clearinghouse and form 837P (form 837P is the electronic version of Centers for Medicare & Medicaid Services 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) and MCOs. NOTE: When billing through MNITS for straight Medical Assistance (MA), you will need rendering, supervising and ordering provider NPIs 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 if services were delivered 1:1 (98960), or to groups (2-4 people: 98961; 5-8 people: 98962; >8 people: 98962 U9) To reduce need for troubleshooting, at patient's 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 For information about submitting claims for dual eligible patient (patients receiving both Medicare and Medicaid) See Appendix 1: Healthy Communities Task Force Report 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. 		X

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Category	Completed Yes or No	5. Billing Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
		<ul style="list-style-type: none"> • Biller uses payer portals to track payment status <ul style="list-style-type: none"> ○ Each MCO and DHS (for straight MA) 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 		
		<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. ○ 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. 		X
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 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. 		X

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